

# Ministers Reflect

## Steve Brine



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# Biographical details

## Parliamentary history

2010 – present: MP for Winchester and Chandler’s Ford

## Government career

2017–19: Parliamentary under secretary of state for public health and primary care  
(Department of Health and Social Care)

2016–17: Assistant Whip

## **Steve Brine was interviewed by Tess Kidney Bishop and Tim Durrant on 20 May 2019 for the Institute for Government's Ministers Reflect project.**

Steve Brine discusses his time as a health minister, including the importance of Parliament and working with different government departments. He also reflects on relationships with health charities and the media.

**Tess Kidney Bishop (TKB):** Before we talk about your time as a minister, let's start with your time as a parliamentary private secretary [PPS]. How useful was that as preparation for becoming a minister?

**Steve Brine (SB):** Being a PPS is a perfect preparation for being a minister, in the sense that you see inside the machine. You see inside a government department, you are there at the weekly comms meeting on a Monday morning and, depending on your relationship with the secretary of state, you are in the room. I had a very good relationship with Jeremy Hunt, who is one of my closest friends in politics. I was with him during 2015 through until the 2016 EU referendum, so I was with him during a particularly difficult time, in other words, the junior doctors dispute. There were a lot of political meetings that were going on about that dispute and I was in the room, so I saw how he handled that, and I saw all the different dynamics at play.

I also thought "in for a penny in for a pound". I thought that, you know what, being his PPS has got to be more than just getting questions for health orals [questions in Parliament]. It's got to be more than basically sitting behind him [in the House of Commons] and passing notes in the debates. And he said to me from the start: "You can do as much or as little as you want as my PPS. Obviously I need you to do the orals thing, but if you want to attend the meetings come to the meetings." And there was never a meeting that I wanted to attend that Jeremy would say: "You can't come to this one." There were some that I self-selected myself out of, like if he was meeting a bereaved relative, I didn't think it was appropriate for his PPS to be there. But he had something called his 'priority meetings' on a Monday when he would have the head of NHS England, the head of NHS Improvement [NHSI], different ministers would then join the meeting, and I would sit in those meetings. I didn't contribute all the time, sometimes I didn't contribute at all, but I was just learning, and I knew my place was to listen and to be aware of the context of government. And that allowed me to see which of his junior ministerial team were good, bad or indifferent. I saw them all come through because different ministers came and went during that time, and I saw how they operated. Ben Gummer is a good example of a junior minister in the department who I just thought was extraordinarily good – I was not at all surprised when he then started attending Cabinet, as minister for the Cabinet Office. So, it was the perfect training to be a minister because you see inside the box.

**TKB:** You had been PPS to Mike Penning [minister of state at the Home Office] before that. How different was it being PPS to a minister of state and in a different department?

**SB:** Totally different, because the secretary of state's PPS is the head PPS, [as PPS to a minister of state] you are definitely just filling in Westminster Hall debates [laughs]. You're not in the room with the secretary of state because you're not his or her PPS. Theresa May was secretary of state [at the Home Office] and she had a PPS and Nick [Timothy] and Fiona [Hill – Theresa May's former advisers] in the room, so she didn't want junior people like me. I did attend the weekly meeting, but you're much, much further removed as a junior PPS.

**TKB:** When you were working with Jeremy Hunt, had you suggested that you might like to become a minister?

**SB:** No, I didn't say to him: "I need you to advocate for me next time there's a reshuffle." I just thought if you do the hard yards and people know you're interested in health and can speak knowledgeably about health... I would go onto *Westminster Hour* on Radio 4 or panel TV shows and when it came to talking about health, they would say: "Steve Brine is with us, the MP for Winchester and Jeremy Hunt's political parliamentary aide", or bag carrier as they would call us, and then I would get a chance to talk about a particular health issue. And obviously that then gets noticed by Number 10 and that's why you then get asked to do those sorts of jobs.

**TKB:** If we skip ahead to when you were appointed a minister in 2017, could you describe your first day coming into the department?

**SB:** You're phoned the night before by your private secretary, who calls you "minister" for the first and only time, and then it was "Steve", and you meet the permanent secretary outside the front of DH [the Department of Health]. You go in, you see the office, and of course I knew all the people and I still had my pass. I knew some of the people in the private office because they'd been in Ben [Gummer]'s private office, so that was a good start. And then you sit down with all of them and they tell you what they do and what portfolios they're responsible for. Because I had been in the department and I had therefore been close to the special advisers... people outside government don't really realise how central they are to a government department working well. Our special advisers [spads] were excellent, and I had them in before my private office. I asked them: "Okay, what should be at the top of my in-tray?"

**TKB:** Were they the same spads as when you were a PPS?

**SB:** Certainly, policy was the same spad throughout my time at health until Jeremy went, and obviously spads go with the secretary of state. So, I asked: "What, in your opinion, should be at the top of my inbox? What should I be worried about? What should I be focusing on?" And that's the first day.

**TKB:** That is a different experience to many ministers, because you knew the policy area very well and had experience in the department. Other ministers we speak to talk about having to get used to a completely new area.

**SB:** Jackie Doyle-Price was appointed as a junior minister at the same time as me and we had a series of induction meetings over the first few weeks. Although I had been in the department and met Simon Stevens [CEO of NHS England], and the medical director of the NHS, it was still good. Because Jackie hadn't been in those meetings, she had those sorts of briefings, "This is what the 2012 Act said, this is what it created, this is what Public Health England is, this is what NHS England is." And I joined those meetings because actually I found them really interesting and I learned things I wasn't aware of. I'd also sat on the Public Bill Committee and spoke at second reading for the Health and Social Care Act of 2012, so maybe I was a round peg.

**TKB:** Was there anything that still came as a surprise in the first few weeks about being in government?

**SB:** I'm just trying to think back, it was a long time ago now. I suppose what surprised me... I knew from Jane Ellison, who was the public health minister when I was PPS, how many parliamentary questions [PQs] I would get in health, but even so when they're yours to sign, the quantity came as quite a shock. I mean, I think the parliamentary under secretary of state [PUSS] for health, the public health minister, has more PQs than pretty much every other PUSS put together. There were piles and piles of PQs and that in itself takes a lot of work.

Then the debates surprised me. Because although I was a backbencher and was interested in health and was a health PPS, somehow when you're just sitting there PPS-ing the health debate it doesn't register with you in quite the same way as when you've got to answer it. The sheer machine gun fire of health debates was exhausting. And I maintain very strong views about how this place [the House of Commons] works as a result of that, because I would do a debate on cancer and then the very next week, I'd do another debate on bowel cancer and then another debate on another cancer. Basically, if anyone wants to put in a debate, they can have a debate. I just thought it was such bad use of ministers' time. The sheer level of debates and the sheer level of PQs, the vast majority of which are often from the same MPs, they take you away from policy development thought, they take you away from other things that you maybe should do and want to do, and you have to stop fighting it and just accept that you are going to have debates constantly coming at you.

**TKB: On that point, do you think the civil servants understood the parliamentary side of your job well?**

**SB:** Not all of them. My private secretary, Nula Clarke, who was my PPS throughout my time, was brilliant and totally understood how Parliament works. It was her first private secretary job, so no reason why she would have, but she seemed to understand Parliament very well. The people who worked under her in private office and had the different bits of the portfolio, not so much in every case but generally they were superb. But then, I'd been a government whip before I was a government minister. If PPS is good training to be a minister, then a whip is brilliant training to be a departmental minister because you see how Parliament works and you can then tell them [civil servants] how Parliament works. Their understanding of, for instance, how urgent questions [UQs] work and the likelihood of UQs to be granted, how long UQs take, whether UQs come before statements... I knew all of that because I'd been a whip.

**Tim Durrant (TD): Let's go back to your first few days as a minister in the Department of Health. How did you decide on your priorities? Did you have a discussion with the secretary of state as well as the spads?**

**SB:** Yes, and Jeremy was phenomenally open, given that he was secretary of state for health and all that went with that. He was really helpful, it was never, ever too much trouble. I could always find time with him to go through it and talk about bits of the portfolio I was interested in. He knew I was particularly interested in cancer, he knew that I really wanted to be involved in anything that was to do with cancer, and so whenever anything came up, if he was having a meeting with the cancer team, he would always make sure I was there. I don't think that's generally the case, I don't think that is always the case. He had no duty to do that, he's just a decent person so he did do that. When I left government the response from the cancer charities was phenomenal, and I think that was one of the reasons why, because they saw me as an ally and somebody who really cared about their cause, which I did and still do.

**TKB: And you came into the job already knowing cancer was going to be your top priority?**

**SB:** Yes. The way that Theresa May works is different to David Cameron, in that she would say: "These are your ministers", and then the secretary of state decides who gets what. I had a conversation with Jeremy Hunt about what I wanted to do, and I wanted to be the public health minister because I knew that would contain the cancer brief. And he knew I was passionate about that, so that's why I got that gig. David would say: "I want you to go and be the public health minister." It's totally different.

**TD: How much contact did you have with the permanent secretary?**

**SB:** When I was PPS the perm sec role was vacant for quite a long time. Throughout the junior doctors strike I don't think I saw the Health Perm Sec. Jeremy then got Chris Wormald, who is still perm sec, who came from the Department for Education and is, in my opinion, one of the best perm secs in Whitehall. He's phenomenally talented, understands politics, understand Parliament, understands health. All the meetings, all the priority meetings with the big players, Chris was in. So, I had direct weekly access to Chris and his views and I thought that was important. When I go back into government – if I do one day – as a minister of state or as a secretary of state, I will (a) want Chris Wormald, but I will (b) want the perm sec to be in the room. Because you need that, you absolutely need that, and some ministers probably, possibly, think they don't need that, and they're wrong.

**TD: How about contact with Simon Stevens of NHS England?**

**SB:** Absolutely. I would see Simon every Monday. He would have a private meeting with Jeremy that I never went to, but then he would be there at the main priority meeting, whatever we were talking about. And Jeremy understood from the start that Simon, okay, he was head of NHS England and Jeremy was secretary of state, but he knew full well that it was a partnership with Simon and that he had to make that partnership work. And Jeremy totally did, and Matt [Hancock] picked that up as well.

**TD: So, maybe we could talk about that, about the change of secretary of state, how did that change things for you?**

**SB:** The portfolio didn't change. I didn't know Matt. We came into Parliament together, but we didn't know each other well. It was really hard for me when Jeremy went because he was a good friend and I'd been appointed with him and he'd obviously given me the brief that I wanted, so obviously it's an anxious time for junior ministers. But Matt was, and is, so brilliant, so bright, he basically said: "Look, you know more about this department right now than me, so I trust you. Tell me what are the big things on your desk." And I said: "Well, better than that, here's a letter that I've written for you which sets out my priorities." It was a five-page letter which said my priorities and what I was concerned about, and where I thought there were threats and where I thought there were opportunities. Jeremy's priority was patient safety. Matt obviously had a different set of priorities, he was about workforce, he was about tech and he was about prevention. Now, if you're the minister for public health, primary care and prevention, that is music to your ears. So, I was like: "Okay, Matt, here's what I want to do in prevention", and he totally backed me. I said I wanted to put folic acid in flour, he totally backed me. I said I wanted to do a chapter in the Child Obesity Plan, he totally backed me. He was brilliant. Now, whether that would be different if you had a secretary of state who didn't get on with you because you had previous or had priorities that weren't yours, touch wood I didn't get to find that out did I?

**TKB: Did the two secretaries of state manage their teams differently?**

**SB:** Totally differently. Matt would have a weekly team meeting after Cabinet, that's how he liked to do it. He would like to have a team meeting where he would say: "This is what's happened in Cabinet", and then we'd talk about the department. Jeremy would have a team meeting less often. It was just different.

**TKB: And that was just with the ministers?**

**SB:** Yeah, just the ministers and Matt, and spads, who were always in the room. Jeremy didn't do that as much, but maybe I had more one-on-one time with Jeremy, so it was just different styles.

But I found Matt incredibly quick to grasp stuff. He's talked publicly about his dyslexia and about not wanting reams and reams of briefs, and I found I was able to brief him orally on things and he would listen and repeat it back to me brilliantly, which is why he's secretary of state and I'm not! *[laughs]*

**TD: Did you work with ministers in other departments too?**

**SB:** Yeah, as health minister you cross over a lot. So, if you're writing a Child Obesity Plan, you're going to cover [the Department for] Education, you're going to cover MHCLG [the Ministry of Housing, Communities and Local Government], you have [the Department for] Transport, obviously Treasury and Number 10. I hadn't appreciated how the whole policy and spad network is repeated in Number 10 as it is in each department. They have a mini health department at Number 10. I didn't know that, and it takes a while to get to grips with that. But yeah, I worked with lots of other departments. It depends on those relationships, those other ministers. There are bilateral meetings that go on across government all the time. I knew the [then] secretary of state for education [Damian Hinds] very well, we were parliamentary neighbours, so I went to talk to him about some of the stuff we were working on with the Child Obesity Plan. There were even times when other ministers would take debates if I couldn't, because my portfolio was so vast it covered lots of different areas. Yeah, it was a good way to work across government.

**TD: And how about other ministers in the Department of Health?**

**SB:** Definitely. The thing about [the Department of] Health is, it's not like [the Ministry of] Defence where you can be a minister for defence procurement, and in many ways that's very different to minister for the armed forces. In health, everything is everything. So, I was not the mental health minister, I was not the workforce minister, but I was minister for primary care. Now, mental health is a huge part of primary care, maternal health is a huge part of primary care, the workforce is the key issue in primary care. So, all of their areas were mine, and all of my areas were theirs. A very foolish minister plays turf war and says: "Don't interfere in my area", because you all live and die by



each other's areas. So, I was always totally relaxed about Stephen Hammond [then minister of state in the Department of Health and Social Care] talking about workforce, because without the workforce I had no primary care. I was very lucky, I had a really good relationship with Philip Dunne, who was workforce minister and Steve Hammond and Jackie Doyle-Price, and then Caroline Dinenage came in after the 2018 reshuffle as another minister of state for social care, and that portfolio was then extended to her.

**TKB: On social care, in January 2018, the name of the department was changed from the Department of Health to the Department of Health and Social Care. Did you feel that made much of a difference to the department or the work you were doing?**

**SB:** Not the work I was doing, no, because we always knew it [social care] was part of our department. Unless you were going to transfer the budget entirely from MHCLG, who still seem to answer a lot of questions on social care in Parliament which I find slightly perplexing. I knew a minister for state, somebody as talented as Caroline coming in, seemed like a good thing to me. And having another minister is never sad in a department with that many debates. Before Caroline came in, in my first week there was a UQ on adult social care – after the election that had been a mildly controversial issue – and I had to answer the UQ because Jackie, who was then social care minister, had been taken unwell. So, I had to do the UQ in my first week with 45 minutes' notice, on an area that wasn't my portfolio. That was a baptism of fire.

**TKB: If we move to the policies you were responsible for, could you talk through one of the policy decisions you took? What kind of advice you were receiving and how did you ended up settling on a decision?**

**SB:** Yeah, so if we take the Child Obesity Plan. It's interesting, policy development comes from both sides. It can come from Number 10, who have a particular interest in this. The prime minister [then Theresa May] has had an interest in this, her policy chief had an interest in this, had a relationship with lots of people in the sector like Jamie Oliver, Hugh Fearnley-Whittingstall, people who had a voice on this subject, and it would come from them. But then, it would also come from me and it would also come from here [Parliament].

One policy in that plan is to consult on bringing in a 9:00pm watershed for advertising featuring high fat, salt and sugar products. That came very much from Parliament, and I used to say to Number 10, who were nervous about that policy – well, certainly the media people were, the policy people weren't – I used to say: “Look, the problem with the Tory Party and the parliamentary Tory Party is not going to be if we do this policy, it's going to be if we don't do this policy.” Because the party has changed, there is such a demand for an intervention. I made the case in the media and in Parliament many, many times that it's the public that funds the health service. If we believe in that, which we do, then you have to believe that you want it to sustain and survive. And the only way that's going to happen is if you get serious about prevention, and the only way you

can do that in this space is to reduce the levels of child obesity, and that was really important in the plan.

The other thing that was important in that policy development, in convincing MPs that we should go ahead with the 9:00pm watershed for instance, was CRUK [Cancer Research UK]. So, I was bringing together two bits of my portfolio, the cancer bit and the obesity bit, and Cancer Research UK were really helpful in making the link between obesity and cancer, in the same way as lung cancer and smoking had been a game changer, they made that link. I remember when we launched our obesity plan around that same time, they had massive billboard advertising campaigns around Westminster and online and on tv, around the link between obesity and cancer. This was no coincidence. This was all part of the narrative that I knew would work and would be the explanation behind why I wanted that level of ambition in the Child Obesity Plan. And it was definitely true that Jeremy Hunt and Jamie Oliver – and me – wanted there to be a “North Star” policy in that plan, which was to halt child obesity by 2030. We called it “the North Star”, the ambition. There had to be that, otherwise how did it hang together? And I don't think it would have without that. So, that was the policy development.

**TKB: How did you set on the specific number and year for that target?**

**SB:** That came out of the policy team at DH, who looked at the policy proposals that we had in the draft plan to see whether they were too little or too much and would get us to that North Star, and we felt it was about right, so we launched with that in it.

**TKB: And it was a balance between something that seems ambitious and achievable, I imagine?**

**SB:** Yeah, you've always got to get it between. If people immediately say: “Oh, that's never going to happen,” then you're immediately losing before you've started. Equally, if the sector with some very, very high-profile people who've got 1,000 times more followers on Twitter than I have, say it's rubbish and nowhere near ambitious enough, again you're damaged before you start. So, it's about pitching it right, isn't it?

**TD: Can we talk more about the relationship with the sector? You've mentioned Cancer Research UK – were there other non-public sector bodies that were important to your role and the policies you worked on?**

**SB:** So, going to cancer then, I had been very active in the backbenches on cancer, I'd chaired the [All-Party] Breast Cancer Group for five years in my first Parliament, I'd spoken lots on the subject and that's why I wanted to do the job. I used the term “Team Cancer” a lot, I always used that term. Because the way I view it is, I had a policy team at Number 10, I had a national cancer director [in NHS England] in Cally Palmer, I had NHS England, primary care, they're all part of cancer. But then the cancer charities sat

aside to that and I felt that they should be central to Team Cancer, they have the patient voice and I wanted them to be at the heart of the policy making. I had cancer round tables two or three times a year when we would share things with them, and the way I said it to them is: "Look, if I share things with you, if you run out of the room and say them publicly, then I'm not going to share them with you next time. But equally, if I can trust you with things and you can help us with policy development, then that's to your benefit and to mine." If we didn't do that and they then just trashed the cancer plan as soon as it came out, well, they can talk to millions of cancer patients and patients' relatives far easier than me, so they could take us down at a stroke. So, it seemed sensible to me to bring them into Team Cancer and have them at the heart of it, but they also then had a responsibility to sell what we were doing in a positive way. I appreciate that they all had their audiences, but I also felt they had a responsibility to sell the cancer plan when we came out with it, and they did, and they respected me.

And you ask about the sector, stakeholders know ministers, they see them come and they see them go. They know who is faking it, they know who cares and who doesn't, they know who reads out the speech at the parliamentary reception and who comes with the speech and glances at it and says it from the heart. And obviously the longer you do it the easier that gets. When you first start, clearly you need that, but I would speak from the heart at those events. And when I left, the letters and social media that I had from the cancer charities suggest that I might have done that right. That was very nice, what they said.

**TKB: Were there other industry groups that you had to win round, advertising or tobacco or things like that, rather than people who were part of the coalition?**

**SB:** Yeah, sometimes. But tobacco is a good example, because of the WHO [World Health Organization] Framework Convention on Tobacco Control. I didn't meet the tobacco industry, and nor would I and nor should I. But yes, there were stakeholders that were sceptical and wanted more from different things, that was their job to do that, and I fully accepted that. I couldn't always deliver for them.

**TKB: And you treated those relationships in a similar way to those who were on board? You were open to speaking to them?**

**SB:** Yeah, definitely, always.

**TKB: Okay. And then, once you'd made the decisions and set up the policies, what did you do to make sure they were actually implemented?**

**SB:** I found that if I was frustrated about a consultation not happening or not progressing fast enough, I would get the civil servants in with the secretary of state. Because you have to understand that civil servants were brilliant with me, they knew I cared, but ultimately the secretary of state is the boss, and so if I wanted to move things

along – and I didn't feel they were moving along enough for me – I would suggest that we had a session with Matt or Jeremy, and then amazingly things moved! And sometimes I would play very naughty, ask officials to come down at short notice and say: "I'm really sorry to bring you down at short notice but I had a gap in my diary, I would really like to know where we are with the consultation on folic acid." And I could see who was blagging it and who knew and was on top of it. I knew the good officials and I knew the ones that needed work but, on the whole, they were absolutely first class.

**TKB: It can be difficult to measure the value of investing in prevention, or estimate savings. In your experience in government, did people appreciate the value of investing in prevention now?**

**SB:** Definitely. Officials definitely do. NHS England of course have their mandate and their targets, like their waiting time targets and A&E targets, and that is the machine gun fire of daily life for them, and I think they found that harder. Public Health England had potentially more space to think about that stuff, and I understand that, I always understood that mix.

But the thing about prevention, the prevention green paper that I was working on and is still being worked on, is that it was a bit like a Christmas tree, the more you looked the more you saw another bough of the tree that you could hang something else on. You'd have a conversation about elements of prevention, and you'd think: "Well, how can we not talk about this?" I'll give you an example, I became interested in sleep as a public health issue, following a book that I had read from a man who sat next to me on a train who was reading a book called *Why We Sleep* by Matthew Walker, an American psychologist. I read this book and I thought: "He's so right, there is so much in this about mental health, obesity, cancer" – see, those two again? And I said to the officials: "We can't have a prevention plan that doesn't talk about sleep." Then that became a whole other track of work, and we will see whether that makes it into the final plan, which obviously I am no longer responsible for. But the more you look at prevention the more you realise you can do.

Eye health is a very good example. Eye health is not about checking whether you need glasses, although that's important, but when you go for an eye test, they look in your eye and they can see brain tumours by doing that. Should we not be using the eye health sector much more for prevention? I would argue yes, and I did argue, hence why eye health is part of the prevention green paper. The same with dental, that can spot oral cancers, and so should we be doing more with dental health in schools? Yes. Then that brings in the education department, who think: "Goodness, why are they talking about dental health in my school?" Because that's part of prevention. It's a vast, vast beast is prevention, but I maintain that it's hugely important.

**TKB: How about the Treasury, do they appreciate the need for investing in prevention? Because the public health budget is not protected in the same way as the NHS budget.**

**SB:** I would say, I think the Treasury and prevention are a work in progress. I totally understand how they see the pound signs, but part of the piece of work that we were doing was making that case with NHS England and Public Health England. I was always very keen on them costing what the saving would be. Some of them are impossible, because if you prevent a brain tumour or if you spot a brain tumour early you can probably then cost what you've then saved. But good oral health, who knows then whether that would have developed into a cavity that then would have developed into something worse. So, I do appreciate it's hard to price prevention but there are some very good people at DH, economists, who are very good at putting figures around things, and it's a work in progress for Treasury. I'm sure it's still going on.

**TD: Let's move back to the parliamentary side of things. You were a whip before the 2017 election, so under a majority government. What are your reflections on the difference between a majority versus a minority government, and how you interact with Parliament differently under those two?**

**SB:** We only had a majority, I think, of 12. People say: "Well, the prime minister lost the majority in 2017 and Brexit would have been easier without it." Well, it wouldn't, because actually it would still have only taken seven people to swap sides. People say: "Oh, yeah, you're in coalition with the DUP [Democratic Unionist Party]." Actually, I was Northern Ireland whip when I was in the Whip's Office and my job was to talk to the DUP whenever there were key votes, to see where they were on that. Because, clearly, we didn't want to just win by 12, we wanted to win by more. And other people's job was to talk to other parties. So, I think if you've got a big majority, as in Thatcher or Blair, yeah, that's a totally, totally different kettle of fish. But actually, a small majority is not that much different to no majority, you're still living vote by vote, and actually the pairing whip's job is relatively easy because the answer is no!

**TD: And going from whip to minister, did it change the amount of time that you spent in Parliament?**

**SB:** I am a bit odd in that I had a lovely office in DH, in Richmond House [the old DH building on Whitehall], and then in the new DH building on Victoria Street, a massive office with a balcony and a lovely view. But I am quite a House of Commons person. I like being over in the House of Commons, and I was here doing debates so often it seemed sensible to stay over here and I used to base myself over here quite a lot. I had an office very near the chamber or the [House of Commons] Library, so I didn't spend all my days in the department. Anyway, we are a minority government, so as soon as you're on a three-line whip you couldn't make a vote from [the] new DH. You could make a vote just from [the] old DH if you walked fast, really fast. So actually, if you're

running a three-line whip with the Brexit legislation as it was, there was no point in being at Victoria Street anyway.

**TD: Did the political focus on Brexit impact on the rest of your day job?**

**SB:** No, no, it impacted on my day job in the sense that I was physically here voting, but no, obviously it just meant that I had to work harder, in the sense that if I wanted to truly understand the Brexit vote, which I did because I'm interested in it and have a very engaged constituency as far as that issue is concerned. My officials were still ruthlessly focused. Richard Sangster, who was one of the best officials in DH, who worked with me on the Child Obesity Plan, he was focused on that, he wasn't interested in Clause 13 of the European Union Withdrawal Bill. The greatest lie of all of Brexit is that government is paralysed, can't do anything else, everything else has stopped and all we're doing is Brexit. It's a total, total lie. Government still carries on, you don't need legislation for most of the things government does and you certainly don't in health, so all of that still went on.

**TD: When you resigned, you spoke about health being the best prepared department in Whitehall for a no-deal Brexit. Was that no-deal preparation part of your role?**

**SB:** No, the minister [responsible for EU Exit] and secretary of state did the no-deal planning. I was just kept close to it. It was important to me because I shadowed medicines policy from the House of Lords minister. Which is a very interesting bit of being a minister which no-one understands, for the record. If we got it wrong in health, people potentially die, so rightly we were the primary department for no-deal prep, we had the carriages on the trains before others, and that's how it should be. So yeah, I think we were, and are, very well prepared for it but I still don't want to see it happen.

**TD: On that point about the Lords minister, do you want to expand?**

**SB:** The way that it works is, you have a portfolio and in the Commons you're answerable for that portfolio. The House of Lords minister has everyone's portfolio, so Lord O'Shaughnessy, who then was replaced by Baroness Blackwood, they have everyone's. But, in reverse, you have a bit of theirs. I would shadow the Lords minister's portfolio in that I had the medicines policy and rare diseases and some of the tech stuff. When that stuff came up in the Commons, obviously Lords ministers can't come into the Commons and answer those things, so I had to. I found that I didn't know that at all until I went into government. Even as a PPS or as a whip, a departmental minister, I hadn't appreciated that. That is quite hard, because it's a whole other bit of the portfolio that you need to know. And that is hard going, in health especially.

**TKB: What is your proudest achievement from your time in government, and how did you achieve it?**

**SB:** My proudest achievement is being part of the financial settlement that Jeremy Hunt got out of Treasury. Treasury do not like to do spending reviews outside of a CSR [Comprehensive Spending Review]. They did for health and that is tantamount to Jeremy Hunt's skill, and I was a tiny part of that. Then the prime minister launched the settlement and set the NHS the task of writing the 10-year long-term plan. With Matt then, because it had moved over to him, I was part of writing those sections around cancer. The fact that the prime minister had made a 75% early diagnosis target for stage 1 and stage 2 cancers as a set piece of her party conference speech last year in 2018 was brilliant for me. That was the centre piece of the cancer part of the long-term plan. The fact that the plan exists, the fact that I worked on the cancer plan, and that will now exist long beyond me. I said that in my resignation letter to the prime minister, that it's not about me and it doesn't need me to carry on, it's all set. And not many ministers can say they've got a 10-year plan that is going to live for 10 years after they've left office! So, I'm very proud of that. And the response from the sector and the work we did on cancer, I am very proud of that, and if more people live because of the things we did, then I'm proud of that.

**TKB: Can you say a little bit more about what your role was in getting the settlement for the NHS?**

**SB:** That was Jeremy Hunt, that was his belief that we needed a much bigger financial settlement for the NHS. I was merely backing him up every step of the way, arguing that my role was then more in backing up the long-term plan in my business section and making sure it made sense.

**TKB: What would be your advice to a new health minister?**

**SB:** It's easy to be overawed, easy to look at the portfolio and think: "So, I've got primary care, cancer, prevention, all the international stuff, all the rare diseases stuff, all the stuff that you shadow..." Yes. You look at it all and you think: "No man or woman alive could know this in a lifetime, let alone answer it coherently in the House of Commons." But the truth is that you don't have to do that. You don't do it all at once, different bits come up and when a debate comes up on a particular drug that is being campaigned for, you work really, really hard to make sure that you know your stuff on that. Then you learn that, and you add that string to your bow. Select committee appearances are terrifying. In many ways, the House of Commons is not difficult because you answer a question and the Speaker is shimmying you along to answer it even quicker and they don't get to come back at you. Select committees get to come back at you and back at you and back at you, and they are true grillings. They're meant to be, I've been on select committees and asked the questions! It was terrifying being on the other side of it. But I found it a great challenge and I really enjoyed doing it. I did the Health Committee, I did

the Petitions Committee, I did the Science and Technology Committee on banning energy drinks for children. I would work really hard, I'd clear the diary, I would read the previous written evidence and oral evidence, I'd make sure that I treated it seriously. And every single time I was in the House of Commons for an event, a debate or orals, I would take it with the utmost seriousness. I would never take it flippantly and think I can now do it without notes or doing the prep, because the minute you do that is the minute it bites you somewhere really unpleasant. Treat it with respect and then it repays you... hopefully *[laughs]*.

**TKB: As well as the importance of the grilling in itself, were there times that you went back to the department and said: "They've mentioned this thing and I think we should look into it"?**

**SB:** Yes, all the time. Parliament doesn't have the greatest perception right now among the public, but actually you know what, Parliament is full of really clever people, really intelligent people, really insightful people who've all got good reasons for raising the things that they do. And at orals, there would be things that would be brought up when I would say: "Yeah, I think that's really interesting, let's follow it up." Or there would be campaigns that people would run like Robert Halfon, the Harlow MP, he's running a campaign around the cost of travel for children with cancer. I don't think it would cost us a huge amount of money to act on it. I was working on that when I left, I don't know where it is now, but I just felt it was something that we could do. And actually, you can do that as a minister. When you say: "I want to have a round table with the cancer charities", as a backbencher, some might come or they might send a junior person, but when you're the minister every single one comes and every single one sends their chief executive.

**TKB: Thank you. Is there anything else we haven't asked about that you think is important to know?**

**SB:** So many things. We did the Lords side of things, we did the select committee side of things. We haven't done media and the opposition.

So, the opposition, the response from my opposite numbers and opposition MPs to me leaving was very gracious, and I worked hard for them. I took the view that they were like constituents, that I was the minister and I was the only minister for that area and if it mattered to them, then it should matter to me. And I helped them as much as I could. And not once did any of them ever turn around and use it politically as a weapon against me. I helped them in their constituencies. If there was an issue with dental care in a constituency, I would help them with it as much as I could. I had a wonderful relationship with my shadow, Sharon Hodgson, on the cancer side of things and I really respect her, and I think she me. She was very sad to see me go and I was sad to stop working with her. And actually, when it comes to cancer, there's not a lot of politics in it, so we worked really closely together on it, and I think the sector appreciated the fact



that we showed a united front as Team Cancer. She was part of Team Cancer as much as me. So that's the opposition.

On the media, when you stop being a minister, especially if you resign, the media are all over you like a rash because they think you're going to say controversial things. And sometimes you do. When you're a minister, Number 10 and to a lesser extent the press office in your department are just basically trying to make sure you don't mess it up, they're not desperate for you to be in the media. My secretaries of state, both of them, backed me all the way when I wanted to do media, and I would take each bid on its merits.

**TKB: And did you work much with Number 10 on that?**

**SB:** Yes, I worked with the Number 10 media people. Whenever I would go and do media, often Sunday morning with [John] Pienaar on Radio Five and it would be on some policy launch that I was doing, Number 10 would always contact me and say: "I know you're doing Pienaar, can we have a chat on the way?" I would then speak to Number 10 and they would say: "Just run me through the papers, run me through what is running in the news agenda that day and where the government is on those different things." That happens all the time for all ministers, so I was perfectly good with that. If you deviate from that and go off-piste, then they don't have you on again. That's one of the great freedoms of being on the backbenches, you can say what you like!

The thing about my role was, I did media sometimes but when we had the scandal over breast screening for instance, and there were thousands of women not invited for their breast screenings, it is quite technical and it is quite clinical, in the true sense of the word, and so actually you don't want a minister doing that, you want the chief medical officer doing it. And that's right, and actually the media understood that and always respected that. So, we would have somebody from Public Health England talking about the breast screening. That's not ministers trying to duck responsibility, because obviously we know we're still accountable to Parliament and the chief medical officer does not answer questions in Parliament, I did. But, on the media, I think it was perfectly sensible to send out the experts to talk about those things. Doctors who trained for seven years and have been doctors for 30, are going to know more about the transmission of HIV than me, and so I was perfectly content to let them do that media. And again, that's because my ego is not as big as my alter, and so I was happy to let that happen.

The only final thing I would say, is that I had the international health brief, so I attended G7 and G20 for the country, and that was the best bit of the job. Because you didn't get to travel much in a minority government, but the fact is I did go to Milan for G7, which was a wonderful experience. And addressing the G20 around the table with your country's flag in front of you is a great experience. Although people here, or the opposition, like to run down the NHS and people have lots of complaints about the NHS,

when you travel around the world it is still one of the most respected brands in the world. The NHS badge that I wore as a minister, people would come up to me all the time and say: “Wow, you're obviously the British minister,” and be utterly, utterly in awe of our NHS. Even the Americans, as much as they may talk a different story. Everyone was in awe of the NHS, so the international part I absolutely loved. That leads me to other things that I might like to do outside of government like international development and the fight against HIV and TB and malaria, all of those things I was involved in I am still interested in and I'm going to take on to the backbenches and do other things with.

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