

# Ministers Reflect

## Shona Robison



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# Biographical details

## Scottish parliamentary history

2003–present: Scottish National Party Member of the Scottish Parliament for Dundee City East

1999–2003: Scottish National Party Member of the Scottish Parliament for North East Scotland (region)

## Scottish government career

2014–18: Cabinet Secretary for Health and Sport

2014: Cabinet Secretary for Commonwealth Games, Sport, Equalities and Pensioners' Rights

2011–14: Minister for Commonwealth Games and Sport

2007–11: Minister for Public Health and Sport

## **Shona Robison was interviewed by Akash Paun on 17 October 2018 for the Institute for Government's Ministers Reflect project.**

Shona Robison reflects on transforming the health and care system, getting government out of its silos and delivering the 2014 Commonwealth Games in Glasgow.

**Akash Paun (AP):** Can we start back in 2007 when you first came into government as Minister for Public Health and Sport? It would be interesting to hear your recollections of day one of your appointment.

**Shona Robison (SR):** I mean, obviously it was a new government entirely made up of ministers who'd really never been in government before. So we were feeling our way – and the civil service were probably feeling their way – with a group of ministers that they'd never met and were trying to get the size of.

I remember we were in a room to be introduced to our private secretaries. I didn't realise it at the time, but that was going to be such an important relationship. My private secretary brought over a coffee knowing exactly what I took in it and we sat down and had a chat. I was very lucky in that the first private secretary I got was extremely helpful. We got on very well and it helped smooth my first few days and weeks into the job. It was very exciting, but there was quite an overwhelming amount of paperwork and things to try and get your head around. Just the mechanics of how government works when you've never been a minister can be quite daunting.

**AP:** And was it a portfolio that you expected to take on in the event that the SNP came to power?

**SR:** Well, I'd had a background in opposition speaking on behalf of the party for health, so I guess there was a logic to it. Also, my background as a home care organiser, working in the field of health and care, meant I had some professional experience to bring to the job. So it was a fit that I felt comfortable with and I had knowledge of the subject, the current issues, and that was helpful. But going from that to then being a minister responsible for the delivery of policy – and all that goes with that – was quite a sharp, steep learning curve. But the civil service had obviously prepared for all eventualities, including one where there was a complete change of government. And as soon as that change became apparent, all the machinery and the wheels of the civil service kicked into action and we had all the briefings and anything that we needed was provided.

**AP:** Were there particular things you found that took a bit of time to get used to, that were particularly challenging in that early period?

**SR:** I think the volume of everybody, all the policy people relating to your portfolio, wanting to meet with you as much as possible. It takes you a while to be able to say 'no'

and to begin to shape your own time a little bit more. Because you can be at the disposal of the officials around you, in your private office, 24/7. So it took me a while, as I'm sure it did most ministers, to begin to prioritise things. Because obviously we had our programme for government, which the civil service had absorbed, but within that there was clearly a need for prioritisation to try and get your head around the things that were maybe going to be a little bit more tricky. And you just can't do everything all at the same time.

So there had to be [a process of] just learning how the civil service works. To be able to read briefings but then to distil that and be able to take out what you need to take out, to ask for things to be in a style that works for you rather than a tome of 1,000 pages when 10 would have sufficed. And to be able to challenge, and that took a bit longer actually, to get your confidence as a minister to be able to challenge back on some of the civil service advice. To say: "Well, why can't that be done?" At first, when you're told something can't be done, I guess you're thinking: "Well, obviously it can't be done", but actually sometimes things *can* be done. It's just that it might not have been the preference.

**AP: And did you feel that was just a civil service culture kind of thing, or did you feel any kind of resistance due to this being a nationalist government for the first time?**

**SR:** My personal take is that there was a mixture of excitement but also kind of caution among the civil service. I mean, they were, I think, perhaps a little cautious that there was this complete change from what they'd had with, I would have described as, a pretty insipid administration, particularly towards the end.

**AP: In terms of the radicalism of the policy?**

**SR:** Yes, and also their relationship with London was very different than our relationship was going to be and we had a much more radical programme for government. And therefore there was a mixture, with a little bit of anticipation along the lines of 'what are this lot going to be like?' And I'm sure that's the same with any new government, but obviously we'd never been in power before. But also, I think for some of the senior civil servants there was a bit of excitement of 'well, actually this might be a bit of opportunity to do things differently'. Civil servants come in all shapes and sizes as well, as do politicians, so I think there was probably a mix of views among the civil service as to what does this mean.

Some people say that the civil service is instinctively cautious, and I think that's true. But within that I think you also have people who wanted to get rid of the staleness and to be able to realise the potential of the Scottish Government. Of course, it became the Scottish Government instead of the Scottish Executive straight away, which sent its own signal out that this is a group of ministers who intended to govern, not just be an executive arm of whoever. Over the first few weeks and months, it became apparent

that this was quite a new leadership team and weren't going to do business as usual. What was interesting was initially some of the briefings and advice that came up had just been lifted from a box somewhere that had pertained to the previous administration. You were like, it had obviously to be screened through the programme government, and we would be sending stuff back saying: "This is what the previous administration's position was." If you look at what we were saying in our programme for government, the two things were like black and white.

So over the first few months there were teething issues until they got the flavour of where we were coming from. Then I think, after a while, they began to be quite tuned-in to the thinking, the philosophy, the politics, and also the ministers themselves in terms of how they liked to work.

**AP: You said that a key task was to establish what you would focus on, so how did you go through that process and what did you prioritise?**

**SR:** Well, you'll forgive me if the minute detail of the 2007 Programme for Government is maybe not as fresh in my mind, but essentially those were the priorities. So we had what we said we would do. Of course, we had a term of office in which to make progress on all the things we had in the Programme for Government around things like the work we were doing on alcohol and smoking, some of the big public health priorities.

Not everything going through the wheels of government was in our Programme for Government – clearly there was all the other stuff that we inherited, and the day-to-day decision making, and on top of that were policy priorities that we had wanted to make sure were set out. There was stuff on carers and there was a whole range of things. So just knowing that these are the things which we need to make progress on and deliver over the next term of office became a kind of reminder that, yes, there's everything else, but there's also these priorities.

**AP: What you didn't have, of course, was a majority. How did that complicate your job?**

**SR:** Well, yeah, it was the first minority government under devolution. I wouldn't have said it was plain sailing for the previous administration, because obviously the two parties had some very awkward characters in them and keeping them happy couldn't have been easy. However, it was a challenge for the Opposition, because clearly as the Opposition you can bring down a policy, a budget, a bill, but if you do so then you know you have questions to answer as well.

So the route that was taken – Bruce Crawford was the Business Manager at the time – was to try to make common cause on the issues of the day. Clearly there would be some parties that would have a natural alignment [with us]. We went through all of our programme for government, their manifestos, to look at where there were areas of

common cause and interest. And that would differ from party to party. Budgets obviously have continued to be an issue and then you have to try to get another party on board, and there has to be ground given and negotiation and compromise. The experience of having a 'majority' of one [the Scottish National Party (SNP) had a one-seat advantage over Labour from 2007, but did not have a parliamentary majority] was quite a tough one, but we managed to learn how to navigate through a parliament without a majority.

It was a learning curve for the Opposition as well in that they had to take some responsibility. I remember the first time the Budget was voted down, when Iain Gray was in charge of Labour, they were all cock-a-hoop, [saying]: "Does this mean the Government's going to fall?" But they got such a backlash, and didn't have the other parties with them, that I think they learned quite quickly it doesn't quite work like that.

**AP: I remember that. Wasn't there a sense that the Opposition almost defeated it by accident?**

**SR:** I don't know how much collaboration there was among the Opposition. There's more now. Whether there was as much then, I don't know. Certainly they didn't appear to all be on the same page and I think the media gave them quite a hard time as well. If you don't pass the Budget, people don't get their pay rises etc., etc., etc., because you revert to the old Budgets, so public services were potentially at risk. There were all of these moments which were important for all of us, whether it was in government or in opposition, to work out how to make sure that you could try to have a functioning government that could deliver. But obviously, in a minority position, there had to be compromise around some of the manifesto commitments.

**AP: Naturally, yeah. We may yet see that dynamic around the Budget play out at Westminster.**

**SR:** Well, that came to mind as I was saying it actually, how some things don't change, given the DUP's [Democratic Unionist Party] position. And I guess that's where if you're over-reliant on one group that can be challenging, because they can always extract an unreasonable price, as I'd suggest the DUP have [with the Conservatives].

**AP: Another novel aspect to the 2007 administration was the attempt to work on a whole-of-government basis through the strategic performance outcomes framework. How did that operate from your perspective?**

**SR:** I wasn't a Cabinet Secretary at the time, I was a [more junior] minister, and it was the Cabinet Secretaries that led on that predominantly. But then when I came into the Cabinet, I would say that significant progress was made. I wouldn't say it was "job done" by any manner or means. Particularly when it comes to budget setting, people are still going to fight their corner. But if you look at adverse childhood events for example,

every part of government has the potential to impact on that and the life chances of kids. And tackling health inequalities can't just be done by the health directorates, it requires all the rest of government.

So we had a lot of bilaterals and sub-committees of Cabinet working on those strategic priorities and what each area would bring to the table in terms of trying to make progress on them. I think significant progress has been made in trying to get government out of its silos. For example, with the Justice Health Collaborative that we were working on before the change of ministers, myself and Michael Matheson [Cabinet Secretary for Justice] worked quite closely on trying to look at the prison population and the fact that there was a revolving door and what could we do to intervene, to interrupt that cycle. People with mental health conditions were ending up in police cells, and [we looked at] how we could work more collaboratively across the police and the NHS [to prevent this]. I think there's now a pilot project in Glasgow looking at police officers and mental health workers working together and responding to calls to try and stop people ending up in the system if they don't need to be. These were, I guess, initiatives that recognised that things are not just in silos, and recognised that, actually, to try and work differently, we had to come out of those silos.

So that work began quite early, in 2007, but probably took a few years to come to maturity and fruition when it came to actually changing the way services are delivered. Sometimes I always wanted everything done yesterday; it took me a little while to realise that it took a bit longer, which can be frustrating, but realistically changing the way things happen can sometimes take time.

**AP: I think it's a really interesting innovation. And it has lasted. So through that decade and a bit that you were in government, did you feel the culture in terms of collaboration shift?**

**SR:** Yeah, I think so, and it gave a kind of sense of overarching purpose that you weren't just in your own box and never mind anybody else. It gave you a sense of overriding purpose, of growing the economy, tackling poverty and reducing health inequalities, and that it was everybody's business. It wasn't just one person or a couple of ministers' business. It was a sense of overarching purpose, sustainable economic growth. It was, I think, helpful to what it is we're trying to achieve here.

**AP: One of the other jobs you had was responsibility for the 2014 Commonwealth Games. I'm quite interested in what it was like to be responsible for the delivery of a project. How did that differ from your other ministerial roles?**

**SR:** It was very much more, as you say, project and task specific, so there was a start point and an end point, and obviously, a legacy beyond the end point of the event itself. But there were timeframes that were a bit different from the kind of 20- or 30-year horizon of tackling health inequalities. This was an event that had to be delivered in

2014 on time, on budget. And [the job] was also about dealing with the issues that arose. For example, off the back of the work that had been done around the Olympic Games, on which we were observers who took away a lot of learning, it became very clear that there had to be an adjustment to the security budget. I had to go back to Parliament, explain why, and of course there were some tough questions asked. I explained why, in the light of changes that had happened, not least the terror threat and so on and so forth, that really we had to have a security budget that was going to be up to the job. In light of the learning from the Olympics, I told them that's now what needed to happen.

There were also issues that arose all the way along the delivery of that project, as late as the event itself. For example, equality was very much one of the values of the games, and of course we had Pride House and there was a lot of work done around LGBTI [lesbian, gay, bisexual, transgender and intersex] rights. But, of course, it was brought into sharp focus that some of the countries that were taking part didn't have equality [for LGBTI people] back home, and that there would be dignitaries visiting that perhaps held views that were contrary to those values, so there was a bit of media interest in that.

It was all about trying to make sure we had a successful games, delivered on time and on budget, that reflected well on Scotland and our ability to do a good job. It had to host everyone safely and leave a good legacy for Glasgow and Scotland, and pass the baton of a successful games to the next host. And I think it did. There was a really good team.

Of course, I didn't sit on the organising committee because it was about the separation of minister from the organising committee, which was different to how other hosts had done things. In Delhi, where the minister [for the 2010 Commonwealth Games] had basically been the chair of the organising committee, it turned out to be disastrous. He was getting a lot of flak, there were corruption allegations and all of that going on there. We were very clear that there should be a separation of responsibilities. We were providing a good chunk of the funds and we were providing government oversight, but the organising committee had to be very focused on task. So we had very senior civil servants, who reported to me, that sat on the organising committee. And it had an independent chair in Lord Smith [of Kelvin]. I think that worked well because he was able to have quite robust conversations with me, as he did with Glasgow City Council as co-funders. We had a Labour administration in Glasgow, and there was an SNP administration in government, and sometimes there were issues. However, I developed a very good personal working relationship with Archie Graham, who was the lead councillor for Glasgow, and we worked through a lot of these issues. Where there could have been problems, I think sometimes the personal relationships that were built up became quite important. I guess that would be a lesson for me to try and build those



personal relationships early, because when difficult issues arose we were able to deal with them in a way that might have been more explosive otherwise.

**AP: The next thing I wanted to discuss was the [Scottish] independence referendum, which took place just after the Commonwealth Games. Did the impending referendum affect the way you went about your job as a minister – were you involved in preparing for the possibility of a Yes vote and that kind of thing?**

**SR:** I think all SNP members were, and ministers to a large extent, when it came to what we did back in our home cities. I was very involved here [in Dundee] as part of the Yes campaign. I think in my case the most important thing was – given that the referendum came between the Commonwealth Games and the Ryder Cup, which I also had responsibility for delivering just a couple of weeks after the referendum – was to ensure that the Commonwealth Games were a success, and that that was about building confidence in our ability to do things well. What was important in relation to the referendum was the view that people would feel a sense of our ability to be able to manage big things like that. If we were able to manage something on the scale of the Commonwealth Games, well, then that would be a confidence boost in terms of our ability to be an independent country, to be able to do things for ourselves. For me, that brought its own pressures because obviously if the games had been a disaster, that wouldn't have been a good backdrop to the referendum. I was very conscious of that as well. We wanted to deliver a good games no matter what, but there was that added dimension of how it could be a boost to our confidence as a nation.

**AP: Presumably, because you didn't have so much of a policy role at that point, you weren't having to do the thinking that other parts of a government would have been doing around what would happen in the eventuality of a Yes vote?**

**SR:** Yeah. There was some on the sports side, I guess in terms of the governance structures and our relationship with Olympic committee, and there was some work done about Scotland's position vis-a-vis applying for Olympic status if it had been a Yes vote. So there was some policy work around sport in general terms. But you're right, because my job was very focused on the successful delivery of two events around those months, then, yeah, probably a bit less.

**AP: You were brought into Cabinet in April 2014, a few months before the referendum. Did it feel quite different?**

**SR:** Yeah. I mean, sitting round the Cabinet table did feel different because you're obviously party to the discussions that are happening at Cabinet, rather than getting the feedback via the civil service or from your Cabinet Secretary. But I'd had the experience of being a minister in order to prepare for that. But then you were then leading on things in Parliament directly for Cabinet, portfolio questions and stuff like that. So yeah.

**AP: And then afterwards when you moved to the Cabinet Secretary for Health job, in November 2014, did that feel like quite a big step up?**

**SR:** Yeah, that did. Alex Neil had been in the job before me. It was a big step up. I guess to describe it as all-consuming would maybe be accurate. It was a big job, a lot of work, a lot of time, a lot of papers, a lot of briefing. And yes, I mean that was just the scope of the job, and what it covered required me to be very organised and clear about ministerial responsibilities. And again, prioritising within all of that was important because it's such a big brief.

**AP: And were you just inheriting established government priorities or were there areas where you felt able to move things in a different direction?**

**SR:** There were obviously issues around acute waiting times, the whole issue around mental health and CAMHS [Child and Adolescent Mental Health Services]; those were already bubbling away. So I inherited the bubbling issues, and tried to take them forward against a backdrop where health was getting the lion's share of government resources, but the growth of resources was nothing like it had been previously because of the cuts from Westminster. When you think back to the growth of budgets that the previous administration had, it's astonishing that they didn't do more with it to be honest. Maybe that sounds more pejorative than it should but you just think: "Wow".

And I think what we managed to achieve given that shrinkage of resources that we were inherited... We were dealing with a very different financial backdrop, which meant that we had to try and keep all these balls in the air of the demands on acute services, the need to do more in community health and primary care, and I tried to shift more resources into primary care in order to try and keep people out of hospital. It's something we talked about, shifting the balance of care, when I worked in home care back in the '90s. And therefore we set targets of the growth that would happen in primary care. Obviously that was going to mean that acute services had to operate more efficiently, and therefore there was a big programme of reform about doing things very differently, quite radical. And that was set out in health and care plans. So there was a period of quite huge change.

And I remember that the Opposition were coalescing around a motion of Parliament demanding that we increase the share of spend on primary care to... I think it was 11%. I said: "Absolutely, that's what we want to do." But as soon as you start to shift that, they start complaining about the impact on acute services or other parts of the Budget. So yeah, you can have, on the surface of it, political consensus, but actually it will last a day until the ink's not even dry on the motion before they start criticising you for what you've shifted from to make that happen. So that's politics.

**AP: And within the Government itself, did you have to negotiate hard to protect the NHS budget?**

**SR:** Yeah, budgets are difficult for governments, and yes, you've got to fight your corner. I guess the thing I had going for me was that there'd already been a very explicit commitment to protecting the frontline health spend – on the frontline services. And so revenue spend, resource spend, was protected, and there were commitments to there being real-terms growth, which meant that there was an element of protection. But we shouldn't underestimate the challenge, because when you look at the growth of demand for services and inflation in pay and health costs, so the costs of providing services, they continued to grow at a pace that was difficult to match with the resources available. Those levels of growth that previous administrations had seen just weren't available to us because of the recession and austerity. Therefore we had to reform. So investment and reform were the twin pillars. Making sure we invested as much as we could in those frontline services, which we did, but also at the same time reforming to try to free up resources. So if we can save a pound by doing things differently in the backroom services, or the support services, to free up that money for the frontline, those were opportunities that we were focused on trying to create. I guess there was some success, but what we were trying to do in releasing resources, it takes time.

**AP: What achievement from that time do you feel most proud of?**

**SR:** We got a new GP contract, the first one since 2004, which we had been talking about for 13–14 years, approved and voted on by doctors. They agreed it. It was quite radical, turning the role of the GP on its head. They would no longer be a gatekeeper but would rather be part of a multi-disciplinary team. Patients might not see a doctor, they might see a nurse or a physio. And that's now working its way through, so it's going to take time for that culture to change. But I think it's a big change for the health service and has the potential to unlock resources by seeing more people in the community, keeping them out of hospital and reducing costs. Hospital is the place for folk who need to be there, absolutely, but for older people, people with dementia, that's not the place for them. But we needed to build up the community services to stop that happening, and I think I'm quite proud that I put the building blocks in place for that.

On a personal note as well, when I was in opposition we were very supportive of those campaigning for better financial support and recognition of those who had had HIV and Hep C through infected blood. Of course it's now a UK inquiry, but we had the Penrose Inquiry, which was set up under Nicola [Sturgeon], and which went on for a long time, but ultimately delivered the additional financial support people needed. Although not everybody was happy with the outcome of the Penrose Inquiry and some folk described it as a whitewash, people did recognise that it gave quite significant additional support to those affected, particularly when it came to additional health needs and to the extent that we supported some of the widows and widowers. Putting in place that system was personally gratifying because I remember sitting on the Health Committee

in 1999 when people were giving evidence about their plight. To then be able to deliver better financial support for them, albeit nearly 20 years later, was quite satisfying.

**AP: And are there any things that you look back on now and think: “Oh, I wish I’d done it a bit differently”?**

**SR:** Always. I think maybe managing expectations around being able to deliver everything. I guess if I knew when I took over the health brief what I know now, I’d have realised that although the health budget was increasing, there was a need to have a discussion with the public about the very, very low waiting times that had been delivered and how sustainable that was in light of shifting resource in primary care, all those other competing demands and the fact that the budget increases that the previous administration had seen were no longer available. And therefore trying to juggle all of that was going to be difficult. The attacks on me were invariably about acute waiting times performance. And yet our focus was on shifting the balance into the community, which was the right thing to do, but people didn’t want to talk about that, other than GP recruitment and recruitment difficulties which is a UK wide phenomenon. And actually the new GP contract I think will help solve that over time so that was all the right thing to do. But I was getting hauled over the coals for acute waiting times, but I was limited in what I could do about it.

**AP: And so what advice would you have then for current or future ministers? Whether in health or more generally?**

**SR:** If you can’t sustain the growth in a budget that had delivered on improving the performances of previous waiting times, then there should be a clearer narrative around that. So yeah, I think it’s about expectation management, and being clearer in what can be achieved.

A lot of people won’t need to touch the acute services if we get this right by reducing demand on them. So the outpatient programme is another thing I’m proud of. We had a complete overhaul of outpatient appointments. You’ve got your doctor and you end up in an outpatient appointment queue because the doctor has very limited choices, so the GP will just, through very vague symptoms, put you in a queue to see an outpatient consultant of the specialty that he thinks it could be. So all these people have an outpatient appointment to see a specialist and a lot of the time it’s not the right place for them and they end up either in another queue or back to their GP. The outpatient reform was to get people to the right place rather than going round this system.

People would go in for five minutes and be told everything’s fine. So why can’t they be told that on the phone? Or by email, or by a health professional other than a consultant, like a physio, for example, in orthopaedics. The patient themselves could also trigger the need to come back to see a specialist rather than automatically

returning every six months, which uses a lot of that resource, when the people who need that resource are in the same queue.

The reform of the outpatients system is ongoing, but was beginning to show some really good results. [The purpose is] to get people who needed to be in that queue to see a specialist in the queue, and to see them quicker, rather than being in amongst all these folk who don't need to be.

**AP: So these are kind of systemic issues where you started to make some progress?**

**SR:** Yes. Because the health system is huge and it works in a way because it just always has, and trying to change that was never going to be an overnight job. But I guess I began to see that the systemic issues needed to be changed and that required quite radical differences. So what I said was to put in place the building blocks of those changes. And it's really for others to try and take that to fruition – which is not an easy job. It is a bit like trying to guide this enormous organisation through a period of difficult change against a backdrop of, yes, increasing resources, but not increasing at the pace that [had occurred during] previous administrations due to UK government cuts due to austerity.

If we'd had the resources of the previous administration available to all of the departments, not just health, it would have been a very much easier job. But that doesn't mean reform wasn't needed though. And I think perhaps that's the reason the previous administrations didn't embark on reform, because money just kept flowing in and they maybe didn't need to. Those were the days in which change should have happened. Because to make those changes would have led to a more efficient organisation, maintaining the quality [of service] to patients at a time where resources became more constrained.

**AP: Yeah. When the money's flowing in, you don't have to worry too much about efficiency do you...**

**SR:** No. Though that's exactly the time that you should be reforming, because you can invest to reform then, instead of trying to do it against the backdrop of tough challenges. And given all of that, it's a remarkable thing that we've managed to maintain the quality of service. Yes, some people are waiting longer than they should be, but it is a fantastic service; it still delivers a high quality healthcare free at the point of need to a growing elderly population. And that is no mean feat against that backdrop of austerity. So the NHS is something that people should be very proud of.

**AP: And did you have much interaction in any of your roles with the British Government, and were you involved in negotiations with them? How did you find that?**

**SR:** The most was when I was responsible for the Commonwealth Games. We had quite a lot of interaction around things like the Olympic lessons learned and security, because we were calling on the armed forces to give support.

**AP: And was it quite an effective relationship?**

**SR:** It took a bit of negotiation and you always felt that there was a bit of game playing.

**AP: As far as the army was concerned?**

**SR:** Well, not so much that specifically just a bit of pomposity I guess, that you would come across [in UK Government ministers].

**AP: Are you talking about ministers, or civil servants, or both?**

**SR:** Probably a bit of both, but some ministers were easier to deal with than others. In health, I had a lot of correspondence with Jeremy Hunt [then Secretary of State for Health]. So on pay for example, because the pay review bodies were UK-wide and would take evidence from the devolved nations, and we were quite clear that whatever budgets were set in terms of the health budget, the UK level has a huge knock-on effect to us.

**AP: You mean through the UK Barnett Formula?**

**SR:** Yes. So although it's a wholly devolved service, if they cut a lot of departmental spend in things like public health for example, that had a knock-on consequence. So the Barnett consequential was very, very important and sometimes there was a bit of smoke and mirrors. They would make grand announcements for health. But actually, when it bubbled down, and you saw the departmental changes that they were making to non-frontline spend, that had a knock-on effect on us.

So when it all shook down, what was a big [UK government] announcement around the Budget time for health, never translated very clearly [into extra resources]. There was a lot of smoke and mirrors.

**AP: Because they would have just been reallocating budgets, rather than providing new spending?**

**SR:** Yeah, exactly, and there were a lot of big reductions in UK health spending on things like public health and health departmental budgets. That had a knock-on consequence. We forged some reasonable working relationships with most ministers but there were always issues of trust. I guess it was a kind of functional relationship.

**AP:** Better than dysfunctional! And more generally, of course, since the EU referendum, the relationship hasn't been great between the two governments. Did that affect you in any direct ways?

**SR:** I think we got the feeling that, yes, that there was a relationship now that was very much about 'you only tell them what you need to tell them', from the UK Government to Scotland. You felt sometimes you were sitting on the naughty step because we were seen as to only be talked to and informed when need had it. You could feel that frostiness. And I think that probably permeated all aspects of government and the relationships that you had. They became much more challenging. Because of the way they viewed us being, not difficult, but I guess we were talking out, we were making very clear our concern. In health, it was things like the European Medicines Agency, research, stuff that actually matters.

You see the impact now on the decision in Glasgow about not going ahead with a research project because of Brexit. In the here and now it's having an impact. We were pointing that out and I think that hasn't gone down well in UK government circles.

**AP:** Yes, because there's a bigger EU role in health policy than a lot of people realise, isn't there?

**SR:** Well, yeah. Research is the key because you have quality assurances that are set at EU level, like, for example, medicines and pharmaceuticals, and the world understands those EU quality markers. If you pull out of that, you'll have to either peg British ones [to EU standards] or the equivalent. But what happens if you're somewhere else in the world and you understand the EU quality assurances and think: "What's this new thing?" The pharmaceutical industry is very concerned about the impact on whether or not they're going to be at a huge disadvantage because of that lack of recognition of those regulatory regimes. Everybody understands the regulatory regimes. And if you start messing with that and not being part of it, you've then got to set up a whole new thing. And whether that new thing is understood and recognised by others is not known.

**AP:** This is an area where there may need to be new UK-wide common frameworks. Were you involved in talks about that?

**SR:** It's all unknown and it's one of a million issues. That list of issues is never going to be resolved before Brexit happens. So yeah, it's as I say one of a million issues yet to be resolved.

# Citations

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**Institute for Government**  
**2 Carlton Gardens, London SW1Y 5AA**  
**United Kingdom**

Tel: **+44 (0) 20 7747 0400**  
Fax: **+44 (0) 20 7766 0700**