

**How historians can help the
House of Commons Health Committee**
by Dr David Turner, Committee Specialist

1. Introduction

This report was prepared by David Turner during his secondment with History & Policy in April 2010, for the benefit of members of the History & Policy [Network of Historians](#) wanting to get involved with the work of parliamentary select committees. Since 2006 H&P has worked with historians to provide written evidence to seven select committee inquiries and has facilitated oral evidence by a historian to one further inquiry. For details of these activities, please see the [H&P policy submissions](#) on our website.

2. Select Committees

[Select Committees](#) of the House of Commons are bodies of backbenchers (Members of the Government and Opposition spokespeople are not allowed onto them), carrying the full authority of the House. The Committees are cross-party, with their composition reflecting the party make-up of the Commons itself, and their Members cannot be obliged by their respective Whips to follow party lines. The allocation of the Chairships of Committees to the political parties is also in proportion to the representation each party has in the House itself.

Under new rules, taking effect after the 2010 general election, the Chairs of most Committees are elected in a secret ballot of the whole House, and Members of Committees are elected by secret ballots of the party groups.

Departmental Select Committees (established in 1979 under a Standing Order of the House) each hold the Government to account by scrutinising the operation of a Government department in respect of expenditure, administration and policy.

3. The Health Committee

The [Health Committee](#) scrutinises how the Department of Health discharges its functions, including the running of the National Health Service.

Like other Departmental Select Committees, the Health Committee mainly fulfils its role by means of conducting inquiries into specific topics. These lead to the publication of reports, including conclusions and recommendations, to which the Government must reply in writing and which are sometimes debated by the House.

Select Committee reports are intended to be dispassionate and evidence-based, drawing primarily on the Committee's findings from its investigation of the topic under consideration.

The Committee is supported by two Clerks (career House of Commons officers with generalist skills and knowledge), two Committee Specialists (experts in health policy) and two administrative staff. Stephen Dorrell MP has [recently been elected](#) Chair of the Health Committee.

Although the Committee is obviously concerned with current issues, a historical perspective can often be useful in setting those issues in a proper context and shedding fresh light on them. This was the case, for instance, with the Committee's [report on Alcohol](#), published in 2010, which examined patterns of alcohol consumption as far back as the seventeenth century. It drew on historical evidence to show that, contrary to popular perception, it is not true that the English have always been a nation of drunks, with levels of alcohol consumption having fluctuated considerably over time.

Another report with a historical dimension was that on *The Tobacco Industry and the Health Risks of Smoking*, published in 2000. This looked at the historical trends in tobacco consumption, with mass marketing of cigarettes leading to a rapid peaking of addiction levels in the middle part of the twentieth century, followed by a more gradual decline as evidence mounted of harmfulness to health:

Occasionally, a report will have a significant historical aspect to it, such as that published in 1998 on *The Welfare of Former British Child Migrants*, which addressed the persisting consequences of a policy that operated from the seventeenth century up to 1967.

4. How Historians can help

i. Acting as specialist advisers

The Committee appoints a small number of specialist advisers (usually two, but sometimes more) to help it with each of its inquiries. These are people with knowledge of areas such as contemporary health policy, health economics or clinical matters relevant to the inquiry in question. They are often, but not always, leading academics who have published widely and have national, and sometimes international, reputations. It is not common for the Committee to appoint a historian as a specialist adviser, but it may on occasion feel it needs an adviser who can provide a specifically historical perspective on a topic.

Formal appointment of specialist advisers usually occurs after the terms of reference of an inquiry are announced, but likely candidates will have been identified some time before then. This currently tends to be done informally, by means of personal contacts or research by Committee staff (for instance through the Internet) while the inquiry is being scoped and terms of reference are being drafted for the Committee's approval.

ii. Submitting written evidence

When the terms of reference for an inquiry are published the Committee will issue a call for evidence, which is sent out in the form of a press release and published on the

[Committee's website.](#)

The Committee also maintains an e-mail mailing list, whose members receive updates on the work of the Committee. This can be subscribed to by writing to:

healthcom@parliament.uk.

Submissions should be in the form of a self-contained memorandum of no more than 3,000 words, specifically addressing the published terms of reference; electronic submissions must be in MS Word format. Paragraphs should be numbered for ease of reference, and the document must include an executive summary. Further guidance on the submission of written evidence can be found in a [House of Commons guide](#).

Submissions should be original work, not previously published or circulated elsewhere, although previously published work can be referred to in a submission and submitted as supplementary material. Once submitted, a submission becomes the property of the Committee and no public use can be made of it without first obtaining permission from the Clerk of the Committee.

The Committee normally, though not always, chooses to publish the written evidence it receives, by printing it in a volume of evidence, publishing it on the Internet or placing it in the Parliamentary Archives, where it can be consulted by members of the public on request.

Any evidence that is published by the Committee is subject to Parliamentary privilege, meaning that it cannot form the basis of any legal action (e.g. in respect of an alleged libel). However, if evidence is published by its author, it will not necessarily be covered by Parliamentary privilege.

If there is any information in a memorandum that is believed to be sensitive, this should be highlighted and an explanation given of what harm it is believed could result from its disclosure. The Committee will then take this into account in deciding whether to

publish, or otherwise further disclose, the evidence. There is no reason, however, to be apprehensive about merely expressing strong views on matters of policy or historical interpretation.

A deadline is set for the submission of written evidence and this usually marks the start of the actual inquiry process. The Committee is, though, still able to receive written evidence (including supplementary memoranda) after that date, right up to the conclusion of the inquiry.

Anyone who submits written evidence will receive press notices giving details of the inquiry's progress, and a copy of the report and evidence volumes when they are published.

A recent example of written evidence submitted to the Committee is a [memorandum for its Social Care inquiry](#) (concluded in 2010), written by Professor Pat Thane, a leading academic authority on old age in English history, showing how the separation of health and social care dates back to 1948.

Another example is the [memorandum submitted by Dr Martin Gorsky](#), of the Centre for History in Public Health at the London School of Hygiene and Tropical Medicine, for the Committee's inquiry into *Patient and Public Involvement in the NHS* in 2007.

iii. Giving oral evidence

The Committee has the power to summon witnesses to answer questions in a formal evidence session. Such sessions are open to the public, as well as being webcast on the Internet and, occasionally, televised on the Parliament Channel. Any British citizen summoned to appear before a Select Committee must do so or face proceedings for contempt of Parliament (MPs and Members of the House of Lords are exempt from this requirement, but in practice Ministers do not decline invitations to appear before Committees).

Witnesses are often selected from among those who have submitted written evidence, but this is not always the case. If the Committee is aware of someone who could potentially contribute important information and insights but has not submitted written evidence, that person may be contacted and asked to give oral evidence. Such a witness may be identified by specialist advisers, through personal contacts or by means of research by Committee staff (including through the Internet). There is no requirement in such a case to submit written evidence, but the Committee does find it helpful to have a written memorandum before taking oral evidence.

Witnesses are, as a matter of courtesy, contacted by Committee staff a few days before they give evidence and advised informally about likely lines of questioning. However, at evidence sessions the MPs are able to ask any questions they wish and are not obliged to stick to any suggestions made to them.

Evidence sessions are transcribed and published, both on the Committee's website and in evidence volumes. Draft transcripts are made available to witnesses for them to correct any transcription errors or to correct or clarify any matters of fact (to be shown in the final published version by means of footnotes).

A recent example of historians giving oral evidence to the Committee occurred during the *Alcohol* inquiry in 2009, when the MPs heard from a [panel of academic experts](#) on fluctuations in the level of alcohol consumption in English history.

Further guidance on giving oral evidence can be found in the [Commons guide](#).

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