
LABOUR'S 10-YEAR PLAN FOR HEALTH AND CARE

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Introduction

Labour has a new plan for our National Health Service. A plan not just to protect it but to improve it for years to come by making sure we have a health service that can meet the challenges of the 21st century and remain sustainable for the future.

Our plan will help people get the right care, at the right time, in the right place. It is based on the simple notion that if you empower people, and make care personal to each family, it is more likely to work for them and cost less for everyone.

To achieve this we will restore the right values in the NHS; invest in more staff so the NHS has time to care; integrate care from home to hospital; give people new access rights to improve care and ease pressure on our hospitals; end the failure and false economies on mental health; and take bold action to promote public health and prevent ill-health in the first place.

That is the scale of our ambition.

At the start of 2015, the NHS finds itself in a dangerous place. Services are going backwards and people are beginning to fear for the future.

- 1.25m people waited longer than four hours in A&E in 2014.
- 1 in 4 people now wait a week or more to see a GP, or can't get an appointment at all.
- 300,000 fewer older people are receiving social care compared to 2009/10.

If NHS service standards continue to decline as they have done in the last four-and-a-half years, in 2020 the NHS would be on course for:

- Nearly 2 million people waiting longer than four hours at A&E.
- Over 20 million patients left waiting a week or more to see a GP or unable to get an appointment at all.
- More than half a million older people no longer getting access to social care services.

More of the same is no longer an option – so we need a new course. Our ten-year plan will lift the NHS out of this cycle of decline.

It fell to the generation after the Second World War to build the NHS. It fell to Labour after 1997 to save it from years of Tory neglect. Today it falls to Labour to rescue it once more and rebuild it for the 21st century. This is Labour's plan to do that.

The challenge of meeting health needs and ensuring the NHS remains sustainable for the 21st century makes having the right vision and values, and good stewardship of the NHS, is more important than ever before.

- It requires providing stability and investment for the NHS so it can plan ahead to cope with the pressures it faces.
- It requires reshaping and improving services to meet evolving health needs like ageing, multi-morbidity, and mental health.
- It requires prioritising prevention to reduce demand on the NHS and help people stay healthy, including through better public health and early intervention.
- Above all, it requires putting the right values at the heart of the NHS to ensure it is run in the interests of NHS patients and that all can get decent access to high-quality services.

The Tory-Government has failed on every one of these fronts:

- Needlessly turning the NHS upside down with a damaging, top-down reorganisation that is still causing chaos, along with short-termist training cuts that have led to a workforce crisis.
- Failing to re-shape care to meet the challenges of the 21st century: the Health & Social Care Act 2012 had nothing to do with the challenge of reshaping the way care is delivered, but was instead focussed on rearranging the management structure of the NHS; worse, the upheaval involved has distracted from the task of reshaping services, while the new competition framework makes service integration harder.
- Failing to prioritise prevention by stripping back the services and support that help people stay healthy outside hospital – such as GP services, mental health services, and social care – and failing to prioritise public health, where policy-making has been dominated by vested interests and where reliance on a purely voluntary framework with industry has failed to deliver sufficient progress.
- Putting the wrong values at the heart of the NHS, with a rampant postcode lottery, increasing rationing of treatments, and an ideological market framework which puts competition before collaboration and profits before patients, and which is seeing large amounts of money wasted on competition bureaucracy and competition lawyers.

That is why a long-term plan for the NHS is so badly needed.

Labour's ten-year plan seeks to address these challenges by prioritising action in a range of areas: restoring the right values, investing in staff so the NHS has time to care, integrating care from home to hospital, giving patients new rights to access care, ending the neglect of mental health, and preventing ill-health.

Labour's Zero-Based review

Labour's Zero-Based review of all government spending is exploring how to get better value for the taxpayer across all public services, including within the NHS. As part of that we have prioritised a number of key areas for additional work upon which we will report further progress in the weeks ahead:

- In recent weeks Labour has published our new approach on mental health and public health. We have set out examples where early intervention can prevent expensive health problems later in life and release resources to focus on frontline NHS pressures. Building on this work Labour's Zero-Based review will report progress on the how the next Labour Government will support a greater emphasis on early intervention programmes where there is a robust invest-to-save business case.
- The introduction of more competition and marketisation into the NHS has seen significant sums spent on competition lawyers and legal arrangements since the Health and Social Care Act 2012 came into force. Labour has already identified £100m of savings, including from scrapping the competition rules that are creating huge waste and bureaucracy, which we will use to improve access to GP appointments. We will consult with the sector on how to release even larger savings from the new set of organisations created by the reorganisation, including by addressing potential duplication of responsibilities and further reducing bureaucracy.
- Labour's guarantee that NHS patients in England will wait no longer than one week for cancer tests and results by 2020, funded by a levy on the tobacco firms, could save lives and reduce the necessity of later stage treatment. Labour's Zero-Based review will build on analysis by Incisive Health which suggests that annual savings of £210m could be achieved across all types of cancer cases if the level of early diagnosis can be improved to the level of the best in England.
- Better use of NHS resources is also vital if we are to meet the increasing service pressures. Where the NHS owns assets or estate no longer employed for health service purposes, Ministers should actively seek to achieve value for the taxpayer and consider disposal in order to release resources for the frontline. There are at least £7.5bn worth of sites currently deemed as 'surplus to requirements' by the Department of Health yet still owned by the NHS.

1 – Restoring the right values

We will repeal the privatisation laws which force the NHS to waste millions on competition lawyers and tendering, strengthen democratic accountability, and bring in tougher controls on hospitals increasing their focus on private patients to ensure they always put NHS patients first.

Resetting the NHS for the 21st century is not just about reforming 20th century models of care, but about putting the right values back in the NHS.

Values such as care, compassion and co-operation are as important now as they were when the NHS was founded in 1948. But in recent years we have seen those values slowly eroded as the Tory-led Government's reorganisation has placed the values of competition, fragmentation and privatisation at the heart of our NHS.

Why the Tory-led Government has failed

David Cameron promised: *"No more of those top down reorganisations of the NHS that promise change but bring chaos"*. He not only broke that promise, but he brought forward the biggest reorganisation of the NHS it has ever seen, the Health and Social Care Act 2012.

The Health & Social Care Act 2012:

- Removed the Secretary of State's duty to provide health services in England, ending historic political accountability for the NHS.
- Raised competition law above the interests of patients; it exposed the NHS to the full force of EU competition law, made tendering requirements statutory and gave disappointed companies the legal means to seek damages – leading to tendering in all but the most exceptional circumstances.
- Allowed hospitals to raise up to half of their income from treating private patients.

The effects of this have been all too apparent as Ministers duck accountability for problems in the NHS, service improvements and collaboration are hindered by competition law, with millions being spent on competition lawyers, and hospitals expand their private patient units, even as waiting lists lengthen for NHS patients and treatments are rationed.

To make the necessary changes and improvements to patient care over the next ten years the NHS will need the freedom to collaborate, to integrate, to merge across organisational divides and boundaries without having to run wasteful tenders making integration harder to achieve or having the competition authorities blocking their plans.

What Labour will do

The Health and Social Care Act 2012 has become a barrier to improving services and making them fit for the 21st century, which is why Labour will bring forward a bill to repeal it in the first Queen's Speech of the next Parliament.

Our bill will restore proper accountability for services and replace the current NHS market with a system where patient interests and the efficiency of the NHS take precedence over enforcing competition between providers.

We will:

- Restore the Secretary of State's historic duty to provide services to ensure proper democratic accountability.
- Replace the competition framework with an 'NHS Preferred Provider' framework, including removing the role of Monitor and the Competition and Markets Authority as economic regulators enforcing competition within the NHS, and scrapping the 'Section 75' regulations that have made tendering statutory.
- Draw a clear distinction between not-for-profit and for-profit providers by giving the voluntary sector organisations the benefit of longer and more stable arrangements.
- Place tougher controls on Trusts' ability to earn Private Patient Income in order, to ensure NHS patients always get put first, and ensure proper safeguards on conflicts of interest.
- Ensure the TTIP Treaty cannot impose procurement or competition obligations on the NHS.
- Extend Freedom of Information provisions to any provider of NHS services.
- Set up a wide-ranging review of NICE which will look at reforming the NICE technology appraisal process and setting tougher rules on implementing NICE guidance.

2 – Investing in staff so the NHS has time to care

We will recruit 20,000 more nurses, 8,000 more GPs, 3,000 more midwives and 5,000 new homecare workers – all paid for from Labour’s £2.5 billion Time to Care Fund raised from the mansion tax, cracking down on tax avoidance and a new levy on tobacco firms.

If we want a world-class NHS, fit for the 21st century that means having enough doctors and nurses with the time to care for patients and transforming services so the NHS can meet future health challenges.

Why the Tory-led Government has failed

Over the last five years staff numbers haven’t kept pace with demand. More than half of nurses say their ward is dangerously understaffed and community services are in crisis because we’re not training and recruiting enough nurses.

- The number of nurse training places has been cut by thousands since 2010 - compared to the number that would have been trained had the annual number of commissions been maintained at this level.
- There are 2,132 fewer community nurses compared to May 2010.
- According to calculations from the House of Commons Library, the number of nurses per head in England fell from 5,364 nurses per million people in May 2010 to 5,182 per million in May 2014.
- There are fewer GPs compared to 2009/10 and the Government’s own GP taskforce has concluded that *“there is a GP workforce crisis”*.

The lack of staff and the failure to value the staff we have, is holding the NHS back from meeting the health challenges of the future – like providing better care outside hospital to support an ageing population and more people with chronic disease.

What Labour will do

Labour will raise £2.5bn for a Time to Care Fund, by making choices based on our values - from a mansion tax on properties worth over £2 million, cracking down on tax avoidance and a new levy on tobacco firms.

This investment will enable us to deliver by the end of the next parliament:

- 20,000 more nurses, getting the basics right with safe staffing in hospitals, and providing personalised care outside hospital to families with the greatest needs.
- 8,000 more GPs, to help people stay healthy outside hospital and to tackle the GP access problems faced by hundreds of thousands of families every week.
- 3,000 more midwives, to provide safe, one-to-one care to women before, during and after birth.
- And starting to build a homecare workforce in the NHS, with 5,000 new homecare workers to work in integrated care teams – the beginning of a shift towards an NHS

focused on providing joined-up support to help people to stay in their home, particularly at the end of life.

In addition to these commitments on staff numbers Labour will introduce a 'new compact' with NHS staff to support those who care for us and ensure that all patients are treated with the highest levels of dignity and respect.

3 – Integrating care from home to hospital

Bring physical, mental and social care together in a single service to treat the whole person - helping end the scandal of 15-minute care slots by incentivising providers to keep people healthy, independent and out of hospital.

The health challenges of the 21st century are very different from those of 1948. After the Second World War, the main challenge was fighting infectious diseases like tuberculosis and diphtheria. Today, long-term conditions like cancer, heart disease and dementia account for 70 per cent of all NHS spending. And large numbers of people, especially older people, have multiple needs.

Yet our health and care services haven't changed to reflect this new reality. They respond to each of our needs separately, focussing on the body part or the individual problem – the broken leg, the high blood pressure – rather than the person behind it.

This means care is fragmented. It means problems get missed. It means different parts of the system aren't joined up. It means people and their families having to struggle against the system, repeating the same story over and over again to different professionals, and continually passed around between different organisations.

It means opportunities for prevention and for helping people stay healthy and independent outside hospital are often missed.

One symptom of this is the neglect of social care. The way the current system is set up is driving it towards a culture of 15-minute visits, zero-hours contracts and lack of training for staff. At the moment, the way we pay for care does not incentivise high-quality care at home, that helps keep people healthy and out of hospital, including social care and care in the community.

- Many sick, elderly and disabled people that rely on care services are facing care visits lasting just 15 minutes long, which hits quality of life for millions who need extra help preparing meals, bathing, and taking medication if they are to continue to live at home with dignity, as well as undermining the emotional and domestic support needed for conditions like dementia.
- An estimated 307,000 care workers, or a fifth of the total care workforce, are on zero-hours contracts.
- There are low levels of training and a lack of high-quality apprenticeships in the care sector.

This doesn't just make for a worse service for the older and vulnerable people who depend on social care; in the long term it makes for a more expensive system too. It means we have more and more people not getting the support they need at home, struggling, falling ill and having to come into hospital, which is far more expensive, or lying trapped in hospital beds because of lack of support to help them return home.

The Francis report into the terrible failings at Mid Staffordshire NHS Foundation Trust laid bare the dangers of trying to rise to the challenge of the ageing society with a hospital-based, 20th century model of care, that is not sufficiently person-centred and where social care needs are neglected.

Why the Tory-led Government has failed

The Tory-led Government's reforms are taking the NHS in the wrong direction, towards more fragmentation, with social care increasingly neglected.

The Health & Social Care Act 2012 distracted from the task of reshaping services, while the new competition framework has made service integration harder. Services that support people to stay healthy outside hospital – such as GP services, mental health services and social care – have been stripped back.

The growth in 15-minute visits means care workers, often working on zero hour contracts, are increasingly forced to choose between helping prepare a meal for a frail, older or vulnerable person - or taking them to the toilet. It has left more people unable to cope at home and ending up in hospital.

- A recent survey found that 74 per cent of councils now commission 15-minute visits, up from 69 per cent last year, with one in seven home care visits in these areas now being just 15 minutes long.
- More than 307,000 care workers, or a fifth of the total care workforce, are on zero-hours contracts, part of a low-cost business model that drives down standards in the industry and drives up costs with more older people ending up in hospital.
- Last year the Care Quality Commission found that one in 10 over-75s and one-in-five over-90s experienced an avoidable admission over the last year – which could have been prevented if they had received better support outside hospital. It expressed concern over “a general acceleration in the rates and numbers of these avoidable admissions from 2010/11 onwards”.
- The number of days that patients are left in hospital beds because they cannot be discharged is at a record high – in the last year over a million days, costing an estimated £278m.

What Labour will do

Our plan to integrate health and care services will help incentivise better care, improve conditions for staff and cut down on the costs of failure, particularly in social care. But integrating health and care services cannot be imposed by top-down edict and timetables. It must be driven at a local level and designed around local needs.

Labour's ten-year plan has a clear end-point: commissioning for the whole-person, for a single service, on the basis of a single year-of-care budget for those with complex needs. But the journey to that end point will be determined locally, with flexibility over when and how. As the Independent Commission on Whole-Person Care, chaired by Sir John Oldham says *“What makes sense in inner city Birmingham is not likely to make sense in Cornwall.”* We will

encourage health communities to consider the appropriate model for their local health and care service over the next ten years, and to move there at the appropriate pace.

To help make this change happen we will put in place a number of 'enabling measures' to make sure the incentives are in the right place to drive integration and we will fix our broken care system by improving conditions for staff and cutting down on the costs of failure.

We will:

- Develop a year-of-care tariff for those with complex needs, such as frail older people, which will cover all of a person's care costs over a year. Over the next ten years, we would want to see this type of payment system developed for larger segments of the population. This means that the accountable provider, who will have to pay more if clients deteriorate and need hospital care, will have a much stronger incentive to invest in preventing problems, and driving out the culture of care visits limited to 15 minutes.
- Tackle exploitation in the care sector by banning zero-hours contracts that exploit workers; firms will no longer be able to operate business models that rely on zero-hours contracts.
- Improve training opportunities in social care, by creating new apprenticeships and providing more opportunities for career progression for care workers; this will include our commitment to build a new generation of 5,000 homecare workers in the NHS, which will provide new opportunities for training and career development.
- Introduce a system of 'safety checks' for vulnerable older people, to identify risks to their health and prevent problems before they occur.
- Enhance the regulatory role of Monitor to drive integration, and unlock potential savings, by looking at the financial viability of whole health systems not just the individual entities within local health economies. Monitor will be able to rate health economies on the overall viability of the entire local systems and their medium-term viability.
- Consult on ways the ambulance service can be better integrated with 111 and GP out-of-hours.
- Give people control and access over their own health and care information. When in contact with services people should only have to provide their details once, and this data should be captured on behalf of multiple agencies. We will allow patients and carers to access their records and communicate with services online, making it easier for people to manage their own conditions and stay at home for longer.

4 – Giving patients new rights to access care

Improve services and ease the pressure on the most expensive hospital services including A&E and late diagnosis of cancer by guaranteeing a GP appointment in 48 hours to anyone who wants one and on the same day if they need it, as well as cancer test results within a week.

In 1997, only half of patients could see a GP within 48 hours and just 63 per cent of people with suspected cancer were seen by a specialist within two weeks of referral. The previous Labour Government, through a combination of investment and reform, helped drive up standards and drive down waits in the NHS.

Why the Tory-led Government has failed

David Cameron promised we would never go back to the bad old days of the 80s and 90s – but we have:

- One in four patients now wait a week or more to see a GP, or can't get an appointment at all.
- Record numbers of patients are waiting longer than four hours in A&E.
- The cancer treatment target has been missed for the first time ever, with 15,000 people having to wait longer than the recommended 62 days to start their cancer treatment in 2014.
- The waiting list for treatment has reached its highest level for six years in recent months.

What Labour will do

Labour will introduce new rights to begin the transformation of the health service into one more personalised and more focused on helping people stay in their communities by improving access, support, prevention and early diagnosis.

These rights will include:

- The guarantee of a GP appointment within 48 hours, or a same-day consultation for those who need it. We will also give patients the right to book ahead with the GP of their choice.
- A maximum one-week wait for cancer tests, with results – on route to a goal of one-week tests for all urgent diagnostics by 2025.
- New rights to care at home including giving all mothers a clear expectation that they can exercise real choice over where to give birth, where clinically appropriate, and giving those who are terminally ill with the greatest care needs homecare provided on the NHS.
- A new right to talking therapies – just as patients currently have for drugs and medical treatments.
- A single point of contact for people with complex physical and mental health conditions, with the authority to get things done.

- A personalised care plan developed with the individual and their family, tailored to personal circumstances and not restricted by service boundaries.
- The right to access peer support from other people learning to manage the same condition.
- NHS organisations will be required to involve patients and the public in designing and deciding on the options for reconfigurations from the start.

Labour's pledge to family carers

It's not right that people who care do so much and get so little in return. We must make sure people get the help and support they need early on, to prevent problems from developing and costs escalating – for carers, their families and the taxpayer. Labour's new package of measures will make a real and practical difference to unpaid carers' lives:

- Placing a new duty on the NHS to identify family carers, so they can get the right help and support, and giving carers a new right to ask for an annual health check – allowing problems to be identified earlier and prevent costs escalating.
- Giving families caring for people with the greatest needs a single point of contact with care services, so they don't have to battle different parts of the system.
- Ensuring the funding currently identified for carers' breaks is properly ring-fenced, to make sure all the money goes to family carers.
- Consulting with employers, trade unions and carers organisations on how to improve flexible working for family carers, which could include measures such as a new period of 'adjustment leave' to help families cope with a short-term crisis.
- Recognising the transport costs facing family carers, by including family carers in the groups who can be eligible for hospital car parking concessions.
- Abolishing the bedroom tax – which hits 60,000 carers and penalises them for the extra facilities they need.

5 – Ending the neglect of mental health

We will prioritise investment in young people’s mental health, ensure all NHS staff and teachers are trained to spot problems, and create a new right to talking therapies in the NHS constitution.

Mental health is the biggest unaddressed health challenge of our age. The World Health Organisation estimates that by 2030 depression will overtake heart disease and cancer as the leading global burden of disease.

As well as the costs to health and quality of life, mental ill health costs the economy £105bn a year, including £26bn to businesses, while the estimated cost to the NHS of untreated mental health problems is over £10bn a year.

The prejudice often faced by people with mental health conditions is also reflected in a health system where mental health has always been the poor relation of physical health, receiving less priority and less attention.

It is essential that we give mental health the priority it deserves and place it at the heart of the future health and care system.

Why the Tory-led Government has failed

The Tory-led Government’s record on mental health has been one of failure and false economies – leading to greater costs and pressure on the NHS.

We have seen the mental health budget fall for the first time in a decade, there are hundreds fewer mental health doctors and thousands fewer mental health nurses compared to 2010. We have seen key prevention and early intervention services stripped back, such as Child and Adolescent Mental Health Services, Early Intervention in Psychosis Services and Sure Start services. And this has led to greater pressures on the NHS, including a growing number of young people being placed in adult wards, and many sent hundreds of miles for hospital care as a result of bed shortages.

What Labour will do

It was Labour peers that forced the Government to write ‘parity of esteem’ into law and our approach starts with a commitment to make this a reality on the ground.

Central to that will be the key principles of prevention, early intervention and better support set out in the recent report of Sir Stephen O’Brien’s Taskforce on Mental Health in Society. Our plans to bring together physical health, mental health and social care into a single system of whole-person care will also ensure mental health problems get picked up and treated, and will place mental health at the heart of the future system.

We are also determined to challenge the taboo of mental health, and will continue to support efforts to fight the stigma and discrimination that too many people living with mental health problems still face.

We will:

- Ensure that the training of all NHS staff includes mental health.
- Create a new right to talking therapies in the NHS Constitution, just as people currently have a right to drugs and medical treatments.
- End the neglect of child mental health by working to reverse the damage suffered by child mental health services under this Government. We will set an ambition that, over time, the proportion of the mental health budget spent on children will rise as we make smart investments to improve mental health in childhood, in the process lessening some of the demand on mental health services when young people turn into adults.
- Ensure that teacher training includes child mental health so that all teachers are equipped to identify, support and refer children with mental health problems.
- Women who have miscarried will be given a right to receive high quality follow-up care, including the option of counselling if they need it.
- Over the longer-term, we will work towards further improvements in access to services. In Government we will set out a strategy and timetable to deliver a waiting-time standard of 28 days for access to talking therapies, for both adults and children, and to ensure that all children have access to school-based counselling or therapy if they need it.

Labour's plan to the best in Europe on cancer survival

The next Labour Government will publish a new Cancer Strategy within six months of the election with the goal to be the best in Europe on cancer survival. The strategy will be drawn up in consultation with key stakeholders and will make significant new commitments at every stage of the cancer journey including:

- We will commit to a new round of public awareness campaigns including making Teenage Cancer Trust's awareness sessions available to every school in England.
- A guarantee that by 2020, no-one waits more than a week for a cancer test and result – on route to a goal of one-week tests for all urgent diagnostics by 2025.
- We will ask the National Screening Committee to make recommendations within a year on whether we should introduce new lung and ovarian cancer screening programmes, and we will ensure that the new Bowel Scope Screening programme is rolled out by 2016.
- A new Cancer Treatments Fund to extend the principle of supporting innovation to all forms of cancer treatment and all cancer patients, and to tackle the lack of priority given to radiotherapy and surgery by the current Government.
- We will launch an immediate programme of work, led by Cancer Research UK, Macmillan Cancer Support and the Royal College of Surgeons to make recommendations on tackling under-treatment.
- We will take steps to embed research in the NHS and support the Health Research Authority's work to streamline research approval. And we will commit to maintaining the current PPRS scheme as it provides certainty on drug prices and enables the NHS to budget effectively for the medicines that it uses.
- A new emphasis on the long term quality of life of people who survive cancer through promoting the provision of the Cancer Recovery Package.

6 – Preventing ill-health

We will introduce new limits on the amount of sugar, fat and salt in food marketed to children, crack down on the high-strength, low-cost alcohol products, and guarantee all children a minimum two hours of PE a week.

The challenge

Better public health policies are needed if we are to live longer, healthier lives. They are needed if we are to tackle the entrenched health inequalities that still exist in our society. And they are needed if the NHS is to survive and remain sustainable for the future. Left unchecked poor public health will impose substantial costs on the health service and the wider economy. To take one example, the substantial recent growth in obesity has begun to translate itself into increases in the levels of diabetes. Unless firm action is taken to halt the rise in diabetes, the proportion of the NHS budget spent on treating the condition and its complications is likely to rise from approximately 10 per cent now to 17 per cent by 2035/36 – which is unsustainable.

So improving public health will be an essential part of ensuring the NHS remains sustainable for the next generation.

Why the Tory-led Government has failed

The Tory-led Government has failed to show the strong leadership and ambition needed to match the scale of the public health challenge we are facing. They have been unable to stand up to vested interests, and it has been left to Labour to lead the way on standardised packaging of tobacco and winning the fight to ban smoking in cars with children.

The decision to abolish the Cabinet Sub-Committee on Public Health after only two years is indicative of the failure of Ministers to make public health a priority across all government departments.

More generally, there has been a real reluctance to develop strategies and plans to improve the health of the population. The Tory-led Government's decision to rely solely on industry self-regulation and voluntary initiatives (the 'Responsibility Deal') is widely seen to have been ineffective and can penalise companies who want to do the right thing.

What Labour will do

Labour will pursue a new approach on public health that places a new emphasis on decisive action to give each child a healthier start in life, alongside empowering adults to make healthier choices for themselves. Given that children do not necessarily have the same capacity or freedom to make choices as adults, government has a clear responsibility to protect children from the pressures and risks they face. We recognise that adults must be free to make their own choices but government must do more to help people navigate the system and take more responsibility for their own health.

Though Labour's new approach to public health reflects changing times, our historic mission remains the same: to break the link between health and wealth and tackle health inequalities, so that no-one's health is disadvantaged by where they live or what they earn. To be successful, our new agenda will need to be supported by the 'health in all policies' approach, as advocated by Professor Sir Michael Marmot.

Labour will set goals to help encourage more of the population to be physically active, achieve a sustained downward trend in levels of childhood and adult obesity, tackle the problems of excessive drinking and underage drinking, and reduce smoking prevalence to 10 per cent by 2025.

Our plans include:

- We will set limits on the amount of sugar, fat and salt in food marketed substantially to children focusing on major product groups – for example cereals, crisps and soft drinks. And we will pursue a traffic-light labelling system at EU level to ensure that all consumers have the information they need to make healthy choices.
- We will crack down on the high-strength, low-cost alcohol products that fuel binge drinking and do most harm to health, such as ultra-low-priced 7.5 per cent white cider sold in large plastic bottles.
- We will give local authorities new powers so that local communities can shape their high streets and limit the future number of fast food outlets locally, and we will ensure public health is engrained throughout the licensing system so that measures promoting public health are included in the licensing statement.
- We will ensure that, by the time they leave school, all young people will have had access to emergency first aid training including Cardiopulmonary Resuscitation (CPR) and the use of defibrillators. Alongside that, Labour will propose a new plan to locate Automated External Defibrillators in major public places – shopping centres, airports, rail stations and sports stadia – and create a new national open register of AEDs (available via digital apps) to give people instant information on where to find the nearest AED in an emergency situation.
- We will reinstate the goal of all children doing a minimum two hours of PE a week as part of the curriculum and look at how we can better support local communities so that they have the opportunity to use sporting facilities in schools outside school hours, including at weekends, and outside term time.
- We will make sex and relationships education compulsory in all English schools, and set out a robust, new sexual health strategy, replacing the Government's ineffective Framework for Sexual Health Improvement in England.

