

Labour Health Policy 2008

SHA Proposed amendments with, as far as can be traced, what became of them.

Page/ line	Proposal	Reasoning	Outcome
Cover	should have a picture of a healthy, happy family	not of a doctor which conveys the notion of sickness.	
2/2	Delete “we saved it”	From what?	
2/12	Delete “Waiting lists ...have fallen by 607,000”	What matters is not how many people are waiting for a bus, but how long they are waiting	
3/6	Delete “But these decisions are not purely personal” Insert “These decisions are made in a context when there are many powerful commercial forces pushing people into unhealthy behaviour and very weak support for healthy choices. Delete “All of them have major implications for future demand on NHS services and in all of them”	Public health measures will not reduce the demand on NHS services.	
3/32	Insert “All national and local government policies will be accompanied by a health impact assessment in future”.		Accepted but watered down
3/32	Insert “Planning rules will be altered to ensure that the effect of any proposed development on the health of the population can be taken into account and planning conditions imposed to minimise harm”		
3/30	Delete sentence starting “The long-term capacity...”	Demand for medical care will not be reduced by these measures. If we expand screening services we will spend more on treatment.	
3/32	Insert “ We will move towards a position where by the end of the next parliament 10% of the NHS budget is devoted to prevention”	Nobody seems to know how much is spent on prevention at present, but it isn't much.	

3/32	Insert “We will transfer the management of public health to local government”	Protect public health budget from NHS crises and move it to the place where it can have most influence.	
3/47	Insert “which will be moved forward to the sixth week of pregnancy”	By week 25 the health of the baby is already compromised by poor diet	Accepted and composited out.
4/3	Insert “We will not introduce any measures which restrict access to healthcare for pregnant women or children because of their immigration status <i>and will remove existing financial barriers to healthcare for these groups</i> ”	Pregnant women who are undocumented migrants are expected to pay for HIV treatment that can prevent them transmitting HIV to their baby. The NHS does not charge before the birth but women understand that they will be chased for payment afterwards. This is leading to decisions to start treatment being delayed, or to treatment being refused, risking the health of both mother and baby.	Accepted but watered down
4/3	Insert “We will use community development to ensure that services reach the most disadvantaged mothers, such as travellers and migrants and fund advocacy services for those who find it most difficult to access services as a priority. We will offer incentives such as free fruit and veg vouchers for low income citizens. Key workers will be encouraged to		

	accompany single parents to Children Centres the first few times until they feel confident enough to attend without this support.”		
4/3	Insert “We will ensure that a well-trained well-funded universal health visitor service is available and accessible to support all parents of children under five with specialist help for the most vulnerable families”	Not only a service to the most disadvantaged. shows that of parenting support their child’s a trained health up-to-date83 cent of parents want that advice in the	Consensus words
4/10	Insert “We will bring maternity services into the scope of Patient Choice as soon as possible”		
4/11	Insert “Healthy Start women's vitamin supplement contains folic acid and vitamin D for preconception, pregnancy and throughout breastfeeding. It will be made freely available without charge.”	Not on prescription. Free to every woman who wants it	
4/11	Insert “policy around breastfeeding will be given much more emphasis. The Scottish legislation which makes obstructing breastfeeding an offence will be extended to England. As Winston Churchill said, “There is no finer investment for any community than putting milk into babies”	This is policy already but ineffective.	
4/27	Insert: ‘We will introduce a ban on the marketing of foods high in salt, sugar and fat, targeted at children.’		Bland consensus words
4/28	Insert “We will introduce compulsory clear information for consumers about the health of food they buy as voluntary schemes have failed to deliver, and this will extend to food and drink which is provided for immediate consumption. We will consider imposing VAT on the most unhealthy food.”	There is no information provided about the content of take away or restaurant food.	Bland consensus words
4/37	Insert: ‘We will also ensure that people identified as overweight and obese by healthcare professionals are provided with ongoing weight management’	<i>currently for the QoF a GP just has to identify an overweight or obese person and do nothing more, so there should be a new indicator in the QOF which measures: Percentage of</i>	<i>Accepted and included</i>

		<i>patients who are overweight who have been provided with ongoing weight management support in the previous 15 months.</i>	
4/41	Insert “ People who do not smoke, drink in moderation, eat enough fruit and vegetables and take enough exercise live on average 14 years longer than people who don't. We will arrange for everyone's score on this scale to be recorded by their GP as part of the QOF and devote serious resources to improving those scores over time.”	Probably the best way of identifying those at high risk. Smoking is the biggest factor in Health Inequalities. The poorest never smokers have a better survival rate than the richest smokers.	
5/7	Delete “consult on placing” insert “place”	Ban cigarette machines. Now.	Accepted and composited out.
5/5	Insert “ We will extend the ban on smoking to prisons and sports stadia”.		
5/7	Insert “We will raise the age for buying tobacco from 18 to 21”		Accepted and composited out.
5/11	Insert “ We will make nicotine replacement products freely available on prescription, for as long as wanted. ”	Nicotine is comparatively harmless. It is smoking which is dangerous. At present patches etc only available for a short period. Then if you have not got over your addiction, and are too poor to pay for patches, you go back to the fags, which are cheaper.	Endorsed out of existence
5/12	Insert “We will work to increase the price of tobacco across Europe”	Only way to tackle smuggling	

		is to make it less profitable	
5/15	Insert “Most people have little idea of how much alcohol they are consuming because there is less information provided about this dangerous substance than about salt or sugar in drinks. We will therefore ensure that manufacturers put the number of units of alcohol on every bottle or can and on dispensers. We will tax drinks on the amount of alcohol contained i.e. the lower the alcohol content, the lower the tax and we will investigate methods of reducing the availability of cheap alcohol. ”		Accepted and composited
5/18	Insert “We will initiate measures to raise the price of alcohol across Europe”	To reduce smuggling	
5/18	Insert “We will end alcohol sponsorship and advertising for sporting events and consider wider restrictions in advertsing.”		Accepted but watered down
5/26	Insert “Each A&E department should have at least one dedicated alcohol worker as well as alcohol workers for in- and out-patients. Alcohol treatment will be available to people regardless of their immigration status”		Accepted but composited out.
5/32	after "access" insert "confidential"		
5/34	after "tests." insert "The Chlamydia National Screening Programme (NSP) has raised awareness and increased uptake of testing and treatment of the most common STI which is the greatest known cause of infertility. The NSP will continue to be rolled out and supported.” “All health services, including pharmacies, must be genuinely accessible, inviting and welcoming to all users. The "You're Welcome" scheme will be rolled out to ensure poor customer care is eliminated as a barrier to access"		
5/35	delete "contraception" and insert "sexual health services". <i>reverse the order so that it is ...good quality relationships and sex education in schools</i>	services are moving to being more comprehensive. There's actually an ethical problem providing the "morning after pill" but not treating the more likely outcome of an episode of unprotected	Accepted and included

		sexual intercourse	
5/36	Insert “at an earlier age” and, at end “ The idea that sex education is an optional extra for schools will be abandoned. ”	It works in Europe	accepted
5/38	insert..... Young parents whether they chose to have children or the pregnancy was unplanned will be respected, valued and supported as they bring up their child / children.		
5/44	Insert “We will make drug treatments available to people regardless of their immigration status”	Otherwise they will steal what they need	
5/44	Insert “We will ensure that users of drug treatment services are involved in decisions about the provision of services and given meaningful choices just as other service users are, and we will reduce the time people wait for these services”	If we don't they will carry on stealing.	
5/45	Insert “ We will make the prevention and early intervention in mental ill-health our highest priority, as mental ill health causes the most misery and expense to those affected and to our society as a whole ”		Endorsed but composited out.
6/4	Delete sentence “As now, the final decision would remain with the deceased person's family”	That is not the law now. Relatives do not have the legal right to veto or overrule the wishes of the deceased.	Not accepted
6/9	insert: ‘We will support the strengthening of EU proposals on food labelling in favour of “traffic-light” front of pack nutrition labelling on all products.’	GDA guidelines favoured by manufacturers are deliberately confusing. Traffic light labelling is more user friendly, less open to misinterpretation and more likely to be effective.	Accepted but watered down
6/19	Delete “Expert Patient Programme..” to end of sentence. Insert “individual and collective involvement in the design and delivery of services for people with chronic conditions. We will alter the Expert Patient Programme to be more flexible and		

	respond to individual needs and abilities. We will feed the views and experiences of users going through the EPP into policy making ”		
6/23	Insert “We need health professionals to work more in partnership with the voluntary, community and faith sector (VCFS) i.e. to signpost patients to organisations of people with the same condition, support groups, etc. and to adopt a more holistic approach. Healthcare professionals need to work with VCFS organisations who follow a community development approach and attempt to empower citizens re their own health.	Healthcare professionals tend to work with individuals whilst there are groups out there to involve and support individuals which may also help counter social isolation	
6/24	Insert “The prescription charge will in future only apply once per prescription, regardless of how many items are included”		rejected
6/35	Delete “long term conditions” insert “health problems” insert after “need” “to manage their condition” ..and to participate fully “in all school related activities”, “All staff in school will receive appropriate training to properly support children with specific individual needs “		
6/36	Insert “will ensure that Hospices are enabled / encouraged to support people who have life limiting conditions.”		
6/44	Insert “We will abolish charges for examinations by dentists and optometrists who have a significant role to play in screening”	Why should inspection of these bits (which is cheap) attract a charge when the rest of the body is inspected (at greater cost to the NHS) for free?	Accepted but composited out.
6/48	Insert “We will expand the breast screening programme to women aged over 70”		
7/24	After 74 insert: ‘and those in at-risk groups’	eg. Type 2 diabetes affects Black and South Asian people at a considerably younger age and extending the commitment to screening to	

		<i>known at-risk groups would reduce the number of undiagnosed people in these groups.</i>	
7/31	Insert “ to all residents regardless of immigration status”	People who are here illegally are just as likely to contract infections and pass them on.	Similar idea accepted
7/39	Insert “We will ensure that vaccination levels are raised by ensuring that payments to the Child Trust Fund are only made if children have been appropriately vaccinated”.		
7/40	Insert: “ We will remove financial and legal barriers to health services for everyone living in the UK with transmissible conditions likely to have a wider impact on public health. ”	undocumented migrants can access treatment for any sexually transmitted infection except HIV. This is despite the fact that treatment reduces the likelihood that someone with HIV will pass the virus on. There is no evidence to suggest that HIV “treatment tourism” is a significant problem for the NHS.	
8/10	Insert “We will provide Job brokers in GP surgeries.”		
8/10	Insert: “We will support people with stigmatised conditions, such as HIV, epilepsy, and mental ill health, by running campaigns to increase awareness and challenge the negative effects of stigma and discrimination in the workplace and public services.”	Stigma and discrimination against people with these conditions are still rife, both in the general population and, sadly, among	

		health service staff. This prejudice can lead to harassment and lower standards of care for people with these conditions. Most people want to remain in employment but more needs to be done to ensure they feel safe disclosing their condition to employers and public services.	
8/16-20	Delete sentence “We want to promote...” Insert “Occupational health services should be available to everyone through the NHS.”	Only large employers will ever provide occupational health. This is a key prevention measure	Quite good consensus words
8/25	Insert “We need much more substantial investment in measures to reduce the incidence of mental ill health.- in particular: <ul style="list-style-type: none"> ● help in finding or keeping work, <ul style="list-style-type: none"> • the development of social networks to improve health • specific community development work with young men around depression • more focus on people in African-Caribbean communities”. 		Some movement in this direction
8/35	Insert”We will develop measures to give people who are mentally ill much more shared decision-making in how their illness is treated, including bringing mental health into the Patient Choice scheme”.		
9/10	Insert “trained through the NHS will be obliged to carry out their practice within the NHS for a minimum of ten years following the completion of their training. “		
9/23	Insert “Each PCT will ensure that there are proper and appropriate dental services for people with physical and learning disabilities”		

10/2	Insert “including foreign visitors”	Bevan refused to limit the service to exclude visitors	
10/16	Delete “health” the first time it occurs. Insert “We recognise that the contribution of health services to the reduction of health inequalities is quite limited and measures to address the more fundamental causes, in particular the increasing economic inequalities in our society are outlined in other sections of our policy. We will separate funding for public health measures from that intended to pay for healthcare. Public health will increasingly be delivered through local authorities. When we introduce new services we will produce health inequalities impact assessments (i) once detailed proposals have been developed, (ii) a year after implementation of each new care pathway to demonstrate that reforms have reduced not increased inequalities, and (iii) on a regular basis to monitor the long term impact of the reforms on health inequalities. ”		Agreed and composited out.
10/35	Insert “We will ensure that the ethnic origin and other relevant characteristics of all NHS patients is properly recorded and monitored”	At present they are seldom recorded. We cannot show that people are not discriminated against.	More or less accepted.
10/35	Insert “Gypsies and Travellers have the worst health outcomes in the country. This includes 12 years less life expectancy, 3x higher rates of infant mortality and 20x more likely to experience the death of a child. We support community development approaches to address inequalities. Insert “People with learning disabilities (nearly 3% of the population) generally get a poor service from the NHS. We will introduce specific measures to ensure that appropriate care and treatment is provided in future.”		
10/44	Delete “hard-working families” insert “people”	Sick people – who we imply are lazy – need access to health services at convenient times too.	Similar amendments agreed
11/2	Insert “Each PCT will provide clear information, in accessible formats, to the public about the range of services in their area “	Most of the population is completely	Accepted – and composited

		ignorant of what services are available. That is why they go to the Casualty department which is the only thing which hasn't been reorganised, is always open and you don't have to make an appointment.	
11/4	New paragraph "PCTs will appoint Men's Health Leads to encourage men to take their health more seriously and to go to the GP much earlier. To get to men we need to use humour in publicity material and go to where men are i.e. the workplace, the pub, job centre, football matches etc. These workers should work with local men's voluntary groups /forums/networks.		
11/9	Delete "GP-led"	They aren't. They are led by the Department of Health and are good example of excessive centralisation of delivery ruining a good idea.	New para.
11/17	Insert "There will be full consultation with local communities before new services are commissioned. We will ensure that new services are of high quality and that things that matter to patients like continuity of care, relationships, knowledge of the local context, knowledge of the NHS, length of time as a GP, specialist interest, ability to form a team and motivate others, are valued even if they are not easily measured. We will address the unavoidable conflict between the needs of the relatively healthy and the less healthy. The public will be protected against conflicts of interests, so for example senior staff will not be permitted to move directly from the NHS or department of Health into commercial organisations. The Nolan principles will be applied in the awarding of contracts. We will introduce measures to prevent risk selection and skimming,	Commercial health organisations employ a variety of practices to maximise profits at the expense of care for the vulnerable and those with complex and multiple disease	Accepted and composited: New words: "better and more accessible information for people to judge the quality of the service ...

	dumping and skimping. The allocation of contracts will be done transparently and there will be involvement of the public at all stages. After contracts are awarded their terms will be made public.		
11/17	Insert “Although health centres may provide convenience especially for people who are not seriously ill, the majority of people still value continuity of care and personal touch. No health centre will be set up in such a way as to threaten traditional GP practice. In tenders to run health centres, steps will be taken to ensure that GP practices will not be disadvantaged by the superior resources of commercial companies seeking to run GP surgeries. Presently GPs have no financial interest in the hospitals to which they refer patients. To prevent any conflict of interest, no commercial companies seeking to run GP surgeries shall be involved in running hospitals in the same region.”		Consensus words
11/23	Insert “We will over the next parliament move from a system where PCTs are accountable to the Department of Health to one where PCTs are democratically accountable to local communities, work more closely with elected local authorities and where control from the centre is measurably reduced. In the first instance, Local Authorities will appoint three councillors to the Primary Care Trust Boards. Community development will become a prime means of involving communities in their own care. We will set up a national debate on accountability that will draw in ideas for an effective and comprehensive system through 2009. Options for democratic accountability at all levels of the service will be explored: practice, commissioning cluster, PCT. Foundation PCTs will be explored, as will involving Local Authorities more in the accountability systems for PCTs.”	We will never get local involvement when PCTs are subject to detailed direction from above.	Accepted but completely watered down
11/24	Insert: ‘This means people involved in a person’s care work together in partnership: generalist and specialist clinicians, allied health professionals, social care and the person living with a particular condition’		
11/24	Insert “Commissioning will not be outsourced to commercial companies. Conflicts of interest may arise as they are accountable to shareholders not patients and likely to be reluctant to share information with other stakeholders.”		Deafeated
11/29	Insert: “We will make it easier for people to access testing and treatment for sexually transmitted infections by creating more sexual health services in	Community based services are a key part	

	community settings. This will help us reach out to groups at greatest risk of HIV and other sexually transmitted infections. We will make these services one-stop-shops where people can also access contraceptive services.”	of targeted health promotion and screening for sexually transmitted infections. Evidence shows that they are used by a large number of people unwilling to use traditional in-hospital services.	
11/32	Insert “We will ensure that disadvantaged communities get better access to local health services“		Accepted
12/2	Insert “As we said in our 1997 manifesto ““Our fundamental purpose is simple but hugely important: to restore the NHS as a public service working cooperatively for patients not a commercial business driven by competition.” “		Accepted. Overtaken by consensus document
12/10	Delete “all” insert “Planned surgical”	Only around 15% of patients - those awaiting planned surgery - are offered any choice at present. Maternity and mental health services – two areas where many patients do want a choice – are excluded from the patient choice scheme.	Included in concensus
12/11	Insert ”giving people more choices of where to get urgent care – walk-in centres, out of hours services etc. can leave people confused. We will ensure that in every area there is clear explanation of what services are available and how they are best used”		
12/13	Insert after “choice” “can” delete “should” insert “for some patients, but has little to offer to people who are acutely ill or have long term medical conditions if the only choice is to get treatment from another	Choosing a different provider is not a realistic or	Accepted in part.

	<p>provider further from home”</p> <p>line 17 delete “choose the best providers for their needs” insert “share the decision making about their treatment and care. All patients with continuing health needs will have access to an appropriate trusted professional who is able to provide independent advocacy and has no financial interest in their treatment. To promote the ability of patients to make informed choices, all patients who want to will be able to have electronic access to their full contemporaneous health records”</p>	welcome option for many patients.	
12/15	Insert after “NHS”, “and social care”		
12/17	Insert “However we must recognise that individual choice and competition have costs. These costs must be made explicit in money terms. The community must be allowed a collective choice through a wholly or partly elected PCT Board whether these financial resources should be used to provide individual choice or to increase capacity, e.g. better mental health services.”		w/d
12/21	Insert after “where”, “there is evidence that” and at end of sentence ..“rules will be established to ensure that the private sector will only be introduced into primary care where existing suppliers cannot or will not be able to fill gaps in provision.”		
12/25	Delete “be open...” Insert “provide the same data about their work as NHS providers.”		Accommodated in consensus
12/22	Delete “at the NHS tariff” insert “for the same cost as NHS providers”	Not everything is on the tariff, and some private providers have been given subsidies	Accommodated in consensus
12/26	Insert “The terms of contracts with private and NHS providers will be made public once contracts are agreed”	Without this how can there be accountability?	Accommodated to some extent
12/27	Insert “We will introduce measures to enable shared budgets between primary and secondary care where it helps develop integrated services”		
12/32	Delete “Not for Profit”	Foundation Trusts are required to make a profit.	
12/37	Insert “We will remove the ban on Foundation Trusts doing more private work in line with our intention to increase local decision making, but we		

	will not introduce any more private provision unless local NHS commissioners require it. We will abolish the NHS Commercial Directorate as part of our shift of power to local communities”		
12/39	Insert “We will not impose any structural change on the system we have now set up but we will encourage it to develop by for example setting up regional and national organisations and by ensuring that regulatory bodies monitor the degree to which patients and the public exercise influence over decision making at a formative stage. We will not require ritual consultation procedures where decisions have already been made as this breeds cynicism among those who are offered false promises of influence.”		
13/1	Insert “We will ensure full record access for all patients who want it to support patients in shared decision-making and increasing control over their own care. This will also improve safety and the accuracy of records. Training for all primary care clinicians will be made available to ensure that clinicians support patients in self-care. aids and training in how to use them will be made available.”	Accountability at an individual level	
14/48	Insert We will ensure that where hospital cleaning has been outsourced it is brought back in-house as the best way of reintegrating infection control with the rest of the healthcare team.		w/d
16/20	Insert “The public health workforce needs sorting out so that clinical qualifications are only required where appropriate and that other skills and qualifications are given appropriate importance. It should be possible for people to progress from work as a health trainer or nursery nurse to be a health visitor or director of public health. Health visiting will be recognised as a profession in its own right, not as an extension of nursing. Graduates will be able to become health visitors with an appropriate post graduate qualification.”	Most health visitors are white or afro-Caribbean middle aged women who don't necessarily reflect the make-up of the parents they are dealing with. More direct entry would diversify and rejuvenate the service. At the moment 80 per cent of health visitors are over 40.	

16/29	Insert " We will develop ways of making commissioning democratically accountable, including the appointment of councillors to PCT boards and making the board accountable to the whole community, not to the Department of Health. We will encourage PCTs to help their community staff to set up self governing cooperatives within the NHS family"		Some small movement in this direction
16/29	We will encourage the use of community development as a method for enhancing the involvement of communities as well as developing social networks that are themselves health protective.		
17/41	The pay, training and support for care workers will be improved		
18/35	Insert" We will increase Carer's Allowance to match the level of Job Seeker's Allowance and we will abolish the rules which prevent people claiming this benefit if they are studying, if they are subject to immigration control, from adding together care they provide to more than one person, and prevent more than one carer claiming in respect of care provided to the same person"	Young carers who reach 16 having missed out on education are effectively given a cash incentive to drop out of school. 2m people move in and out of caring roles every year - wshould make Carers allowance an enabling benefit, not a restrictive one.	
18/39	Insert "Carers need better protection from discrimination at work in particular. The protection would be from discrimination by association with disabled people. "		
19/6	Insert "All commissioning of services for vulnerable, older and disabled people should be joint between local and health authorities and budgets should reflect that need and not be held separately."		

Britain in the World

7/18	Add new sentence "We will continue to promote condom use in the prevention of HIV and to challenge robustly countries and organisations who do not promote condom use."		endorsed
7/38	Add new sentence "We recognise the additional barrier to girls and young women accessing education of menstruation and will encourage and support provision of sanitary products"		endorsed
9/33	After "childbirth," insert "70,000 women a year die and 5 million are hospitalised as a result of an illegal abortion"		endorsed
9/37	Delete "contraceptive pills" insert "better access to the full range of modern contraceptive methods and legal and safe abortion".	pills only part of it, don't suit everyone - let them have patches, implants, Depo injections, IUDs/IUS, whatever best meets their needs	endorsed
9/44	After "accessing" insert "and using" and after "contraception." Insert "This includes educating men"		endorsed

Creating Sustainable Communities

Page/ line		
8/28	Insert “We will review the operation of the courts and the benefit system in order to give effect to a minimum standard of income below which nobody will be forced to live. Income after rent and council tax is the crucial measure of poverty”	
9/7	Insert ”Mobility is only one way of gaining access to goods and services of all kinds. We will work towards accessibility with minimum mobility”	
9/16	Insert “We will make more progress in ensuring that public transport is accessible for disabled people. If transport and accessibility were designed for a mother with a double buggy we would all benefit.”	
9/20	Insert “We will ensure that Local Transport Plans, can include statutory targets for reduction in urban traffic”	Endorsed but diluted
9/20	Insert “Without integrated ticketing throughout the UK we will not be able to deliver genuinely sustainable public transport. We must commit to extending integrated ticketing, and make its acceptance a condition of receiving public funding or using publicly funded facilities.”	
10/4	Insert ”We will plan for a significant increase in the capacity to carry cycles on trains”	Endorsed but altered
11/2	Insert “We will move towards an expenditure of 10% of the transport budget on cycling and walking over the lifetime of the next Parliament”	Endorsed but diluted
11/20	Insert new heading “Walking” new Para “Increasing the proportion of journeys made on foot is our central transport target and will require a substantial change in the way in which approach the design and use of roads and streets. We will give away pedometers to anyone who could benefit from more exercise”.	Endorsed
11/33	Delete paragraph	
13/6	Delete “in most cases”	
13/41	Insert “including health services”	
15/20	Insert “This will require significantly higher payments from those occupying the most expensive properties. For those who are asset rich but income poor this may take the form of a charge on the property in question”.	

15/38	Insert "health services"	
26/14	Insert new heading "Exercise" "We will introduce measures to encourage and enable everyone in our society to achieve levels of exercise which will make a significant contribution to improving their health".	

Crime Justice and Citizenship

Page/ line			
5/23	Insert after “policy” “and will be further developed”, at end insert “People need to be involved individually, locally, regionally and nationally”		endorsed
9/27	Insert “ Our approach will be to minimise the harm done by drugs”		Endorsed - but contrary policy also adopted
13/13	Insert “offer fair and effective resolution of civil disputes”		Accapted
13/23	Insert “Independent advice provided by the not for profit sector provides higher quality and more effective service for the most disadvantaged people than that provided by most of the commercial sector. We will ensure the preservation of this kind of advice by transferring the civil legal aid budget to local authorities and abolishing the Legal Services Commission. We will abolish the rule that citizens who succeed in court cases against Government Departments cannot get their costs, as that encourages bureaucrats to defend cases which are indefensible”		Consensus words
13/38	Insert” Without effective remedies the laws Labour has passed to improve the rights of disadvantaged and vulnerable people will remain empty gestures. We will ensure that effective representation for the most disadvantaged people is available in all areas of law, including employment, social security and consumer disputes. Information from agencies which provide advice and representation is an important resource which should feed into Local Area Agreements. Such agencies are important community resources, and our proposals will ensure that local authorities to support independent provision of advice and representation”		Consensus words
15/40	Delete “many” insert “most”. Insert “We will not build any more prisons until there are sufficient mental health facilities to provide for the needs of all the existing prison population”.		Consensus words
15/47	Insert “People with severe mental health problems should not be in prison. Children with mental health problems should be dealt with by the health service, not by the courts.”		Consensus words
17/16	Insert “We will not deny medical treatment to		

	anyone who has come to this country to claim asylum and we will not use destitution as a weapon against asylum seekers”		
22/27	Insert “We will ensure that public services and the NHS record and monitor the characteristics of users so that everyone can be assured that they are treated fairly. We will introduce more sophisticated ethnic monitoring to ensure that the experience of people from all communities is captured”	The 2001 census categories are too broad and crude to capture the experience of newly arrived communities.	

Education and Skills

Page/ line			
12/9	after "sports" insert "and exercise"		
12/14	Insert “We will take measures to reduce the number of children travelling to school by car when they could walk”.		accepted
12/26	Insert”The coaches will also have a responsibility to ensure individual exercise is encouraged and enjoyed and that facilities are provided for young people unsuited to team sport as well as competitors to train.”		accepted
12/37	Insert ““We will make Personal, Social and Health Education, which includes information on drugs and alcohol as well as sex and relationships, a statutory part of the National Curriculum, to ensure every child receives the information they need to protect their health. Children and young people have a right to learn how to express their feelings, how their bodies and emotions work and be fully prepared for puberty””	PSHE teaching across the country is patchy, with some schools choosing not to teach the sex and relationships aspects at all. The only way to ensure equal provision for every child is to make the subject statutory.	accepted
12/40	Insert “We will ban cigarette machines from all places which are accessible to people under 21”		
12/41	Delete “and taking action to increase take up of free school meals” Insert “Free nutritious school meals will be part of every child's education.”	School meals will be compulsory and children will not be allowed to leave school premises at lunch time.	Accepted - Consensus words
12/43	Insert “Children will be taught about health and health care”		

Prosperity and Work

2/2	Delete “and fairer”	There is no evidence of increased fairness. All we can say is that since 1997 the country has not got much more unfair.	
3/6	Insert “Our efforts have not yet achieved any significant reduction in the levels of inequalities of income our wealth and this will be more important in the next period. High levels of inequality are associated with poor health, especially mental health, high levels of crime, debt and bankruptcy and a host of other social problems which affect all parts of society, not just the poorest and which are costly to manage. Reducing inequality will contribute to the development of a fairer and healthier society”		Accepted Consensus words agreed along these lines
14/13	Insert “but people without children on modest incomes lose 89.7% of each extra pound they earn”	Housing benefit is reduced by 85p for each extra pound a week after tax and NI.	
14/41	Insert “We will ensure that poor people are treated fairly by the tax and benefit system by aligning the rules of tax and benefit administration. If it is fair for people to be able to claim a tax rebate for the past six years then people will be able to claim benefits due to them for the past six years. Penalties for defrauding the tax system will be brought into line with those for defrauding the benefit system. Tax allowances are increased every year in line with inflation. The capital limit for most means tested benefits was set at £6000 and the earnings disregard at £5 per week in 1986 and they have never been increased. We will therefore increase them to £13000 and £11 respectively to restore original levels and increase them every year in accordance with inflation. We will abolish the principle that there is one law for the rich and another law for the poor”		
16/35	Insert “ We cannot tackle child poverty without tackling the poverty of parents. Benefit levels for		

	single people (□47.95 a week for those under 25) are too low to support an adequate diet. In 2006, 78 out of every 1,000 babies were born weighing less than 2.5kg - a total of more than 50,000 babies and one of the worst figures in Europe. A strategy which only provides adequate diet after the birth of the first baby is not likely to succeed. We will therefore increase benefit rates for single people”		
21/16	Insert “To ensure that people are able to exert the rights to fair treatment which we have introduced we will make legal help available for eligible people who have to take their case to a tribunal”		
25/39	Delete paragraph. Insert “Our vision is to create a fairer and more equal society where the benefits of prosperity are shared by all.”		Accepted