

new Labour
your Britain

Health

Partnership in Power Draft final year documents



DRAFT - This is a discussion paper only. The content of this document does not necessarily reflect Government or Labour Party policy.

1 | Introduction

2
3 The National Health Service is the Labour Party's greatest achievement. We created it, we
4 saved it, we value it and we will always support it. The NHS remains Britain's most
5 cherished public service and the fairest system of healthcare in the world. In 2008, as it
6 celebrates its 60th birthday, the NHS is in good hands, well placed to meet the new
7 demands and challenges which will be placed upon it in the future.

8
9 Over Labour's 11 years in government, substantial and sustained investment in the NHS
10 backed by vital reforms have transformed the service. 80,000 more nurses and 38,000
11 more doctors have helped to drive up standards and drive down waits. Waiting lists, which
12 went up by over 400,000 under the Tories, have fallen by 607,000 and waiting times are
13 now at their lowest level since records began. The premature mortality rate for cancer is
14 the lowest ever recorded, saving nearly 9,000 lives in 2006 compared to 1996. And
15 premature mortality from cardiovascular diseases has dropped by more than 40 per cent
16 since 1996, saving nearly 31,000 lives a year. New services, like NHS direct, commuter
17 walk-in centres and health centres, are making the NHS more accessible to patients.

18
19 But the NHS must continue to change and improve, responding to the combined
20 pressures of an ageing population, rising patient expectations and medical advances. We
21 will ensure that the NHS is always clinically driven, patient centred and responsive to local
22 communities, and based on need not ability to pay. And Labour, true to our values of
23 fairness, will focus particular priority in the years ahead on tackling health inequalities, so
24 that as the health of the whole population rises, people are not left behind. This must
25 involve improving public health and preventative services as well as primary and acute
26 care – supporting people to make healthy choices for themselves and their families, and
27 spotting the most dangerous conditions at an early stage when they can be dealt with
28 most easily. And as demand for social care increases and older and disabled people rightly
29 demand and expect more power and control over the care services they receive, we must
30 review the way social care is funded and delivered to ensure that users and carers have
31 fair access to the support they need and the dignity they deserve.

32 |

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"We applaud our Labour government's commitment to improving the provision of healthcare in the NHS, with a massive increase in funding and the belief that it should remain free at the point of need, based on requirement, not ability to pay. In particular we applaud the vision that healthcare is as much about preventing problems occurring, including improving lifestyles, early education and community support, as it is about fixing problems in the hospital after they have occurred." ¶
Haltemprice and Howden CLP ¶



1 **Promoting good health**

2
3 Good healthcare isn't just about treating people when they get ill. It's about helping
4 people to avoid getting ill in the first place. Eating well, taking proper exercise, avoiding
5 smoking and excessive drinking, preventing sexually transmitted infections - all of these
6 are about the personal decisions of individuals and families. But these decisions are not
7 purely personal. All of them have major implications for future demand on NHS services,
8 and in all of them the government has a crucial role to play in providing sound advice,
9 making it easier for people to make healthy choices, giving people support to change
10 unhealthy behaviour and creating a healthier environment for everyone.

11
12 Public health is an equality issue too. People at the bottom of the income scale, and those
13 with the worst housing and the least education, tend to have the poorest health, and as
14 people climb the income scale they tend to eat more healthily, smoke and drink less and
15 take more exercise. The government's wider efforts to tackle poverty and poor housing
16 and to improve education, while not "health policy" in themselves, can have a substantial
17 impact on long-term health outcomes. Similarly, improving the health of people with
18 disabilities, mental health problems and long-term conditions can help them to find and
19 keep employment, and improve their overall quality of life.

20
21 Promoting public health matters because as people live longer and our population grows,
22 demand for healthcare will rise, and it will rise faster if people do not do what they can to
23 prevent avoidable illnesses themselves. The long-term capacity of the NHS to treat
24 everyone who needs it will be at risk without a focus on prevention as well as cure. That
25 means expanding screening services to detect major health conditions earlier so we can
26 fight them more effectively, and mainstreaming public health across all policy areas. [We](#)
27 [will recognise and support the significant role played by local government in promoting,](#)
28 [co-ordinating and providing for healthy choices in people's lives. We recognise the range](#)
29 [of potential influences that local government has through its diverse services and](#)
30 [functions as well as the role of a leading partner in Local Area Agreements by playing a](#)
31 [strategic role in the health and wellbeing of local communities. Where appropriate, local](#)
32 [authorities should consider the public health impacts of development on the local](#)
33 [population during the plan-making and planning process.](#)

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"Usdaw strongly believes that there should be an integrated approach towards healthcare across all government policy and departments. Income levels, educational attainment and provision, housing, diet, crime, environmental standards, transport, etc. all impact on a person's health and well being." ¶
Usdaw ¶

34
35 **Promoting health right from the start**

36 Healthy children are more likely to grow up to be healthy adults, and the case for early
37 intervention is very strong. Parents need to be supported, as habits can persist from
38 childhood into adulthood. There is clear evidence to show that supporting mothers-to-be
39 during pregnancy improves health outcomes for their children later on. The infant
40 mortality rate is significantly higher among groups with low incomes compared with the
41 better off. Low birthweight babies develop higher blood pressure and face an increased
42 risk of coronary heart disease in later life, and are more likely to go on to achieve lower
43 educational qualifications regardless of social background. Babies in low income families
44 are less likely to be breastfed.

45
46 Labour already supports children from birth through child benefit and child tax credit, and
47 we are introducing the Health in Pregnancy Grant from April 2009, giving every pregnant



1 woman a tax-free payment of £190 from the 25th week of pregnancy, along with advice
2 from a health professional, to help them with the additional needs they have at this
3 important time. And we are piloting nurse-family partnerships, giving personal support to
4 the poorest young first-time mothers as early as possible in pregnancy right up until the
5 child is aged two.

6
7 Every Child Matters sets out that health visitors are part of a wider framework of support
8 for families with young children. We will ensure the success of the new Child Health
9 Promotion Programme by encouraging PCTs to prioritise the training of more health
10 visitors, targeting support at the most vulnerable to tackle health inequalities. Continuity
11 of care is vital, so midwives and health visitors need to work closely together to reduce
12 pre- and post-natal depression, to identify vulnerable families and to exchange
13 appropriate information.

14
15 We are also supporting pregnant women before they give birth by giving them and their
16 partners access to Sure Start children's centres, which provide a wide range of advice and
17 support services from early pregnancy through early childhood. There will be 3,500 Sure
18 Start centres by 2010, where trained healthcare and childcare professionals will help a
19 million young children and their families to tackle problems such as poor nutrition, low
20 birth weight, parents smoking and access to benefits. Young parents must be valued and
21 supported as they bring up their children. To ensure that hard-to-reach groups benefit
22 from maternity services, Labour will challenge opposition parties' proposals to cut back
23 Sure Start, which would entrench and widen inequalities of access.

24
25 By promoting healthy lifestyle choices to families and children at a young age we will
26 ensure that our young people grow up understanding the importance of a healthy diet
27 and regular exercise. This matters because there have been clear increases in obesity
28 over the last 20 years in many developed countries, including this one. Obesity magnifies
29 the risk of heart disease, diabetes and cancer, and shortens life by as much as nine years.
30 Tackling childhood obesity is particularly important because excess weight in childhood
31 tends to continue into adulthood. We are already improving school meals and have
32 extended the provision of free fruit and vegetables to school children and increased
33 awareness of healthy eating through the "Five -A-Day" campaign. Labour is now
34 committed to reducing the proportion of overweight and obese children to 2000 levels by
35 2020.

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*"It is our view that the only acceptable way to reduce demand for healthcare services is by the improvement of public health. In terms of our field of expertise, we believe that the way society supports those becoming parents during pregnancy, birth and the first years after birth have major implications for the future health and wellbeing of the population." ¶
National Childbirth Trust ¶*

36
37 Reaching this ambitious goal will require a range of actions across local and national
38 government, as set out in our obesity strategy *Healthy weight, healthy lives*. These
39 include identifying families whose children are most at risk of obesity and giving them
40 targeted support; promoting breastfeeding as the healthiest option for babies; making
41 the cooking of healthy food a compulsory part of the key stage 3 curriculum in schools;
42 ensuring that all children take part in five hours of PE and sport per week; and improving
43 cycling infrastructure and cycling skills to get more children cycling – some of these
44 measures are discussed in the Education and Skills document. We will continue to ensure
45 that people identified as overweight and obese by healthcare professionals are offered
46 ongoing weight management. We are committed to increasing physical exercise, and we
47 will encourage local authorities to provide free swimming for young people up to 16 years
48 of age and for the over-60s. To promote healthier eating for NHS staff and patients, we

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1 [are developing a new kite mark for public sector canteens that provide healthy, nutritious](#)
2 [food to public sector staff and those in their care. This will initially be piloted in the NHS,](#)
3 [HM Prison Service and central government staff canteens, before eventually being rolled](#)
4 [out across the public sector. Our ultimate aim is for healthy food to be the norm across](#)
5 [England - in hospitals, care homes, prisons and in all public workplaces across the country.](#)

6
7 [We will work with health charities, retailers, health professionals and community action](#)
8 [groups to form a national campaign to encourage people to live more healthily, through](#)
9 [healthier eating and more exercise. We want to provide clear and consistent messages on](#)
10 [what's best to eat and on how to stay healthy, delivered in a way that relates to the](#)
11 [issues people face in their daily lives, supporting people to increase their knowledge and](#)
12 [understanding so that they can make more informed choices and take up healthy options.](#)
13 [We will continue to encourage the active participation and support of large and medium-](#)
14 [sized employers who will also benefit from a healthier workforce.](#)

16 **Helping people take care of their own health**

17 The NHS gives everyone a right to good healthcare, but individuals also need to look after
18 their own health and to avoid damaging the health of those around them. [In essence this](#)
19 [is about encouraging healthier lifestyles and stressing the importance of people taking](#)
20 [responsibility for their own health.](#)

21
22 Smoking tobacco is dangerous to health – the links between smoking and fatal illnesses
23 such as cancer and heart disease are well known. Reducing the number of smokers will
24 have a major impact on public health. The whole of the UK has been smokefree since July
25 2007, with a ban on smoking in all enclosed public places – both to protect the health of
26 workers and the public and to encourage people to give up smoking. In October 2007, the
27 legal age for buying tobacco was raised from 16 to 18, because the younger a person
28 starts smoking, the more likely they are to be killed by their addiction. And we will consult
29 on placing further restrictions on cigarette vending machines and on displays of tobacco
30 at the point of sale in shops, to discourage sales and make it more difficult for children to
31 buy tobacco. Our expanded NHS Stop Smoking Services have seen unprecedented levels
32 of demand since the introduction of smokefree legislation.

33
34 Millions of adults enjoy drinking alcohol with few, if any, ill effects. But alcohol misuse by a
35 small minority is a growing cause of ill health, anti-social behaviour and crime – see the
36 Crime, Justice, Citizenship and Equalities document for more on this. Alcohol misuse is a
37 health inequality issue too – the most deprived fifth of the population have two to five
38 times more admissions to hospital because of alcohol than those in more affluent areas,
39 and alcohol-related death rates are about 45 per cent higher in areas of high deprivation.
40 For the majority who stay within the law but may be putting their own health at risk, our
41 focus is on ensuring that people know what is a safe level of drinking, that they are aware
42 of the risks associated with excessive drinking, and that they know where to go to get
43 help – with alcohol support services available for those with serious alcohol problems. And
44 we will make sure that NHS professionals have the expertise to provide that help. Over
45 the next ten years, our investment will allow 60,000 new doctors to be specifically
46 trained to identify and treat alcohol abuse.

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"There should be respect for individual lifestyle choices but the NHS and/or government must do more to promote healthy lifestyle choices. The NHS should work with employers, trade unions and all agencies to promote and develop healthy workplaces and communities. There should be much more effort to provide health education that will inform citizens about the consequences of their choices."¶
Health Policy Forum, Redruth, Cornwall¶

1 [Just as people have a responsibility to look after their own health, so manufacturers and](#)
2 [retailers should be aware that their activities have an effect on the health of the people](#)
3 [they sell to. That is why Labour has banned tobacco advertising and sports sponsorship](#)
4 [by tobacco companies and placed restrictions on alcohol advertising and the promotion of](#)
5 [unhealthy foods to children. We will increase enforcement against illegal sales of tobacco](#)
6 [and alcohol to children. Advertisers believe that they influence consumer choices, and](#)
7 [consumer choices influence public health. We will therefore investigate the impact on](#)
8 [public health of the advertising of alcohol and unhealthy foods, and regulate further if](#)
9 [necessary. We will ensure the labelling of alcoholic drinks with health warnings and](#)
10 [information about the number of units of alcohol and encourage the pub and off-license](#)
11 [trade to sell responsibly, avoiding pricing and promotional techniques which may](#)
12 [incentivise excessive drinking or underage drinking. We will also press for EU regulations](#)
13 [for a single compulsory clear labelling system for food products to help consumers make](#)
14 [healthier choices.](#)

15
16 Teenage pregnancy rates are at their lowest for over 20 years, but sexually transmitted
17 infections are still rising and we are clear that more needs to be done to improve sexual
18 health. [We will continue to support preventative measures to reverse the continuing rise](#)
19 [in the number of STIs.](#) Greater use of contraception is important in reducing both STIs and
20 unintended pregnancies, and we are increasing funding to Strategic Health Authorities to
21 propose innovative new ways of helping young people access sexual health advice and
22 contraception. We have already increased investment in modernising sexual health clinics
23 over the past two years, leading to increased access and increased uptake of HIV tests.
24 But increasing availability of contraception also needs to be accompanied by good quality
25 [relationship education and sex](#) education in schools and support for parents to talk to
26 their children about these issues. [HIV/Aids remains a serious problem across Europe.](#)
27 [There is now comprehensive access to free HIV testing and treatment services across](#)
28 [England, and uptake has risen substantially. We have allocated funds for national](#)
29 [targeted HIV prevention and health promotion, as well as funding a 24-hour confidential](#)
30 [sexual health helpline. However, it is important not to be complacent, and we will ensure](#)
31 [that the Health Protection Agency continues to work effectively and that vulnerable](#)
32 [groups are getting the advice, testing and treatment services they need.](#)

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33
34 Drug misuse is a crime, but it is also a health issue. We have reduced drug-related deaths
35 and overall levels of drug-related crime, and increased investment in drug treatment
36 programmes. More people are entering drug treatment programmes than ever before,
37 waiting less time and staying on treatment programmes for longer. For every £1 spent on
38 treatment, £9.50 is saved in crime and health costs. [We will ensure that those who have](#)
39 [undertaken drug treatment are supported back into the community and given the support](#)
40 [they need to stay off drugs long-term.](#) We will encourage more people to come forward
41 for drug treatment, and continue our support for the National Treatment Agency. [We will](#)
42 [continue to provide more effective drug awareness programmes.](#)

43
44 There are currently over 8,000 people awaiting an organ transplant in the UK, but the
45 true need is some 50 per cent higher. Only around 3,000 transplants are carried out each
46 year, and only around 25 per cent of the population are on the organ donation register.
47 This proportion needs to rise significantly, and so we have established an Organ Donation
48 Taskforce to look at ways to address the shortage and encourage more people to donate.

1 We are considering moving to a system of presumed consent to organ donation, from
2 "opt-in" to "opt-out". Just as now, the final decision would remain with the deceased
3 person's family. [We will actively campaign for people to join the organ donation register,](#)
4 [starting at birth registration and continuing through life as part of routine health checks.](#)
5

6 The EU [rightly has an extremely limited, yet clearly defined remit on health issues, and](#) is
7 playing an increasing role in the area of disease prevention and helping UK citizens take
8 care of their own health. This has included EU regulation on more effective health
9 warnings on tobacco products as well as a growing programme of research and
10 development and public awareness campaigns, for example on obesity and conditions
11 associated with ageing. Labour MEPs are making this agenda a priority in their work at EU
12 level.

13
14 [Environmental problems such as pollution and poor air quality can have a negative effect](#)
15 [on health. EU legislation in the environmental field has had and continues to have many](#)
16 [positive effects on health in the UK ranging from ensuring that only those chemicals and](#)
17 [pesticides which can be found to be safe are allowed to be put on the market to setting](#)
18 [stringent targets for improved air quality in all of our towns and cities. Additionally the](#)
19 [importance to health of co-ordinated action at EU level to combat climate change should](#)
20 [not be underestimated. On all of these issues Labour in Europe will continue to push for](#)
21 [high quality and effective legislation to ensure that our air, soil and water pose no threat](#)
22 [to public health.](#)
23

24 [Government has a key responsibility in ensuring that the food we eat is safe. Meat](#)
25 [inspection will continue to be undertaken by independent government inspectors with](#)
26 [sufficient resources and backing to undertake strong enforcement action on the meat](#)
27 [industry.](#)
28

29 **Supporting people with long-term conditions**

30 There are around 15 million people in England who live with long-term health conditions
31 such as asthma, arthritis, diabetes, [multiple sclerosis, HIV, dementia](#) and mental illness.
32 This number is likely to rise, as healthcare improves and diseases which used to kill people
33 quickly, like heart disease and cancer, can often now be managed over long periods.
34 People with chronic diseases often know what they need to do to manage their own
35 condition and, given the necessary skills, can moderate the impact of their disease and
36 improve the quality of their lives. Labour is committed to expanding the Expert Patient
37 Programme, a training programme which supports people with chronic conditions to
38 develop new skills to manage their condition better on a day-to-day basis. And,
39 recognising their expertise and autonomy, we are considering giving personal NHS
40 budgets to patients with chronic conditions, to give them more control over their
41 treatment and to manage their lives in the way they want. [As recommended in the NHS](#)
42 [Next Stage Review, PCTs and local authorities should work closely to provide a](#)
43 [personalised service for patients with long-term conditions. The review of social care](#)
44 [should look to support this close collaboration and ensure costs are shared fairly and](#)
45 [effectively. Where services are best commissioned regionally, PCTs and local authorities](#)
46 [should collaborate with SHAs.](#)
47

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"The MS Society fully agrees with the consultation paper that care should be tailored to individual need, particularly where a person has long term needs or disabilities. The moves towards single assessments of health and care needs and joint health and social care teams are a positive and necessary step in achieving individualised care. Joined up health and social care is vital for people with MS, particularly during a relapse or when the condition is progressive."¶
MS Society ¶

1 We will make it easier for newly diagnosed patients and new carers to be put in touch
2 with self-help groups and carers' centres. And we will ensure that children with long-term
3 conditions are given the support they need to participate fully in school.

5 **Prevention and early intervention**

6 Many serious diseases and health conditions can be prevented, cured or effectively
7 managed if they are detected at a sufficiently early stage, through screening. This means
8 that screening saves lives – and it also saves money, because early intervention is often
9 cheaper and more successful than major surgery later on. [Labour will offer everybody, not
10 just those who can offer to pay, the right to health check-ups, free on the NHS, wherever
11 it is clinically appropriate. We will make sure that all existing and new check-ups and
12 screening are properly publicised and easily accessible, particularly for hard-to-reach and
13 at-risk groups, so that everyone who is eligible is aware of them. We will consider the case
14 for other forms of health screening and for new screening techniques as they are
15 developed and introduce them when they are approved by NICE.](#) Labour is committed to
16 following the recommendations of the independent National Screening Committee,

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17
18 People who are particularly susceptible to conditions for which effective screening exists
19 are already offered screening. For example, the NHS Breast Screening Programme
20 provides free breast cancer screening every three years for all women aged between 50
21 and 70. Around 1.5 million women are screened every year, saving 1,400 lives a year in
22 England. But we are going further. By the end of 2010, we will have extended the ages at
23 which adults are screened so that an additional 450,000 women will be screened for
24 breast cancer, and an additional 300,000 men and women will be screened for bowel
25 cancer. And we will offer men over 65 a simple ultrasound test to detect early abdominal
26 aortic aneurysm, or Triple A, which kills over 3000 men a year – saving around 700 lives
27 per year within the first ten years of the programme. We will also extend the availability
28 of diagnostic procedures in GP surgeries – making blood tests, ECGs and in some cases
29 ultrasound tests available and on offer at the local surgery. [Male death rates from
30 prostate and testicular cancer are a cause for concern.](#) Since men are less likely than
31 women to take up screening or attend their GPs, we will encourage men to take
32 advantage of the health checks which are available to them.

33
34 Vascular diseases – heart disease, stroke, diabetes and kidney disease – affect the lives of
35 more than four million people and kill 170,000 every year. They also account for more
36 than half of the mortality gap between rich and poor. So we will introduce a national
37 system of vascular checks, which have the potential to prevent at least 9,500 heart
38 attacks and strokes per year and save 2,000 lives, [and promote the use of statins to
39 particularly vulnerable groups.](#) Everyone between the ages of 40 and 74 will be entitled
40 to the checks, which will assess their personal level of risk and set out the steps they can
41 take to reduce it. The checks will be carried out in a range of convenient places including
42 GP surgeries, pharmacies and other community settings, to ensure that everyone has
43 access to them.

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"Whilst encouraging people to take responsibility for their own health is important to potentially improve public health and disease prevention, it is also essential that people are encouraged to take advantage of early detection services, such as the NHS Cancer Screening Programmes, and to recognise signs and symptoms of diseases to aid early detection." ¶
Breakthrough Breast Cancer ¶

44
45 Immunisation is one of the most important weapons for protecting individuals and the
46 community from serious diseases. The NHS provides vaccinations free of charge, from
47 early childhood, when vaccines are given against a wide range of diseases, right through

1 to old age: everyone over 65 is offered a flu jab every year. A high vaccination uptake
2 across the population is vital to prevent outbreaks of infectious disease, so we will
3 continue to encourage vaccination among at-risk groups and provide the public with
4 accurate and reliable information about our vaccination programme. [Labour supports the](#)
5 [efforts of doctors, nurses and every major health organisation to promote the triple MMR](#)
6 [vaccine. Following an earlier fall, because of public fears stoked up by flawed research and](#)
7 [a media controversy, MMR take-up is now rising again. This is good news, but we will](#)
8 [continue to make clear that MMR is safe, to ensure that the public has reliable information](#)
9 [about MMR and to promote MMR take-up. We will ensure that the JCVI recommendation](#)
10 [process is transparent and speeded up in line with NICE.](#) Where [clinically and](#) cost-
11 effective new vaccines are developed, we will make them available to those who can
12 benefit from them. From September 2008, all 12 and 13 year old girls will be offered a
13 new vaccination against cervical cancer, saving an estimated 400 lives a year.

14 **Health and social inclusion**

15 Keeping healthy is important because it enables people to participate fully in social and
16 community life, and to get into work and hold onto jobs. Long-term sickness costs the
17 economy in lost productivity and in benefit payments, but it also costs individuals and
18 families by denying them work opportunities and income. And just as illness keeps people
19 out of work, so being out of work damages health – and returning to work after a period
20 of unemployment improves it. Ten years ago, just over one third of disabled people were
21 in work; now, almost half have a job. We are now committed to reducing the number of
22 people claiming incapacity benefit by one million.

23
24
25 Labour’s work to reform the welfare system, and to promote good health at work, is
26 discussed in more detail in the Prosperity and Work document. But we are clear that the
27 task of helping people with long-term health conditions and disabilities back into work –
28 or, in many cases, into work for the first time – will need a focus on health, and the
29 involvement of healthcare professionals. This is why we want GPs, whose vocation is
30 about helping people get better not writing people off, to offer fitness-to-work advice to
31 patients and employers, replacing a “sick note” culture with a “well note” culture

32
33 Employers have a role in promoting good health too. Health and safety legislation, and the
34 work of Trade Unions and businesses, have made workplaces safer than ever before, but
35 occupational health is not just about avoiding workplace accidents and ensuring that
36 people use dangerous machinery safely. Back pain costs employers £600 million per year,
37 and around half a million people a year experience work-related stress, depression or
38 anxiety. [The growing problem of violence from members of the public towards workers is](#)
39 [an issue of key importance that urgently needs addressing. We have a duty to protect our](#)
40 [health workers, police, social workers and all frontline staff who ensure the smooth](#)
41 [running of our vital public services. Labour in Europe is pushing for a new Europe-wide](#)
42 [Directive on musculo-skeletal disorders and this will be key to ensuring a clear framework](#)
43 [for addressing the cost to the individual and society of problems such as lower back](#)
44 [disorders and repetitive strain injury.](#) We want to promote the link between good work
45 and good health, and encourage the NHS to work with business, expanding the
46 occupational health services offered to NHS staff so that small and medium sized
47 businesses can access them for their own employees. [Both public and private sector](#)

1 [organisations should work to promote good practice in occupational health for all workers.](#)
2 [Building on the report by Dame Carol Black, *Working for a Healthier Tomorrow*, the public](#)
3 [sector in general should become a model of good practice. We believe this would be cost-](#)
4 [effective as well as setting a lead for the rest of the economy.](#) Good occupational health
5 is key to helping to prevent people with minor illnesses such as mild mental health issues
6 falling out of work, onto incapacity benefit and into the health service with more serious
7 problems.

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9 **Modernising mental health care**

10 Improving mental health is a key public health challenge. Mental health problems are the
11 largest single cause of disability and illness in England - accounting for 40 per cent of all
12 disability, nearly 40 per cent of people on Incapacity Benefit (and a secondary factor for a
13 further 10 per cent), and a third of all GPs' time. Around one in six people will experience
14 mental ill health at some time in their life. Since 1997 Labour has given a much higher
15 priority to mental health services, with significant investment to improve services
16 resulting in a record number of staff working in the mental health sector. Suicide rates are
17 at an all-time low, [but we will work to ensure that they continue to fall.](#) We are massively
18 increasing the provision of psychological therapies, investing to train 3,600 therapists
19 over the three years from September 2008, enabling an extra 900,000 people with
20 depression and anxiety to be treated in that period and improving their quality of life.

21
22 [Mental wellbeing is central to healthy individuals and families, stronger communities and a](#)
23 [successful economy. Prevention and early intervention are crucial in securing positive](#)
24 [mental health outcomes – and can prevent the need for more expensive interventions](#)
25 [later on. As we roll out psychological therapies around the country, it will be essential to](#)
26 [review access to an appropriate range of psychological therapies. In every local](#)
27 [community, the NHS should consider offering specific pledges on access to appropriate](#)
28 [care and treatment. We are committed to tackling the stigma and discrimination which](#)
29 [surround mental health problems. In addition to Shift, focusing on discrimination in](#)
30 [employment and the media, we are working alongside Moving People, a charity sector-led](#)
31 [anti-stigma and wellbeing campaign. We will work with other partners to combat the](#)
32 [ignorance and prejudice around mental health issues so that there is a greater public](#)
33 [understanding of the issues and available treatments.](#)

34
35 [We will ensure that there are sufficient hospital places for people with acute mental](#)
36 [illness, where it is clinically appropriate for them to be treated in hospital. Labour is](#)
37 [investing £130 million capital for improvements in the environment, including safety, on](#)
38 [psychiatric intensive care units and adult acute mental health wards, including £30 million](#)
39 [targeted at acute wards for improvements in safety particularly for women service users.](#)
40 [In addition, increasing levels of home treatments are becoming available, with specialist](#)
41 [crisis resolution home treatment teams helping to support people who would otherwise](#)
42 [have had to be admitted to hospital.](#)

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43
44 We have legislated, in the Mental Health Act 2007, to modernise mental health law for
45 the first time in a generation, to benefit patients and the public, to allow some people
46 who need compulsory treatment to get it in the community instead of having to be
47 detained in hospital, to allow a wider group of health professionals to treat patients, and

Deleted: "The government's commitment to improve access to psychological therapies backed by the massive additional investment pledged in last year's Comprehensive Spending Review marks a huge step forward in our response to mental distress." ¶
Mind ¶

1 to give people receiving compulsory treatment access to independent advocacy. We will
2 also address the impact of service provision on black, Asian and minority ethnic people.

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4 **Better dental health**

5 Labour is reforming NHS dentistry to achieve better oral health and to provide a good deal
6 for patients and for dentists, but we accept that access to dentistry still needs to
7 improve. Primary Care Trusts are now responsible for commissioning local NHS dental
8 services. Our reforms mean that NHS dentistry is now expanding, with an increase in the
9 number of dentists and dentistry funding ring-fenced until 2011 to ensure that local
10 provision keeps going up. New dentists are coming into the NHS all the time: since 2005
11 there have been an extra 170 dental student places each year, two new dental schools
12 opened in 2007, and we are making new NHS training places available to dentistry
13 graduates in areas of highest patient need.

14
15 We have increased funding for NHS dentistry by 11 per cent for 2008/09 – an extra
16 £209 million, taking the total central allocation to over £2 billion. Commissioned dental
17 activity is rising and new practices are opening all over the country. The number of people
18 in touch with NHS dental services will increase as these newly commissioned services get
19 up and running to full capacity. It is still difficult in some areas to access an NHS dentist,
20 but this is improving and we are committed to ensuring that it will continue to improve. As
21 part of this, we will encourage NHS dentists to increase their opening hours. We expect
22 many of the new GP-led health centres being opened across the country to offer
23 dentistry services, so that more people can see a dentist at a time and place convenient
24 to them. We will monitor dental access around the country, as well as the dentistry
25 workforce, to ensure that need is being met. If there is evidence that there is a problem of
26 newly qualified dentists leaving the NHS we will consider options to improve staff
27 retention.

28
29 We are making good progress on children's oral health. The WHO Global Database on Oral
30 Health shows that in 2003, 12-year-old children in England on average have the best oral
31 health of that age group in Europe. Fifteen-year-olds in England also have the best oral
32 health since records began. However, there is still room for improvement, and Labour is
33 committed to ensuring that every child in England has access to an NHS dentist.

34
35 To ensure that everyone has access to dental treatment, we have introduced for the first
36 time a duty on local health services to provide urgent dental treatment for those who
37 need it. This applies to everyone, so there is no need for people to allow dental problems
38 to go untreated. We have also improved and simplified the system of charging for dental
39 treatment, replacing the old system of almost 400 different charges with just three
40 charge bands and cutting the maximum possible charge by 50 per cent, which directly
41 benefits those with the worst oral health who are most likely to need complex and
42 expensive treatment. Nearly 50 per cent of NHS dental patients, including all children,
43 pregnant women and those on income support, are exempt from all charges, and there are
44 schemes to help with costs for those on low incomes who do not qualify for full
45 exemption. We will make sure people have accurate information about local NHS dental
46 provision and charges, and about their rights in relation to dental treatment.

1 Evidence suggests that oral health is better in areas where tap water is fluoridated, which
2 means that widening fluoridation could have an impact on health inequality. For example,
3 children in fluoridated Birmingham have half the cases of tooth decay than children in
4 non-fluoridated Manchester. We have legislated to allow local authorities to add fluoride
5 to their water supply if the local community supports it, but few have so far done so. We
6 are therefore providing extra funding to Strategic Health Authorities which find that their
7 local community is in favour of introducing fluoridation, to help them to do so.

1 **Healthcare accessible to all, personal to you**

2
3 The Labour Government created the NHS in 1948 to ensure, for the first time, that
4 everyone had access to high quality healthcare, free at the point of need. These principles
5 of equity and accessibility remain at the heart of our NHS, and Labour will uphold them in
6 government. But as well as being free and fair, the NHS must continue to meet the
7 changing needs of individual citizens. That means giving people as much power and
8 control as possible over the health services they use – getting the attention, care and
9 treatment they need in the way they want it and at times convenient to them.

10
11 **Health inequalities**

12 The creation of the NHS was the biggest ever contribution in Britain’s history to tackling
13 health inequalities. But there is still a link between lack of wealth and poor health, and
14 despite the fact that they often have the greatest need for healthcare, the poorest in
15 society often make the least use of the NHS. Tackling health inequalities is a central
16 priority of Labour health policy. We must improve the health of the whole nation, while
17 ensuring that the health of the poorest improves the fastest.

18
19 Under Labour, mortality rates have improved across the board – but we need to do more
20 to narrow the gap between rich and poor. That’s why we have reformed the funding
21 formula to give a better measure of the health needs of each local community, ensuring
22 that additional resources are targeted to where they are most needed. We are committing
23 new resources to those Primary Care Trusts (PCTs) with the fewest primary care
24 clinicians, lowest patient satisfaction with access and poorest health outcomes. The
25 bottom 25 per cent of PCTs (38 PCTs) have already committed to delivering 100 new GP
26 practices. And we will double the number accessing smoking cessation clinics in the most
27 deprived areas, and increase the coverage of statin therapy for those with high
28 cholesterol levels and hypertensives for those with high blood pressure in those areas.

29
30 Health inequality isn’t just about income. Race, disability, age, sex, gender identity, sexual
31 orientation, and environment also have an impact on people’s health needs and the way in
32 which they access health services. Those with long-term physical or mental illness,
33 homeless people and the prison population are also affected. One in five mental health
34 inpatients comes from a black or minority ethnic background, and BME patients are
35 significantly more likely to be detained or diagnosed with schizophrenia. The suicide rate
36 is three times higher for men than for women. Homophobia is directly related to suicide,
37 sexual health and mental health problems for many lesbian, gay and bisexual people. The
38 prevalence of a range of health conditions differs between ethnic groups. Disabled
39 women are less likely to access cancer screening than women in general. And people with
40 mental health problems and learning disabilities are more likely to have significant physical
41 health problems which go undiagnosed. To ensure that we have accurate information to
42 enable us to plan to meet the health needs of particular communities, we will introduce
43 better data recording to help improve patient care for people from black and minority
44 ethnic groups. And to ensure that prevention is aimed at groups which are most at risk,
45 we will offer new annual health checks for people who are most likely to have
46 undiagnosed health problems, starting with people with severe learning disabilities. In
47 areas where health is affected by these factors we are supportive of local programmes

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1 [which enable local community activists to provide community based interventions and](#)
2 [leadership on achieving better health through programmes including weight management,](#)
3 [smoking cessation and children's play. We will continue to work with Strategic Health](#)
4 [Authorities and PCTs to ensure funding allocations appropriately reflect the](#)
5 [government's commitment to tackling health inequalities wherever they exist.](#)

6
7 [Patients on low incomes are among those who qualify for free prescriptions, and it would](#)
8 [not be a good use of public money to extend free prescriptions to those who can easily](#)
9 [afford to pay. However, exemptions from charges could be better targeted to tackle](#)
10 [health inequalities more effectively. We are reviewing the list of medical conditions giving](#)
11 [prescription charge exemption.](#)

12 **Moving healthcare closer to communities**

13
14 GP services are the first point of contact for most patients in the NHS, and Labour is
15 committed to ensuring that everyone can see their GP at a time and a place convenient to
16 them. Labour understands that hard working families need healthcare to be available
17 close to their homes and workplaces, and open when they need it. That's why we have
18 built over 90 new NHS walk-in centres and over 650 one-stop primary care centres, and
19 are investing £750 million in a new generation of modern, convenient community
20 hospitals. And it's why we have negotiated a new deal with doctors to ensure that more
21 GP surgeries open for longer in the evenings and at weekends.

22
23 We are now opening at least 100 new GP practices in the areas which need them most -
24 the areas with the fewest doctors, poorest health outcomes and lowest patient
25 satisfaction with access to care. We will also establish a further 152 GP-led health
26 centres, one in each PCT, on top of existing services. These centres will be open from 8am
27 to 8pm, seven days a week, and will offer a wide range of health services including pre-
28 bookable GP appointments and walk-in services for registered and non-registered
29 patients. They may also offer other services such as dentistry, podiatry, physiotherapy
30 and community mental health support, and provide services for which patients have
31 previously had to travel to a district hospital: for example blood tests, outpatient clinics
32 and minor surgery. Such services may come from a range of public, private and voluntary
33 sector providers. The commissioning of different services by these clinics will be at the
34 discretion of the local PCT, based on local need.

35
36 [These new GP-led health centres, along with the new GP practices in under-doctored](#)
37 [areas, will be in addition to existing provision, not in place of it. They will make it easier for](#)
38 [people to see a doctor at a time convenient to them, and to avoid unnecessary visits to](#)
39 [A&E and out-patient hospital appointments. Patients who want to remain registered with](#)
40 [their current family doctor will be able to do so while accessing these new services. By](#)
41 [increasing the number of GPs and surgeries and extending opening hours, we will make it](#)
42 [easier for patients to choose a doctor and change GP if they want to.](#)

43
44 [People have a right to know how well their GP practice performs. We will ensure better](#)
45 [and more accessible information for people to judge the quality of the service and ensure](#)
46 [that PCTs publicise this information. We will ensure fair and transparent procurement](#)

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"We would endorse the call for
GPs to open evenings and
Saturdays." ¶
Bournemouth CLP ¶

1 [rules, so that nobody has an unfair advantage. We need to be sensitive to the impact on](#)
2 [access of the introduction of new technology.](#)

3
4 We are committed to ensuring that all PCTs are world-class commissioners of services for
5 their local communities, focusing on reducing health inequalities, giving people more
6 choice and control over the services they use, and delivering good value for money. The
7 principle is to develop innovative ways of providing a wide range of integrated services to
8 people in a community setting. [Local authorities and PCTs will be encouraged to produce](#)
9 [joint strategies to narrow health inequalities, consistent with agreed outcomes. To](#)
10 [ensure that the NHS is properly promoted to the public, we will insist that all NHS Trusts](#)
11 [include the NHS brand when they advertise their services.](#)

12
13 As new services are brought closer to communities, some existing services will need to
14 change. More services will be provided in health centres rather than hospitals. Some
15 hospitals will specialise more in particular conditions and types of surgery – evidence from
16 around the world shows that where consultants get regular rather than occasional
17 experience of complex conditions, quality improves and more lives are saved. Any changes
18 to local health services will be made for sound medical reasons to benefit patients, driven
19 by local clinical need and made locally following consultation with communities, not
20 imposed from the centre.

21
22 [In order to ensure that the NHS is clinically led, patient centred and locally accountable,](#)
23 [the Prime Minister asked Lord Ara Darzi, one of the world's leading surgeons, to carry out](#)
24 [a wide-ranging review of the NHS, directly engaging with patients, NHS staff and the](#)
25 [public. The result of this process the NHS Next Stage Review, was published in June](#)
26 [2008. It sets a new foundation for a personal health service that gives new rights over](#)
27 [their healthcare, and empowers staff to ensure the highest quality care for all. Proposals](#)
28 [for service changes are being developed and agreed locally, based on the clinical evidence](#)
29 [and the needs and preferences of the local community.](#)

30 **Choice, accountability and regulation**

31
32 The NHS is a universal service with a commitment to maximising quality everywhere, but
33 it should never be rigidly uniform. And different people need and want different things
34 from the NHS, and will respond best to different treatments and environments – mothers
35 choosing to give birth at home or in hospital, people with mental health problems
36 choosing drug treatments or psychological therapies, smokers choosing different
37 techniques to give up, older and disabled people choosing a range of different support
38 services tailored to their individual needs. Some people, particularly those who are better
39 informed, have always been able to make choices about their healthcare by navigating
40 the system. Labour believes that maximum information and choice should be available to
41 everyone. All patients can now choose from any hospital provider in England that meets
42 NHS standards and costs.

43
44 [All patients want to access the high quality treatment they need as quickly as possible,](#)
45 [free of charge. Many will want to do this at their local hospital. Others will want to be](#)
46 [treated in a hospital further from their home but closer to their family, or at a hospital or](#)
47 [clinic which specialises in their particular condition. All of these preferences are legitimate.](#)

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"UNISON welcomes the confirmation that changes to local health services need to be driven by clinical decisions. This should allow for a more pragmatic, evidence-based approach to reconfigurations, rather than a dogmatic attachment to centralising services regardless of the local situation. Crucial to reconfigurations, however they are carried out, is the need to engage staff and local populations from the earliest possible stage in the process."
UNISON Labour Link

Deleted: In order to ensure that the NHS is clinically led, patient centred and locally accountable, Labour has asked Lord Ara Darzi, one of the world's leading surgeons, to carry out a wide-ranging review of the NHS, directly engaging with patients, NHS staff and the public. This will focus on ensuring that clinical decision making is at the heart of the NHS; on improving patient care; on making care more accessible and convenient; and on making services more responsive to patients and local communities. Lord Darzi's review will report in summer 2008.

1 [and allowing real choice means that patients, and the NHS, can act on these preferences.](#)
2 [So we will take choice further, providing patients with real choice not only in elective](#)
3 [surgery but in other areas of healthcare including maternity services and general practice,](#)
4 [and ensuring patients can make real choices about their treatment as well as when and](#)
5 [where they are treated. We will involve people more in decisions made over their own](#)
6 [care, giving them greater control without compromising our aspiration to the highest](#)
7 [quality throughout the NHS. Labour will set out a strategy to ensure that people from](#)
8 [poor and socially disadvantaged communities have full and equal access to high quality](#)
9 [healthcare. We will continue to offer choice across the NHS so that everyone can exercise](#)
10 [the range of options traditionally available only to those with the means to pay.](#)

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11
12 At the heart of our patient empowerment agenda is the understanding that choice should
13 be a means of driving improvement and ensuring that the NHS is focused on the needs of
14 patients. NHS providers are more accountable to the public they serve if they have to
15 provide accessible information about their quality and performance, and if patients are
16 empowered to choose the best providers for their needs. [Health services such as GPs'](#)
17 [surgeries and hospitals should routinely allow the users of the service to mark their](#)
18 [experience. These scores should have an ongoing input into the management of the](#)
19 [service and where appropriate be taken into account in funding decisions.](#)

20
21 [Labour has been responsible for the biggest ever hospital building programme, which has](#)
22 [massively expanded the capacity of the NHS and driven down waiting times. PFI has](#)
23 [played a role in this expansion and will continue to have an important place in financing](#)
24 [the building of new NHS provision.](#) The use of a variety of providers in the NHS has had a
25 significant positive impact on waiting lists and diagnostic services. [The independent and](#)
26 [third sectors make up only a small percentage of NHS provision but have shown that](#)
27 [where they are able to add capacity or promote innovation within the framework and](#)
28 [principles of the NHS, this has been to the benefit of patients and the service. It must not](#)
29 [be the role of central government to dictate from which providers local services can be](#)
30 [commissioned – this is the responsibility of local commissioners, taking local needs into](#)
31 [account. We know that what matters most to all communities is having high-quality,](#)
32 [integrated services locally available and accessible when needed, and always following](#)
33 [the principle that NHS healthcare is free at the point of use, based on need, not ability to](#)
34 [pay. Commissioners must ensure that service providers cannot cherry-pick patients or](#)
35 [particular services in a way that destabilises local provision.](#) All commissioning should be
36 clinically appropriate and provide value for money. [Information about independent and](#)
37 [third sector providers of NHS services is usually available from the public authority under](#)
38 [existing Freedom of Information rules, except where valid exemptions apply. However,](#)
39 [we will consider introducing a voluntary Code of Practice for private organisations which](#)
40 [provide public services to provide information about their public activities.](#)

Deleted: The independent and third sectors make up only a small percentage of NHS provision, but where they are able to add capacity or promote innovation, delivering services for the NHS at the NHS tariff, we will continue to use them – where that is best for patients, and always following the principle that NHS healthcare is free at the point of use, based on need, not ability to pay.

Deleted: , and independent providers should be open to the same level of clinical scrutiny as NHS providers

Deleted: ¶

41
42 We have introduced a number of reforms to ensure members of the public are better
43 involved in shaping local health and social care systems, and will continue to increase the
44 power and control of local people over the services they use, with a new NHS
45 constitution (see below) making clear how the NHS is accountable to local communities.
46 NHS Foundation Trusts have been established as independent, not for profit public
47 benefit corporations, accountable to their local communities rather than being controlled
48 by central government. Their independence has enabled them to make good progress in

1 developing new innovative approaches to healthcare, and to invest their resources in
2 response to local need – but they remain part of the NHS, providing care based on need
3 and not on ability to pay. The principles of common ownership of trusts is very important.
4 Monitor should ensure Foundation Trusts fulfil their obligations to expand their
5 membership, including considering “opt-out” rather than “opt-in” models.

6
7 Local Involvement Networks (LINKs) have been introduced to find out what people want
8 from their local services and to monitor and review the care that their services provide.
9 They will also provide an opportunity for the community to share their thoughts on care
10 management in their area. LINKs will have powers including the ability to enter and view
11 services. Unlike the previous system, it will be easier for more local individuals,
12 organisations and groups to be involved. Rather than imposing a single bureaucratic
13 structure for LINKs, the Labour government is providing 150 local authorities with funding
14 to set up and support a network in a way appropriate to local needs. We will consider
15 ways of strengthening the NHS’s accountability to local communities consistent with the
16 NHS’s Constitution.

Deleted: Local Involvement Networks (LINKs) will work with interested individuals and voluntary and community sector groups to promote public and community influence in health and social care.

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17
18 All NHS organisations now have a duty to involve and consult patients and the public in
19 the planning of provision of services, the development and consideration of proposals for
20 changes in the way those services are provided, and decisions made affecting the
21 operation of services. This duty applies to providers of health services as well as
22 commissioners. Where locally-agreed service changes involve closing services and
23 replacing them with alternatives, existing services should not close until the new services
24 are up and running and available to patients so that they can see the difference for
25 themselves. All reconfigurations must be guided by clearly stated clinical principles, with
26 local patients and public properly involved.

27
28 As we work towards greater integration of health and social care, we need to ensure that
29 providers of services are effectively regulated to guarantee quality and safety. Labour is
30 creating a tough new single regulator for health and social care, the Care Quality
31 Commission, with which all NHS providers will have to register. For the first time, there will
32 be a single coherent set of national safety and quality requirements for all, and a more
33 flexible system so that resources and inspections can be targeted to the areas of
34 greatest risk. The complaints system for health and adult social care will be unified and
35 simplified, too, with an emphasis on fast local resolution and on giving effective support
36 to people who want to make complaints – especially to those who may have difficulty
37 making their voices heard. We will introduce new rights of redress from Primary Care
38 Trusts, with a named representative to deal with and respond to a person’s complaint if
39 they feel they have not been treated fairly. It is important that people understand what
40 to do if they have a genuine grievance, so we will ensure that the complaints and redress
41 procedures are properly publicised by all NHS providers. The new integrated Health and
42 Social Care Quality Commission will assess how well trusts handle complaints as part of
43 their annual assessment of performance.

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“The vision of care closer to, or at home, with an emphasis on prevention and health improvement, is one that we fully support, but is not a vision that the NHS can deliver on its own. Because of their responsibility for the wider determinants of health – such as environment, transport, leisure, planning, economic well-being etc. – local authorities can plan with the NHS to address health improvement and health inequalities, bringing investment to bear on local priorities for health improvement. At a population level, without local government’s support on prevention and tackling inequality, the NHS alone will be unable to address the consequences of demographic change.” ¶
Local Government Association, Labour Group ¶

44
45 The new IT systems in the NHS are on course to deliver better care and an estimated
46 £1.14 billion in savings by 2014. Since its introduction, the National Programme for IT has
47 already played a key role in making patient care quicker, more convenient and more
48 efficient. Patients will benefit from secure access to their Summary Care Record via the



1 [secure website HealthSpace. This will enable patients to be more informed and involved](#)
2 [in decisions about their care and treatment. Choose and Book will enable patients to make](#)
3 [hospital appointments at a time, date and place convenient to them. Healthcare](#)
4 [professionals will be able to access vital health information about their patients, including](#)
5 [in an emergency, out of hours or when the patient is away from home.](#)
6
7 [We will work with the EU to ensure British patients are not disadvantaged by needing](#)
8 [care across EU borders and we will ensure the approach taken by the EU is consistent](#)
9 [with the fundamental principles of the NHS. We will oppose any attempts to create an EU](#)
10 [single market for healthcare which could undermine the NHS.](#)
11

1 Our NHS - skilled staff delivering high standards for patients

2
3 Labour's investment since 1997 has transformed the NHS, with shorter waiting times,
4 record numbers of staff and new buildings and infrastructure. But resources are never
5 unlimited: our investment of taxpayers' money must be targeted to make sure it is put to
6 the most effective use. The NHS needs to continue to improve, providing more and better
7 services, giving staff the resources they need, supporting innovation and investing in new
8 life-saving technologies.

Deleted: ¶

9
10 Labour is absolutely committed to the provision of high quality public services. Public
11 sector organisations with their own directly employed staff deliver a wide range of
12 excellent and innovative services throughout the country. We are committed to
13 maintaining and developing a central role for public provision and a directly employed
14 workforce.

15
16 Different sorts of providers will sometimes offer innovative, high quality services not
17 routinely available in the public sector. Where that is the case we will continue to use
18 voluntary and community organisations, social enterprises and the independent sector in
19 providing services. Where they are used to provide services they must offer value for
20 money.

21
22 Professional groups and public service trade unions have a vital role to play in service
23 improvement by supporting staff development and involvement and public service
24 employers in all sectors should engage constructively with them. There are also
25 outstanding examples of excellence and innovation throughout the public sector. We are
26 committed to maintaining a central strategic role for public provision in services as a
27 guarantor, comparator, standard setter and leading innovator. We will take steps to
28 ensure that all commissioners give full consideration to in house options and public sector
29 solutions.

30
31 Central to everything the public services achieve and to our agenda for improvement, are
32 our public service staff. Real excellence depends on liberating the creativity and
33 commitment of the public service workforce. Labour will therefore continue the process
34 of empowering the staff at the heart of our services - freeing up frontline staff from
35 bureaucracy and top-down control, and ensuring they get proper support from back office
36 services so they can innovate and improve services, for example through the productive
37 wards programme in our hospitals.

38 39 **Waiting times and targets**

40 When Labour came into power in 1997, 284,000 patients were waiting for more than six
41 months for admission to hospital – about a quarter of all patients waiting. Now, nobody
42 should wait this long. Most patients are now waiting less than 13 weeks, and by the end
43 of 2008 no patient will have to wait more than 18 weeks from GP referral to the start of
44 treatment, unless it is clinically appropriate for them to do so. This means that the time
45 you have to wait before getting a hospital appointment will be the shortest since the
46 NHS was established. Through the hard work of staff, increased capacity, new technology
47 and patient choice we are now in a position where we will see, in effect, the end of NHS

Deleted: "We welcome the massive and sustained investment the Labour government has made in the National Health Service since 1997 and we support future planned increases in NHS spending. Our members have noticed the benefits this investment has delivered: more doctors and nurses; shorter waiting lists; new and refurbished hospitals and other infrastructure; in short a new, modernised NHS." ¶
Usdaw ¶

1 waiting lists. This means that we can now have fewer national targets, and give more
2 freedom and responsibility to staff to respond to local needs. [Those freedoms will include](#)
3 [more power for staff involved in direct patient care to control the way their wards and](#)
4 [clinics are organised. We will empower nurses to take control and change the day-to-day](#)
5 [organisation of their wards, enabling them to spend more time on patient care and less on](#)
6 [unnecessary paperwork. We will reduce centrally-driven targets to allow PCTs to set their](#)
7 [own priorities for health improvements that meet the needs of local communities. To](#)
8 [facilitate effective partnership working, we will strive to align budgetary cycles between](#)
9 [local authorities and PCTs.](#)

10
11 This progress – and progress in many other areas where standards have been driven up –
12 would not have been achieved without the introduction of national standards and
13 targets, which ensured that resources were focused on identified priorities. Waiting time
14 targets tell patients what standards they should expect, and also help to highlight
15 difficulties in particular hospitals. When hospitals struggle to meet these standards extra
16 support is offered from the centre to help them turn around their performance and
17 improve the way they work.

18 19 **Cleaner hospitals**

20 The public must be able to trust the NHS to keep them safe from healthcare acquired
21 infections such as MRSA and *C. Difficile*. And the cleanliness of hospitals is a key factor in
22 whether patients have a positive or negative experience of using the NHS. All hospitals
23 have a duty to employ enough cleaners to deliver the hygiene standards the public rightly
24 demands and expects. We have brought back Matrons with new powers to set and
25 enforce high standards of cleanliness and terminate cleaning contracts where necessary,
26 introduced a new “bare below the elbow” uniform policy and enforced rigorous hand
27 washing for NHS staff. We have ordered that every hospital must be deep cleaned. And
28 we have set tough targets on reducing infection rates. This means that in 2008 we will
29 halve the number of cases of MRSA from 2004 levels, and by March 2011 there will be at
30 least a 30 per cent reduction in the number of *C. Difficile* cases from current levels. [The](#)
31 [figures for each local hospital should be made accessible to the public.](#)

32
33 [We will make sure innovative approaches are used to achieve social outcomes and](#)
34 [objectives. The very principle of buying on a value for money basis is about taking account](#)
35 [of the whole life cost and wider factors often including social considerations, not just](#)
36 [about buying the cheapest. Labour will help ensure that procurers look at imaginative](#)
37 [options and talk with customers, interest groups and unions to understand what the](#)
38 [market can provide.](#)

39
40 [This is exceptionally important in priority services such as hospital cleaning, where the](#)
41 [decision to use a particular provider must be based on the strongest evidence about](#)
42 [effectiveness, it is exceptionally important for procurers to look at imaginative options](#)
43 [and talk with customers, interest groups and unions to understand what the market can](#)
44 [provide. Where a provider fails to deliver a satisfactory service, its contract should not be](#)
45 [renewed or, in exceptional circumstances, terminated. Hospital cleaners are an essential](#)
46 [part of the healthcare team, playing a vital part in avoiding healthcare acquired infections.](#)
47 [What matters above all is that all hospitals must employ enough cleaners, whether in-](#)

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1 [house or contracted, to deliver the hygiene standards the public rightly demands and](#)
2 [expects. There must be rigorous standards of cleanliness enforced in all hospitals to](#)
3 [ensure they are clean and safe for patients. We welcome the recent fall in infection rates](#)
4 [and the improvement in standards of cleanliness across the NHS, and the part that the](#)
5 [recent deep clean has played in delivering this, as part of a package of measures. Deep](#)
6 [clean should be part of good practice in the future.](#)

7
8 [All hospitals must give full consideration to in-house options for their cleaning contracts](#)
9 [with a view to maintaining and developing critical public sector capacity in the](#)
10 [management of cleaning and hospital hygiene.](#)

11
12 MRSA can spread after being brought into hospitals from outside by patients, so by March
13 2009 every non-emergency patient will be screened for MRSA, and by March 2011 we
14 will screen every emergency patient as well. And because overuse of antibiotics damages
15 resistance to some infections, including some healthcare acquired infections, we are
16 encouraging doctors and the public to reduce their use. [Facilities to isolate patients from](#)
17 [MRSA and C. Difficile are vital. New hospitals and refurbishments should provide a greater](#)
18 [range of accommodation and single rooms for privacy.](#)

20 **Supporting NHS staff**

21 The NHS would be nothing without its staff. It is thanks to the NHS's staff – including the
22 thousands of new staff recruited as a result of our increased and sustained investment –
23 that the NHS has made such dramatic improvements over the last decade. Since 1997 we
24 have worked in partnership with staff and their trade union representatives to improve
25 working conditions, pay and prospects. [We will support NHS staff by continuing to](#)
26 [implement the European Working Time Directive in a way that retains labour market](#)
27 [flexibility while offering protection and choice for workers, enabling staff to deliver high-](#)
28 [quality services in a manner consistent with good employment practices. We are currently](#)
29 [reviewing student support funding for nurse trainees, with a steering group including](#)
30 [representatives from trade unions and SHAs.](#) We will continue to support staff who
31 develop innovative new ways of working which improve healthcare and patients'
32 experience, and help to spread their good ideas across the NHS. And we will ensure that
33 staff are properly protected from anti-social behaviour and abuse on NHS premises.

34
35 Agenda for Change is now firmly embedded in the NHS. Its reforms mean more patients
36 are treated faster, with pay reform tied to shorter waiting lists, with increased skills
37 development for staff and with better recruitment and retention. We will ensure that the
38 Knowledge and Skills Framework is fully implemented, and ensure the appropriate use of
39 training budgets by strengthening transparency and accountability for their use. Agenda
40 for Change has also made progress in ensuring more flexible deployment of staff and
41 more opportunities for staff, with greater use of systems appraisals. [The nationally](#)
42 [agreed joint statement relating to the application of Agenda for Change for contracted-](#)
43 [out NHS soft facilities was issued in October 2005.](#) Working with the unions and the
44 private and voluntary sectors, we have brought cleaning, portering, catering and other
45 "soft facilities management" services provided by contractors into line with the Agenda
46 for Change pay deal, benefiting low paid workers. [While the vast majority of Trusts now](#)
47 [implement Agenda for Change, we will work to ensure those remaining Trusts do also.](#)

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"The RCN launched its Wipe it Out campaign in 2005 and since then a number of our solutions for tackling healthcare associated infections have been taken forward. We also welcomed the Government's recent announcements for tackling healthcare associated infections including the deep cleaning of wards and increased number of nurses with the responsibility and authority to make infection control a priority. We also acknowledged that these initiatives need to be part of a long-term package of measures." ¶
Royal College of Nurses ¶

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"GMB calls on the Labour Party/government to ensure that all NHS workers are able to deliver quality health care safely and without having to suffer from violence, abuse, bullying or harassment." ¶
GMB ¶

1
2 The Government will seek to extend entitlements to NHS pensions to those staff
3 transferring to social enterprises in the Primary Community sector as part of moves to
4 reform that sector of NHS provision and give front-line staff more control over services
5 as set out in the Darzi review. Enforcement of these rules remains a priority and Labour
6 will consider how best to create a tough approach to ensure that providers meet their
7 obligations on these issues.

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8
9 As the NHS moves closer to communities with a greater emphasis on primary care, there
10 will be less reliance on hospital-based staff, and more staff employed in primary and
11 intermediate care. Staff will need to develop their skills to meet these changes, and we
12 will support staff to retrain for positions in community-based roles. The opportunity to
13 retrain will be made available to staff so that they can take on new roles or develop
14 further in their existing positions. As health and social care become increasingly
15 integrated, a "pension passport" could help ensure that staff can transfer easily between
16 roles without losing pension rights.

Deleted: "The people at the top need to have a bottom up rather than a top down approach: it is often the most junior staff who know best what will work and what won't."¶
Sheffield Heeley CLP¶

17 18 **Prioritising midwife recruitment**

19 The number of births in England is rising, and maternity services are expanding in
20 response to this change. Labour is giving additional funding to maternity services and
21 introducing a package of measures to recruit an additional 4,000 midwives to the NHS by
22 2012. As well as training more new midwives, we will give incentives to former midwives,
23 including free training, support with finding childcare and travel costs and a grant of up to
24 £1,500, to encourage them to return to the profession. This will help to give genuine
25 choice to mothers of where and how to give birth, and deliver our commitment for
26 midwives to work with the same mother throughout her pregnancy.

27 28 **NHS Constitution**

29 The NHS will keep changing, but its fundamental values will stay the same. We will create
30 a new NHS constitution which will set out these unchanging values and establish that
31 current changes and any future reforms must remain rooted in our principles. The
32 constitution will state straightforwardly what patients, citizens and staff have a right to
33 expect from the NHS. It will also lay out what we all have a right to expect from patients,
34 citizens and staff – making fair use of NHS resources, keeping appointments and showing
35 respect towards other users and NHS staff. And it will make clear the lines of
36 accountability between the NHS and the local communities it serves. It will emphasis that
37 NHS staff should have rewarding and worthwhile jobs, with the freedom and confidence
38 to act in the interest of patients. It will recognise that to do this, they need a fair pay and
39 contract framework, opportunities to develop and progress, and safe working conditions
40 free from harassment, bullying and violence. The Constitution will commit the NHS to
41 upholding its staff's legal rights, as reflected in employment and discrimination law.

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¶
"TSSA would support the concept of a constitution for the NHS so that there is no doubt about what the health service is and what it stands for. This would also give Labour the chance to again assert itself as the champion of the NHS and allow Labour to deliver a set of principles that future governments of whatever political persuasion would find difficult to undermine. Such a constitution would be based on principles that confirm that NHS services are free at the point of need, fair to all and publicly funded through direct taxation."¶
TSSA¶

1 **Transforming social care**

2
3 Demographic changes and improvements in healthcare mean that the population is
4 ageing, and the demand for social care for older and disabled people is set to keep rising
5 over the coming decades. At the same time, we are determined to improve social care
6 services, to guarantee users and carers a better quality of life. Care and support for older
7 and disabled people is now one of the greatest challenges facing our society. In achieving
8 the right balance between tax and self-funded care we cannot ignore the fact that
9 people want high-quality care and value for money. That is why we have begun the
10 debate on how we can create a new system which is high-quality, fair and affordable to
11 the taxpayer on a long-term basis. We have no preferred option at this stage but want to
12 hear from the public about the type of system they feel they have a right to expect and
13 about how they feel it should be funded.

Deleted: Meeting the demand for a person-centred service for everyone with long-term needs, with a fair balance in funding between the taxpayer and the individual, is one of the biggest public policy challenges facing us. We will lead a major national debate on this issue, consult widely and publish a Green Paper with detailed proposals on the long-term future funding of adult social care.

14
15 At the heart of our transformation of social care will be the principle that users and carers
16 must be given as much choice and control as they want over the services they receive –
17 choosing the services which are right for them, not being given a choice between
18 inappropriate provision and no care at all. And social care must be about enabling people,
19 not simply looking after them. Disabled people rightly demand and expect to live full and
20 equal lives. People with learning disabilities are no longer expected to spend their lives in
21 long-stay hospitals: we all now recognise that they have the right to fulfil their potential
22 and make the most of their talents and, like everyone, live independently and
23 interdependently. We want to maximise their opportunities to develop skills and find
24 appropriate employment or meaningful activity.

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"This GC recognises the need to raise awareness of the challenge expressed by organisations such as Age Concern, Help the Aged, The Joseph Rowntree Trust and many other leading bodies over the need for government to tackle the way care is funded and paid for and to come up with a sustainable and fairer solution. To this end we urge the government to produce a Green Paper on this subject to initiate a public debate."
Brent North CLP ¶

25
26 Unlike the care provided by the NHS which is free at the point of delivery to everyone, the
27 cost of social care has always been shared between the individual and local authorities,
28 based on assessments of the person's need for care and the person's financial resources.
29 There is a wide consensus that a means-tested element to social care will continue to be
30 needed. But the eligibility criteria used by social services, which were introduced in order
31 to ensure that resources were targeted towards the people who need them most, have
32 too often been used to deny people help. As well as reviewing the way social care is
33 funded, we are reviewing the eligibility criteria to look at ways of making them fairer. We
34 will also ensure that local authorities provide universal information, advice and advocacy
35 services about social care, so that even where people have the financial resources to pay
36 for their own care, they are not left to arrange that care alone.

37
38 As well as making the system fairer, we will make it easier to use. For those who need
39 long-term care the lack of connection between the different care providers is a common
40 frustration. We will encourage every locality to have a single community based support
41 system focussed on the health and wellbeing of the local population, bringing different
42 agencies – the NHS, local government, the voluntary sector, housing, employment and
43 benefit advice services – together to redesign local systems around the needs of citizens.

44 **Giving people more control over their own services**

45 Everyone who needs long-term care is different, and will require a different package of
46 services which suits their needs and is personal to them. The right to self-determination
47

1 will be at the heart of a reformed social care system. Where people are able to make
2 choices for themselves, and want to do so, the system must put them in charge, and
3 support them to make these decisions. Where they cannot choose or would prefer others
4 to make decisions for them, services must be designed to meet their needs in the best
5 way possible, and be centred around them and the life they want to lead.

6
7 Over time, people who use social care services and their families will take the central role
8 in shaping and commissioning their own services. Personal budgets for everyone eligible
9 for publicly funded adult social care (except where they need emergency access to
10 provision) will ensure that everyone can choose their own support services if they want
11 to – a right previously available only to self-funders. We will consider including NHS
12 resources in personal budgets for people with some long-term conditions, ensuring a
13 joined-up service for people who need healthcare and social care at the same time.
14 Personal budgets play an important role in ensuring NHS patients and users of social care
15 have real control over their care and services are personalised to their needs. The role of
16 the state and statutory agencies will be to support people’s choices and enable them to
17 access services – not to control people’s access to services. Local authorities will have a
18 continuing role in providing services, assuring quality, helping people negotiate in a
19 marketplace for services, and ensuring value for money. Councils should continue to be
20 innovative in meeting needs and in connecting relevant services with service users and
21 their carers. It is important to establish a framework which delivers good employment
22 practice when people are employed via the use of personal budgets. In the context of the
23 review of care and support, we will consider what practical steps are necessary to secure
24 a high quality workforce able to respond to the challenge of demographic change and
25 rising expectations.

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"We are cautiously optimistic about providing direct payments and individual budgets to people with mental health problems, as this form of funding may allow people to tailor support to suit their needs. It is necessary, however, to ensure that people with mental health problems are fully supported in commissioning their social care and that they are able to make fully informed choices." ¶
Mental Health Foundation ¶

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27 **Supporting carers**

28 Many people with long-term needs are cared for by relatives, friends and neighbours –
29 there are around 6 million carers in the UK. Taking on caring responsibilities has an impact
30 on the carer’s health and life chances. Labour recognises carers’ contribution and values
31 them highly. That’s why it introduced the New Deal for Carers, providing extra support
32 and services for carers. We support carers financially through the Carer’s Allowance, and
33 introduced the right to request flexible working for carers to make it easier for them to
34 combine paid work with their caring responsibilities. We have made families with disabled
35 children a priority, with £370 million in new funding to transform short break services, and
36 significant new investment in disabled children’s services and children’s palliative care,
37 and we are introducing alongside this funding a new legal duty on local authorities to
38 provide short breaks for families with disabled children.

39
40 Labour is committed to ensuring that all carers are given practical assistance which allows
41 them to get and maintain a job if that is what they want. We will expand information and
42 advice services for carers and give them more skills training opportunities. We will look for
43 ways to support carers better by piloting annual health checks for carers. And we will
44 support the third sector to increase the capacity of the services they provide for carers.
45 Building on our new investment in short break services for families with disabled children,
46 we will now significantly increase funding for breaks for carers of adults as well, as set
47 out in the recently published Carers’ Strategy.



Dignity for older and disabled people

All services for older and disabled people, whether provided by the NHS, social services, the voluntary or private sector, should treat them with respect and dignity. This means offering everyone a personalised service, and recognising that most people want to stay in their own homes and outside residential care for as long as possible – focusing on prevention and early intervention, not waiting for a crisis before support begins.

Too many older people are required to stay on in hospital because of a lack of appropriate care facilities in the community. Labour has challenged this by imposing a financial penalty on local authorities which do not meet the needs of older people moving from hospital. Partnership working with local authorities has significantly improved services and reduced the number of older people kept in hospital unnecessarily. We are expanding services such as intermediate care for all older people who need them, enabling them to be more independent and to delay, or avoid, the need for them to enter residential or nursing home care. We understand that moving to another care home can be deeply distressing for older people. When a residential or nursing home has to close we will expect local authorities to make sure every resident is personally supported to ensure their individual move is handled sensitively and with minimum stress with a particular focus on those who are most vulnerable. And to ensure that people in care homes are protected from abuse, we have amended the Health and Social Care Bill to ensure that the Human Rights Act protects everyone who receives public money to live in a care home, whether the home is private or council-run. We will also ensure self-funders receive new protection through the right to seek redress independently if they are dissatisfied with their provider's handling of a legitimate complaint about their care.

Labour is investing £80 million in extra care housing, to avoid forcing older couples apart when one of them needs to enter residential and nursing care, instead allowing them a home of their own where a wide range of care and support services can be provided on site. This both enables older couples to remain living together as an alternative to separating through a need for residential or nursing care, and provides maximum choice and control for all vulnerable residents as their care needs change. Labour sees the development of extra care housing as a crucial way of meeting the needs of the growing numbers of older people.

To promote dignity in care, Labour has launched the Dignity Challenge, setting out national expectations of what a service that respects dignity consists of, building a network of volunteers working to raise the profile of dignity in care, and providing £67 million for local authorities to improve the physical environment of care homes for older people. The campaign has been extended to cover people with mental health problems, focusing on tackling stigma and improving inpatient mental health settings. It is important that older people also have dignity while they are in hospital. We will continue to work towards abolishing mixed-sex accommodation and toilet/bathing facilities to help ensure that they have the dignity they deserve.

As the population ages, the number of people with sensory impairments will continue to grow. Labour will work to ensure that their needs are met by appropriate services. At the

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But we are clear that we need to do more to support carers, and that this needs to extend beyond social care. That's why the Prime Minister launched the biggest ever national consultation with carers to find out their priorities, and established a Standing Commission on Carers to address the long-term challenges carers face and oversee the new Carers' Strategy to be published later this year.¶

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1 | [same time](#), a growing number of older people are developing dementia – around 600,000
2 people in England now have dementia, and this is set to double over the next 30 years.
3 Labour is developing the first ever National Dementia Strategy, to increase public and
4 professional understanding of the disease, improve early diagnosis and intervention, and
5 improve the quality of dementia care. The focus, as elsewhere in social care, will be on
6 avoiding the need for hospitalisation and maximising choice and control for people with
7 dementia and their families and carers.
8
9
10