
PROTECTING CHILDREN,
EMPOWERING ALL

**Labour's New Approach
to Public Health in the
21st Century**

Contents

Introduction	2
The scale of the challenge	6
The Government’s approach is not working	12
Labour’s new approach	14
Our programme for action	18
Physical activity	18
Food	19
Tobacco	22
Alcohol	23
Community resilience	25
Sexual health.....	27
A public health system that works for communities & families	29

Introduction

When the NHS was created in 1948, life expectancy in England was 66 years for men and 70 years for women.

Today it is 79 years for men and 83 years for women and set to keep on getting longer as this century progresses.

This is welcome but poses new challenges for our NHS and more importantly, for us all as individuals, parents and families.

If our bodies are to be on the road for longer, all children will need the healthiest possible start in life and the earliest possible intervention when needs arise.

And, as we grow older, we will all need to take better care of ourselves, if we are to get the most out of life in our later years. It is still not widely understood that lifestyle has an impact not only on the chances of developing diseases like cancer and heart disease, but also affects the chances of developing diseases like dementia too.

The truth is that individuals and communities will need to be helped to take more responsibility for their health. Because, if we don't make changes, the NHS simply won't be sustainable in a century of rising demand for healthcare.

So that's why the nature of the public health challenge has changed.

If the 20th century challenge was all about adding years to life, then the 21st must also be about adding life to years.

But here's the rub: the very nature of 21st century living works against it.

Changes to diet and lifestyle mean it is all too easy to lead a less healthy life than in times gone by, and we all risk taking on more sugar, fat and salt than is good for us and failing to move about enough to burn it off.

Our complex and fast-moving modern world is exposing children to ever-more sophisticated commercial pressures. We are all absorbing higher levels of stress and insecurity which can erode mental health and well-being and lead to poor diet and addiction.

For too many people this is the new reality of modern living in the 21st century. Helping people deal with it will require a new approach to public health.

If it was ever true that healthier nations can be built through Government action alone, then it's certainly not true now.

Instead, we need to build a different culture where we empower individuals to take on more responsibility for their own health and help communities look after each other.

This is one of the main conclusions of Labour's root-and-branch review of public health policy.

In Government, Labour took a number of bold steps to improve the nation's health. For example, teenage pregnancy rates fell by over a quarter and the proportion of non-smokers in the population increased significantly.

The ban on smoking in enclosed public places is an example of how big social change to improve health can be achieved with broad public support.

But, to avoid accusations of a 'nanny state' approach we need to set out clearly what we see as the proper limits to government action.

If policy makers fail to address the 'nanny-state' claim, it could in the end undermine public support for making progress on public health. A negative tone, perceived as telling people what to do, can turn people off.

On the other hand, there is a danger in over-reacting to the 'nanny-state' charge and failing to take the necessary action to protect people's health.

The current Government, fearful of it, and unable to stand up to vested interests, has relied too heavily on a voluntary approach with industry. It has not worked.

The 2010-2015 Parliament has seen a real loss of momentum on public health policy, with the Government failing to deliver promised measures, such as on tobacco packaging.

It has been left to Labour, from the Opposition benches, to lead the public health debate with the move to ban smoking in cars with children and proxy purchasing of cigarettes.

The time has come to find a better response to concerns about the 'nanny state' and a new point of balance in the public health debate. We must be clearer about where the state has a particular duty to intervene and where it should instead focus on empowering people to make informed choices.

To help this, Labour proposes two new guiding principles for public health policy:

- **For children, we will take decisive action to give each child a healthier start in life.**
- **For adults, we will place a new emphasis on empowerment to make healthier choices.**

In this complex modern world, there is much more that we can, and should, be doing to protect children from the pressures and risks they face. Adults

must be free to make their own choices but there is more we can do to help people navigate the system and take more responsibility for their own health.

Labour's new approach to public health can be illustrated in food policy. We propose to regulate for a maximum level of fat, salt and sugar in food marketed substantially to children while to support the population as a whole, Labour will pursue improvements to food labelling to help people better understand what they are eating, including working at EU level to introduce mandatory traffic light labelling of packaged food.

While it is first and foremost the responsibility of parents to secure the health of their children, the justification for firmer Government action in respect of children comes from the fact that other people frequently make choices on their behalf: what they eat or drink; the environment in which they are placed; the structure of their day.

Because of that, government has a clear responsibility to minimise the harm that poor choices can do to a child's health. There is far more we can, and should, be doing to protect children from the harm caused by smoke, sugar, alcohol and inactivity – and give every child a better start in life - and we will not be deflected from doing it.

But, beyond that, we will develop a different approach to promoting the health of the rest of the population. We will empower people with better information and support to make their own choices, rather than the finger-wagging 'don't do this, don't do that' approach that can make people switch off.

Emblematic of this new thinking about an empowering approach to health is our plan to place the promotion of physical activity at the centre of public health policy. Building a more active nation will be our pre-eminent public health objective.

Physical activity offers the simplest, and cheapest, route to good health. It is a positive call to action and, for many, the easiest lifestyle change to make.

But it also has the virtue of being a catalytic change, prompting positive changes in diet and on levels of smoking and drinking.

Rather than set a Government target, we will instead develop a new national ambition on physical activity. We will encourage companies, councils, charities and others to sign up too and join a new national campaign to build a more active nation.

Asking individuals and communities to do more to promote health is a recognition that, going forward, action on public health is essential not only to improve health and wellbeing but to ensure the NHS remains sustainable for the long term.

We need to help people look after each other. The plan we set out here for all young people, by the time they have left school, to have had access to

emergency first aid training along with a new plan to locate defibrillators in major public places is just one example of how we will build that community resilience.

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

Labour believes that the NHS needs to break out of its 20th Century medical model and embrace a new whole-person, social model of support that starts with prevention. By asking Health & Well-being Boards to lead local commissioning for the increasing number of people with complex and multiple needs, and by bringing together services to work around the individual, we will finally be able to link health policy at a local level with all of the other local policies that have a bearing on health – most notably, housing, planning, education, employment, skills and leisure – and, in so doing, build more resilient individuals and communities.

Bringing together services, in this way, will also help create the right conditions and incentives for services to intervene earlier to stop problems before they arise or become worse.

21st Century living, and the scale of the challenges ahead of us, demand new thinking, new ambitions and new leadership on public health. Labour has traditionally led the way on public health policy and is ready to do so again.



RT HON ANDY BURNHAM



LUCIANA BERGER

The scale of the challenge

When the NHS was established, many of the biggest health problems in the UK were curable illnesses like infectious diseases and accidental injuries. Over half a century later the picture is very different.

Overall, health is improving and our life expectancy has increased. We have controlled or conquered many of the infectious diseases such as polio which blighted previous generations. Many thousands more people are now living into their 80s and 90s, and beyond, as life expectancy has improved.

Obesity, tobacco and alcohol are contributing to the development of long term conditions such as diabetes that require lifelong treatment. Opportunities to be regularly physically active are declining in our daily lives, some of us are regularly eating and drinking more than is healthy, and the growing stresses and insecurity of modern life are adding additional pressures to our mental health.

This new reality requires new thinking on public health.

We have added more years to life, now we also have to add more life to those years. The ageing society should be a cause for celebration not a cause of fear.

Changing this means embracing new ways of tackling entrenched challenges. Right now, the 21st century is asking questions of our 20th century health and care system that it is increasingly unable to answer.

To plan our future health services and ensure the best use of our resources, we must understand the true picture of the public's health.

Diet

Our lives have changed significantly over the years. The quality and range of food available has improved, but so too has the formulation of much of the food and drink that children consume.

Nearly two-thirds of adults and a third of children in England are classed as being overweight or obese. More people, children as well, are getting Type Two diabetes and other obesity-related conditions. It is predicted this will affect the life expectancy of millions and will also hit the NHS.

Obesity related illness such as heart attacks, strokes and diabetes are already costing our NHS over £5 billion a year and this is expected to rise to more than £8 billion by 2025. The cost to wider society is of course much higher and is estimated to reach £37 billion by 2025.

The nation's diet today is very different to our diet when the NHS was created. Modern food manufacturing and marketing techniques make it harder for parents to make healthy choices for their children. The rise of food processing

has meant that, unwittingly, we are eating more fat, salt and sugar than we realise.

For example, parents used to be able to monitor the amount of sugar their children were adding to cereal from a bowl on the breakfast table; now, large amounts are often added at the point of manufacture, before it reaches our bowls. A *Which?* report in early 2012 found that sugar levels in 32 out of the 50 breakfast cereals they examined were extremely high and they were particularly concerned about the sugar levels in cereals that were marketed to children. It is notable that in some cases there is a marked variation in the amount of sugar in the same cereals as marketed in different countries.

In the UK, it is recommended that no more than 10% of our food energy should come from sugar. The World Health Organization suggests that we should in fact be aiming to go much further and get the level of sugar in our diet down to 5%. But currently, in children aged 4 to 10 years, it is 15% and in those aged 11 to 18 years it is 15%. Teenagers' intakes are the highest of all groups – they consume 50% more sugar on average than is currently recommended.

The UK is the biggest market for salty snacks in Europe and the demand is mostly amongst the young. The National Diet and Nutrition Survey found that our salt intake was higher than the recommended levels for all groups of children and adults. Our average intake of saturated fat exceeds the 11% recommendation in all age groups.

Yet change towards a healthier diet and all of us living more active lives is painfully slow. The voluntary approach with industry – through the Government's Responsibility Deal – has failed to deliver the goods.

Physical inactivity

Just a few generations ago, physical activity was an integral part of daily life. Modern life makes it much harder to be physically active and many of our children and young people are not getting sufficient activity to learn good lifelong habits and stay strong, fit, healthy and happy. Advances in technology, community safety concerns and limited access to green spaces are just a few of the reasons why.

Getting people walking and cycling from a young age is crucial to building lifelong well-being and resilience, improving the environment and cutting transport congestion. Yet only around half of children are walking or cycling to school. In England only 2% of primary school children cycle to school compared with almost 50% in the Netherlands.

It is becoming clear that sedentary behaviour (sitting or lying down for long periods while doing things such as working at a computer or watching TV) can cause health problems.

Insufficient levels of physical activity are estimated to cost over £7.5 billion nationally, £1.06 billion in the NHS, £5.5 billion in lost productivity and £1 billion in premature mortality in the working age population in England.

Labour had a strong record in promoting physical activity – and particularly promoting sport for children and young people. In 2003/4, just 44 per cent of children undertook at least two hours of PE in school, but by the end of our time in government this had been raised to 84 per cent. This Government has scrapped School Sports Partnerships, axed Labour's school sport targets and a recent Youth Sport Trust survey found an alarming drop in the amount of PE offered to children in England.

The Tory-led Government abandoned the legacy on physical activity that Labour left, failed to show leadership on active travel, and missed the opportunity to build on the once-in-a-lifetime Olympic moment after the 2012 games in London. At the same time as the country was engaging more with sport, the Government was dropping the free swimming programme, axing Cycling England and stopping the school travel survey.

Smoking and tobacco

Smoking is the largest cause of preventable illness and death. There are about 10 million adults who smoke in Britain, around 20% of the population. Every year smoking causes around 100,000 deaths and it is also a major driver of health inequalities – smoking rates are markedly higher among low-income groups.

Yet there are still more than 200,000 children under the age of 16 who take up smoking every year, according to Cancer Research UK. That means around 600 children are lighting up for the first time every day.

Under the previous Labour Government, the proportion of adult smokers fell from 28% to 20% between 1998 and 2010, due to a series of national initiatives, including the ban on smoking in enclosed public places and the raising of the legal age for buying tobacco from 16 to 18. Other significant steps forward included expanding NHS Stop Smoking Services, supporting hundreds of thousands of smokers to quit.

Yet the Tory-led Government has failed to build on this work. In the face of prevarication from the Government, it was left to Labour, from the Opposition benches, to push forward the legislation to enable the introduction of standardised packaging of cigarettes and a ban on smoking in cars with children.

But that was over two years ago and the regulations on standardised packaging have not yet appeared, despite parliament voting overwhelmingly in favour of it and numerous evidence reviews showing that standardised packaging prevents young people and children from taking up smoking. The failure of ministers to act is not because of a lack of time or a lack of evidence. It is because of a lack of political resolve to stand up to big tobacco firms and

their lobbyists. The fact is that the Government has come under intense lobbying from the big tobacco companies and vested interests, attempting to persuade ministers to sit on their hands.

Mental health

One in four of us will have a mental health condition at some point in our lives and one in twelve of us will experience depression.

The insecurity of modern life – precarious employment, people working and living away from their families and the pressures of social networking and the 24-hour society – can erode our sense of mental wellbeing.

For the first time, stress is the most common cause of long-term sickness absence for both manual and non-manual workers.

The number of prescriptions for anti-depressant drugs has increased by around 93% over the last decade from over 27 million in 2003 to over 53 million in 2013.

Undiagnosed or untreated mental illness can have a devastating impact on individuals and their families. It has real consequences for our society and our economy. The annual cost in England is estimated at £105 billion.

Yet, the Government is failing to fulfil their promise of delivering parity of esteem between physical and mental health. Pressures on mental health services are increasing to intolerable levels, with vulnerable people forced to travel hundreds of miles for a bed and in some cases they are not receiving the treatment they need at all.

Sexual health

The rates of some sexually transmitted infections are steadily increasing. Since 2010 we have seen upward trends in syphilis, gonorrhoea and genital herpes. In 2012 there were nearly half a million new cases of sexually transmitted diseases, with chlamydia infection making up nearly half of those cases.

Rates of infectious syphilis are at their highest since the 1950s and in England in 2011, one person was diagnosed with HIV every 90 minutes. Last year a Public Health England report found the number of people living with HIV in the UK has exceeded 100,000 for the first time.

Despite these increases, sexual health services have been fragmented as a result of the reforms to the NHS, statutory SRE has not been included in the National Curriculum, and youth services - a crucial part of reaching young people most at risk outside school and college - have been drastically cut.

The progress that was made under the previous Labour Government in reducing teenage pregnancies is at risk of being undermined. It has been estimated that if the current squeeze on services continues and strategic work continues to be dismantled, the additional cost to the NHS plus wider public sector costs could total between £8.3 billion and £10 billion.

Alcohol

The UK rate of alcohol dependency amongst men and women is higher than all Western European countries other than Norway.

Excessive drinking is associated with a wide range of chronic diseases including liver disease, cardiovascular disease and cancer, as well as with crime and disorder.

In 2012, there were 8,367 alcohol related deaths in the UK. Deaths from liver disease have reached record levels – a 20% rise in a decade. In people under 30, liver disease death rates have increased by 112% over the last ten years.

Other evidence highlights the damaging effects of alcohol including the number of A&E attendances and the levels of domestic violence and disorder on our streets.

The rise in excessive drinking has been fuelled by the increasing availability of low-cost, high-strength alcohol. Cheap, high-strength alcohol is now a permanent feature on the supermarket shelves including an endless wave of special offers and promotions, and such marketing has been shown to be particularly attractive to harmful and dependent drinkers, binge drinkers and young drinkers.

Our society's relationship with alcohol also impacts on our children. It is estimated that 2.6 million children in the UK are living with parents who are drinking hazardously.

In 2012/13 6,500 under 18s were hospitalised because of alcohol, including 283 under 11s. Indeed almost half of school students say that they have drunk alcohol at least once.

Tackling health inequalities

Improving public health will be an essential part of ensuring the NHS remains sustainable for the next generation. And it is the best way to avoid a frightening vision of a future where the Chief Medical Officer's warning that today's children may live for fewer years than previous generations is realised. Indeed, there is already emerging evidence that life expectancy amongst the elderly is falling in some parts of the country.

Despite a 27 per cent reduction in the infant mortality rate under the previous Government, the UK is still behind its European neighbours in preventing

deaths among children, with the causes affecting the more disadvantaged communities in our society.

The substantial gap between the health of the worst-off and the most prosperous in our society continues to be persist. The stark truth is that people living in the poorest neighborhoods will on average die 7 years earlier than people living in the richest neighborhoods. Where you live in modern Britain, what you earn and how long you stay in education, may still impact on your health.

Left unchecked, these public health challenges will not only ruin the lives of individuals, they will also impose substantial costs on the health service and our wider economy.

Our NHS will face a large funding gap by 2020 unless action is taken. Demand will rise faster if we as a society do not do all we can to prevent avoidable illnesses. The long-term capacity of the NHS to treat everyone who needs it will be at risk without a strong focus on wellness and prevention as well as cure.

Progress on tobacco and teenage pregnancy between 1997 and 2010

Tobacco

The proportion of adult non-smokers in the population rose from 72 per cent to 80 per cent between 1998 and 2010. This was due to a series of national initiatives implemented by the Labour Government, of which the most striking was the restriction on environmental tobacco smoke in public places. Other significant steps forward were tough legislation on vending machines and tobacco advertising at point of sale. The creation of several Regional Tobacco Control Offices and the extensive network of NHS Stop Smoking Services were further examples of Labour's commitment to saving a hundred thousand lives currently being lost to tobacco every year.

Teenage pregnancy and sexual health

The rate of teenage pregnancy fell by 27 per cent during the Labour Government and the downward trend achieved by better sexual health services for young people and dedicated funding for long-acting contraceptives has continued. The introduction of HPV immunisation for teenagers under Labour is a good example of a successfully developed and implemented public health programme.

The Government's approach is not working

The sheer scale of the public health challenge we are facing demands strong leadership and bold ambition. The Government has failed to show either and has lost its way on public health.

When the Coalition Government came to power in 2010, the health of the nation had showed significant improvement. Infant mortality was at an all-time low, cancer mortality had fallen and teenage pregnancy had dropped by nearly a quarter.

But the Government has failed to build on this legacy. Their decision to abolish the Cabinet Sub-Committee on Public Health after only two years is indicative of the failure of ministers to make public health a priority across all government departments.

Much of the progress in public health made under the previous Labour Government has stalled, if not started to reverse.

The defining approach to public health from this Government is a heavy reliance on voluntary action with industry.

The decision to rely largely on the 'Responsibility Deal', a programme encouraging business to take action voluntarily to improve public health, has raised the concern that the Government has become too close to commercial interests to take the bold action on public health that is required. The scale of the challenge we are facing is too great to rely solely on a non-binding and piecemeal deal with a select group of companies.

Some of the major supermarket chains, big drinks producers and high street food outlets have signed up, but other organisations have walked away from the scheme, including Cancer Research UK and the Faculty of Public Health.

Many initiatives such as cutting salt and removing harmful trans-fats were already under way before the voluntary scheme was launched, while newer ones such as the drive to increase vegetable and fruit consumption were too "vague" to be meaningful.

The monitoring and evaluation framework is not sufficiently robust or independent. The Government has set no timetable for reviewing progress and has failed to outline the action it will take if results are not achieved. In the latest annual report, nearly a third of the retailers and suppliers signed up to the Deal's various pledges failed to hit the targets they set themselves.

Industry is disappointed too.

While some of the companies signed up to the programme have made significant effort and progress, and the steps they have taken are recognised and very welcome, by itself this is not enough. And those companies who try to do the right thing are undermined by competitors who refuse to join.

This leaves those who want to make changes at a competitive disadvantage.

Some companies have taken commercial risks to bring forward change, whilst others have simply refused to sign up and have continued undisturbed. It is not surprising that many of those that had signed up, drop out. For change to work in a market context, all players need to be following the same rules. Key players in the sector are calling for transparency and clarity along with a level playing field.

Alongside the absence of strong leadership on public health policy, the Tory-led Government has disrupted the public health system as part of the reorganisation they have imposed on the NHS.

Labour welcomes the shift of much of public health delivery to local authorities. It is right that the power to make decisions about a community's health and wellbeing sits with the community itself and that is where it will stay under the next Labour Government.

However, this transfer has created problems in practice. Some places have failed to appoint a Director of Public Health on a substantive basis and the Government has failed to ensure that Public Health budgets in some areas have been spent effectively.

Improving health and well-being needs to be at the heart of everything a 21st century local authority delivers, rather than just an add-on. This approach links closely to our proposals for the full integration of physical and mental health and social care. A service that cares for the whole person needs to include preventative public health measures.

This Government has failed to provide the answers on public health that we need. Too often they are unwilling to stand up to vested interests or are ideologically opposed to intervening in markets.

We need a new approach.

Labour's new approach

Labour's new, two-part approach to public health is borne out the desire to avoid a 'nanny-state' approach on the one hand, whilst recognising the failure of the Government's heavy reliance on a purely voluntary approach with industry on the other. The point of balance lies between the two:

- **Decisive government action to protect children;**
- **Empowering people to lead healthier lives whilst respecting their right to make their own choices.**

Helping parents and protecting children

If we want to make Britain a more equal society, where children have a better chance in life, we must look more closely at the health of our young people.

Children's early experiences are central to shaping their long-term health and well-being, and reducing inequalities in health over the life course.

But the reality is that we are not doing anything like enough as a society to give all children the healthiest possible start in life.

We are clear that, when it comes to the protection of children, more decisive action by government is needed.

The justification for firmer government action arises from the fact that children do not make their own choices but have choices made for them. The Government has an obligation to protect children from poor choices that may be harmful to their long-term health.

An example of Labour's more decisive approach in respect of protecting children was the decision to seek, and secure, Parliamentary approval for protecting children from tobacco smoke in cars. It is developed further in new policies in this document on physical activity, food, smoking and alcohol.

But the Government should also do more to support parents trying to make the right decisions for their children. Modern marketing and advertising techniques, along with commercial pressures, can make this difficult. Government has a crucial role to play in standing up to vested interests and empowering parents to make informed choices.

Indeed, this is action the overwhelming majority of parents want: recent polling has shown three-quarters of parents think the Government should more strictly regulate the way junk food is advertised to children.

A more positive enabling approach

The last Labour Government had a good record of achievement in many important areas of public health, but there were areas where, when we left government, we knew further action was needed.

We know we can't tackle some of our most entrenched public health challenges from within the health system alone. We also know that legislation is not the answer to everything.

Good health is not created by the Department of Health, nor solely by the actions of the NHS. It is the product of many separate policies and activities, not just in government departments but also in communities, schools, workplaces and homes across the country.

Whilst we are clear that the Government has a responsibility to protect and safeguard children and has an important role to play in tackling health inequalities, we are not in the business of telling people how to live their lives.

The evidence shows it simply doesn't work. Public health is about a partnership between businesses, governments, the voluntary sector and the citizen. It is not something done *to* people *by* experts.

Instead, we want government to be on people's side, supporting them in making healthy choices and improving their health and that of their family.

We propose new national ambitions – positive, shared aspirations that will help us all play our part to become a healthier, happier nation.

International comparisons show that smoking can be reduced further, obesity and associated illnesses reduced and physical activity improved.

We are setting out ambitions for our country that people can share, companies and organisations can partner in, and that are achievable.

A focus on physical activity as the positive catalyst for change

We will focus on positive catalysts for change and physical activity is the golden thread running throughout our entire public health policy programme.

Promoting physical activity is a single, simple, positive goal for the whole country to get behind: a goal that has the potential to shift our national culture. It is not about finger-wagging; it is about promoting a positive activity that people can feel good about.

Moving from inactivity to activity is often the easiest positive lifestyle change to make, by making small changes to build physical activity into our daily routines, we can make big differences to our health.

Moving from inactivity to activity is a catalytic change. Once achieved, people begin to feel better about themselves and more in control – and then make better choices on smoking, drinking and diet. Getting active not only brings physiological benefits – it can improve mental health too. Active young people are more alert, and less likely to suffer from stress or depression. For young people, physical activity is fundamental to their happiness and development. The evidence also suggests that children who are fit have higher academic attainment.

Turning the tide of inactivity is not just one of the easiest ways for an individual to achieve healthy living, it is the cheapest route to good health and well-being for the whole population and the most cost-effective way of making our public services sustainable. It is also why we support public health being an important role for local government which has the overview of its community and the policy levers to make change happen.

Our Guiding Principles

In 2008, Labour commissioned the Marmot Review of Health Inequalities. The final report, *Fair society, Healthy lives* was published in February 2010 and recommended a change in approach. The Labour Government accepted those recommendations but their implementation was interrupted by the 2010 general election.

The Marmot Review identified a series of principles that reached across a wide range of Government responsibilities that will guide the next Labour Government including:

Early intervention

Labour believes that that giving every child the best start in life is of crucial important in setting healthy foundations for the future. Supporting children and families in the very first months and years of life is especially important given this is a time of rapid development with a huge impact on later outcomes.

The Marmot Review identified a number of key policy objectives that were important to achieving that healthy start.

The priorities identified were:

1. Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.
2. Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient.
3. Build the resilience and well-being of young children across the social gradient.

We are committed to acting across the broad sweep of public policy and working towards making these objectives a reality.

Health in All Policies

We will adopt the internationally accepted 'Health in All Policies' approach – putting health concerns at the centre of our programme for government. Improving our health is not in the gift any one department, organisation or agency, it is the product of many separate policies and activities not just from government but in communities, schools, workplaces, businesses and homes across the country. Successful policy must build a systematic approach that mobilises all of the relevant government departments, local authorities and community and voluntary groups to contribute to a broadly based approach to improving the health of all of our nation.

This is why Labour will re-establish the Cabinet Sub-Committee on Public Health.

Proportionate Universalism

Our clear ambition is to reduce health inequalities. However focusing solely on the most disadvantaged will not make a big enough difference. We need to take universal action on the major problems affecting our health, but with a focus and intensity that is proportionate to the level of disadvantage in different communities and groups.

Our programme for action

Physical activity

Our ambition: We should aspire to helping everyone in this country be more active. We will develop new measures for recommended levels of physical activity that can be easily understood by everyone, and are consistent across government, including a basic minimum that everyone who can should try to do, and also a recommended level that we should aspire to get at least 50 per cent of people achieving by 2025 as part of our new national ambition.

This will be our pre-eminent public health goal. It will be supported by a new national '50 by 25' campaign that we will ask council, companies, charities and voluntary organisations to join. By signing up, organisations will be agreeing to take steps to get 50% of local people, employees or their members physically active.

Protecting children

- We will reinstate the goal of all children doing a minimum of two hours PE a week as part of the curriculum and support the delivery of high-quality sport, PE and physical activity.
- Labour will deliver a primary school childcare guarantee, offering parents wrap-around childcare between the hours of 8am and 6pm. This will provide more opportunities for children to participate in up to three further hours of sport and physical activity every day.

Empowering all

- We will give local authorities an expanded remit to support physical activity in communities. We will look at how we can better support local communities so that they have the opportunity to use sporting facilities in schools outside school hours, including at weekends, and outside term time.
- We will work with local authorities, learning from the measures introduced by Labour in Wales, to steadily improve the walking and cycling environment in all communities.
- We are committed to restoring national standards to cut deaths and serious injuries on our roads and taking steps to make HGVs safer.
- Labour wants every child to have the opportunity to learn to ride a bike. We want to see cycling education and training continue in the next parliament.
- A national programme will be put in place to support social prescribing of physical activity, by health and social care professionals, for people who would benefit.

Food

At a time when families are facing a cost-of-living crisis, Labour does not believe recent calls to impose new taxes on foods are the right approach for encouraging healthier diets. That is why, instead of pursuing proposals such as a 'fat tax' or a 'sugar tax', Labour will instead take a new approach.

Faced with high levels of childhood obesity and the inadequacy of relying solely on industry to make the changes that are needed, Labour will set maximum permitted levels of sugar, salt and fat in foods marketed substantially to children.

Our ambition: To help give all children a good start in life by tackling the barriers to a healthy diet. We will achieve a sustained downward trend in levels of childhood and adult obesity; reverse the growth in cases of malnutrition; and increase the proportion of children eating healthily.

Protecting children

- Labour will set limits on the amount of sugar, fat and salt in food marketed substantially to children focusing on major product groups – for example cereals, crisps and soft drinks.
- Whilst restrictions on TV advertising for unhealthy products have reduced the number of advertisements children see during children's programming, it is still the case that many children are exposed to adverts for foods high in fat, sugar and salt that the current restrictions were designed to protect them from – for example during some family TV shows on Saturday evenings. To better protect children from TV advertising of products high in sugar, salt and fat, we will ask the Committee on Advertising Practice (CAP) and the Advertising Standards Agency (ASA) to report on how this can be more effectively done, including considering lowering the proportion of children in the audience required for a programme to be considered 'of particular appeal to children'. If progress cannot be achieved through this route, we will regulate to protect children, with options including a time watershed for advertising of products high in sugar, fat and/or salt (HFSS). We remain committed to basing our actions on the evidence and consulting fully with all stakeholders, including the advertising and food industries and public health experts, in the implementation of this.
- We will also ask the CAP and the ASA to report on how children can be better protected from the advertising of products high in sugar, salt and fat in non-broadcast media, such as 'advergames', including considering the case for applying to non-broadcast media a differentiation between HFSS and non-HFSS foods similar to that which exists in the broadcast code.

Empowering all

- We do not believe that EU regulations on labelling go far enough in ensuring that all consumers have the information they need to make healthy choices. We will pursue improvements to the regulations at an

- EU level, including working to introduce traffic light labelling of packaged food, aiming to achieve a standardised and easily understood system of food labelling in respect of its nutritional content
- Labour will give local authorities new powers so that local communities can shape their high streets and limit the future number of fast food outlets locally. Currently these premises can often be opened without applying for planning permission, but this change will allow local communities to require them to apply for planning permission. This will give local communities real power to stop the proliferation, clustering and over-concentration of fast food outlets.

These steps forward on food will be part of our broader agenda on food – achieved by reinstating the Food 2030 strategy – of pursuing an integrated approach, supported by dialogue with industry, experts and campaigners.

This is set out in more detail in the box on the following page.

Food 2030

Food policy needs an integrated approach that is why the last Labour Government developed the *Food 2030* strategy. This was complemented by a Cabinet Sub-Committee to coordinate policy across Whitehall and chaired by the Secretary of State for Environment, Food and Rural Affairs. The committee was supported in its work by a council of food policy advisors to create a forum for ongoing dialogue with industry figures, academic experts and campaigners.

Food 2030 has been quietly shelved by the current Tory-led Government and as a result policy has been characterised by chaos, fragmentation and poor outcomes for consumers. Since 2010 public faith in our food system has been undermined by:

- The horsemeat scandal and high levels of campylobacter in supermarket poultry products,
- A failure to address rising obesity levels which is placing unsustainable pressure on the NHS,
- Rising levels of malnutrition and record numbers of people relying on emergency food aid.

The Labour Party will reinstate the *Food 2030* strategy and associated committees to ensure that our food system works for ordinary people. The Cabinet Sub-Committee and council of food policy advisors will consider a range of issues in the delivery of the *Food 2030* strategy. These will include:

- **Reducing levels of obesity with a particular focus on children.** This will include dialogue with the Department of Health, representatives from the food industry, academic experts and campaigners on developing the best approaches to implementing measures to reduce levels of sugar, salt and fat in products marketed substantially at children. We will examine the best approaches to limiting the marketing of products with high fat, salt or sugar content reaching children via television and non-broadcast media channels.
- **Ensuring that the food industry puts the consumer first by strengthening the Food Standards Agency (FSA).** Labour will reverse the machinery of Government changes that weakened the FSA to ensure that the agency has the capacity to stop food fraud, improve safety and tackle unhealthy practices.
- **Reducing dependency on food banks.** This will be supported by an on-going dialogue with the Department for Work and Pensions, church groups and other emergency food providers to monitor the use of food banks.
- **Raising earnings and improving career opportunities in the food and farming sector** where low pay is all-too prevalent with an employment culture often characterised by agency-work, short-term and zero-hours contracts. The Government's abolition of the Agricultural Wages Board exacerbated this situation by removing protections for rural and agricultural workers. Labour will work with the food industry – one of the most important employers in rural areas – to raise skills and wages, and help small firms and food businesses access the investment they need to expand and train. We have set out plans to raise the minimum wage to £8 an hour and empower the Low Pay Commission to work with low paying sectors to raise wages.

Tobacco

Two thirds of adult smokers took up smoking as children.

So alongside helping people to quit smoking, supporting those who have quit not to relapse and reducing exposure to second hand smoke, we want to focus on protecting children and helping them not take up smoking in the first place.

Our ambition: To reduce smoking prevalence to 10 per cent by 2025. Over the longer-term we will have as a goal that children born in 2015 will become the first “smoke-free generation” in hundreds of years.

Protecting children

- Standardised packaging of tobacco products will be introduced immediately to halt the industry’s increasingly sophisticated methods of recruiting new, young smokers.
- Schools will be able to use the curriculum freedoms open to them to provide opportunities for public health programmes, such as tobacco education via peer-based learning initiatives.

Empowering all

- We will continue to monitor the emerging evidence on the appropriate use of devices such as e-cigarettes in smoking cessation and take action if required.
- A levy on tobacco companies will be used to ensure they make a greater contribution to the cost of tackling tobacco-related harm.

Alcohol

We will focus on tackling the public health problems associated with excessive drinking and particularly drinking by children.

We will do this by targeting the high-strength, low-cost products that are affordable to children, fuel binge drinking and do most harm to health, but this will not affect the vast majority of people. As with our proposals on food, we will have a particular focus on those products that harm young people.

Our ambition on alcohol: We want to support people to make healthy choices on drinking, helping to reduce the proportion of the population who regularly drink excessively, and we will also tackle the problems of underage drinking, to cut significantly the proportion of children who drink.

Protecting children

- Labour will crack down on the high-strength, low-cost alcohol products that fuel binge drinking and do most harm to health, such as ultra-low-priced 7.5 per cent white cider sold in large plastic bottles, and we are considering the following options for action to achieve this:
 - (i) Prohibiting or discouraging the sale of cider in three-litre bottles. This could be achieved either by regulating the permissible size of the containers in which high-strength cider is sold, for example, prohibiting the sale of cider in bottles of more than one litre in size, or by taxing larger volume cider containers more heavily.
 - (ii) Creating a new, higher duty band specifically for high-strength ciders. This would have the effect of increasing the price of high-strength, ultra-low-priced ciders without affecting mainstream ciders, in the process helping shift consumption to lower strength products.
 - (iii) Whether there is a case for increasing above 35 per cent the minimum apple juice content that cider is required to contain. White ciders tend to have a low juice content which is in part what allows the price to be so low. This measure would alter the definition of cider for duty purposes requiring the producers of white cider to either pay higher duty rates or change the content of the drink.
- We will review the promotion of alcohol, particularly in relation to children. This will include working with sport governing bodies to look at the impact of sport sponsorship.

Empowering all

- We support the need for improved alcohol labelling so that all alcoholic beverages include the clear and visible information people need to make informed choices about what they drink (including alcohol and calorific content, and recommended daily guidelines), and we will pursue this at an EU level.

- We will make it a mandatory requirement for all alcoholic beverages sold in UK to carry a visible warning about the risk of drinking alcohol during pregnancy.
- We will make public health a licensing objective and we would like to include the Director of Public Health as a key consultee in the creation of a licensing statement.
- We will ensure public health is engrained throughout the licensing system so that measures promoting public health (which could range from measures such as plastic glasses and bottles to a ban on super-strength beer and cider) are included in the licensing statement.

Community resilience

As well as are supporting personal responsibility, there is much more that we can do to help communities look after each other.

One area where we can make an immediate difference is on the chances of surviving sudden cardiac arrest.

Many countries are moving to increase the availability of Automated External Defibrillators (AEDs) in major public places and buildings and we should do the same. And we need to train as many people as we can – particularly young people - in the skills needed to step in and help in an emergency.

So Labour will introduce a new ‘heart-safe’ programme:

- Working with the third sector we will support schools and young people so that by the time every child leaves school they will have had access to emergency first aid training for Cardiopulmonary Resuscitation (CPR) and the use of defibrillators.
- To improve the chances of surviving sudden cardiac arrest, we will work to locate AEDs in major public venues - such as shopping centres, railway stations, airports and sports stadia - and support local fundraising efforts to provide them to schools and sports clubs. In government, we will set out a strategy to drive this forward.
- We will create a National Open Register of AEDs – available via digital apps – to give people instant information on where to locate the nearest one in an emergency situation.
- We will ask the National Screening Committee to consider a new national screening programme for young people considered at highest risk of sudden cardiac arrest.

Cold Homes

Fuel poverty is a long-standing health issue: the impact of cold housing on health and the stresses brought on by living in fuel poverty have been recognised for decades by researchers, medical professionals and policy makers alike. Countries which have more energy efficient housing often have lower Excess Winter Deaths (EWDs). Children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems than children living in warm homes. Mental health is negatively affected by fuel poverty and cold housing for any age group.¹

Despite the progress made under the previous Labour Government, in particular through the Decent Homes programme for social housing, which resulted in the installation of over 1 million new central heating systems and the re-wiring of 740,000 homes, and Warm Front, which helped over 2 million households improve their energy efficiency and insulation, Britain has among the least energy efficient housing stock anywhere in Europe. Poor energy efficiency is the single biggest reason why so many households are in fuel poverty.

It is clear that the policies of the current Government do not meet the scale of this challenge. The Energy Company Obligation has resulted in a significant fall in the installation of energy efficiency improvements and will leave nine out of ten fuel poor households in fuel poverty.

Labour proposes a fundamental overhaul of the country's approach to energy efficiency. Learning the lessons of previous energy efficiency programmes, we propose an ambitious, long-term programme to end the scandal of cold homes and lift and protect people from fuel poverty, support millions of households and businesses to improve their energy efficiency and establish energy efficiency as a national infrastructure priority. We intend to take six key actions to achieve this:

- Free energy efficient improvements for 200,000 households in or at risk of fuel poverty a year, with an ambition to upgrade all such homes and end the scandal of cold homes within 15 years, saving the average household over £270 a year.
- Interest free loans to cover the costs of energy efficiency improvements for up to one million households during the next Parliament.
- A new target to upgrade properties in the private rented sector to a minimum of an Energy Performance Certificate (EPC) C by 2027.
- Energy efficiency designated as a national infrastructure priority under Labour's proposed National Infrastructure Commission.
- Streamlined regulations and a long-term strategy to support investment in energy efficiency in non-domestic buildings.
- Provide half a million personalised home energy reports a year, detailing how households could save money on their energy bills through insulation and energy efficiency.

Sexual health

Ambition: We want to ensure that everyone, particularly young people have the information they need to make informed and safe choices about their relationships and sexual health.

Our ambition is to stop and then reverse the rise in cases of sexually transmitted diseases including syphilis and gonorrhoea and to significantly reduce the level of undiagnosed and late-diagnosed HIV.

Protecting children

- We will make sex and relationships education compulsory in all English schools.
- We will set out a robust, new sexual strategy, replacing the Government's ineffective Framework for Sexual Health Improvement in England.

Empowering all

- We will make reducing undiagnosed and late-diagnosed HIV a national priority, working to challenge the stigma of HIV and promote increased availability of testing.
- We will tackle inequalities in access, quantity and quality of sexual health services across the country and promote better linkages between contraceptive and sexual health services.

Mental Health in Society

Good mental health doesn't start in hospital or the treatment room; it starts in our workplaces, our schools and our communities. So we need a mental health strategy outside as well as inside the National Health Service.

The Taskforce on Mental Health in Society, led by Sir Stephen O'Brien, was set up to explore how society needs to change to prevent mental health problems and promote good mental health, and how we can better support those affected by or recovering from mental health problems.

Three findings have consistently emerged from the work they have done in these areas:

1. Population mental health: A wide variety of social and environmental factors can affect mental health, so interventions to address these and build resilience can promote good mental health and help to prevent mental health problems
2. Early Intervention and action. Early help and support to tackle problems upstream is far better both for individuals and families and for the country as a whole than allowing problems to develop
3. Supporting those living with mental health problems: There already exist inspiring examples of how people living with mental health problems can be supported to live fulfilled lives, but we need a radical shift in attitudes, policy and practice if we are to make this a reality for all

The Taskforce has explored how these three issues figure in some of the major contexts in which we live our lives: home, community, school and workplace – both the problems that exist and the opportunities to be grasped if we act.

Their final report will be published in early 2015.

A public health system that works for communities & families

Labour wants to give Directors of Public Health more influence when it comes to tackling public health problems and we want to strengthen the position of Public Health England in wider policy-making and public debate.

Directors of Public Health

In January 2013, the Association of Directors of Public Health published the results of a survey of its members which found that only 17 per cent believe their Council understood the importance of public health (down from 33 per cent the previous year).

A key reason for this is that many Directors of Public health are subordinate to other officials within local authorities and have not been incorporated into local government with the level of seniority and influence that is needed for them to work effectively.

The Association of Directors of Public Health found that less than half of Directors of Public Health report to the CEO or equivalent post. 20 per cent report to another Director, usually the Director of Adult Social Services.

Labour will ask Public Health England to investigate the governance and accountability arrangements of Directors of Public Health to ensure they have sufficient influence. Directors of Public Health must be free to speak out without fear or favour on the challenges facing the health of their local population.

Directors of Public Health are currently required to write an annual report, which is published by the local authority. As part of the annual reporting requirements, Labour would expect the Director of Public Health to include forward planning in this process, setting out the public health problems facing their community and outlining the action needed over the coming year to tackle them.

Public Health England

The Health Select Committee has said that: 'Public Health England was created by Parliament to provide a fearless and independent national voice for public health in England' but 'does not believe that this voice has not yet been sufficiently clearly heard.'

A key criticism of Public Health England has been its failure to speak out against government policy decisions on public health, such as delaying the introduction of standardised packaging of tobacco.

At present Public Health England is an executive agency of the Department of Health and some organisations, including the Faculty of Public Health and the British Medical Association, have called for Public Health England to be given greater independence.

Labour will review whether the status of Public Health England as an executive agency is appropriate and consider what further steps are needed to ensure Public Health England is able to provide policy advice free of political considerations.

This review will include consideration of whether the regionally-based Public Health Observatories, that under the previous Government provided information and analysis on public health programmes, should be re-established and given responsibility for providing public health surveillance and intelligence functions in support of local authorities and other public and community bodies.

