

Green Party Health Services Policy

(Draft, V 8.1, for England)

Values and Principles

The Green Party's core values are social justice and environmental sustainability, these underpin and support The Green Party's distinct approach to health: -

HS101 People's health is inseparable from the health of the planet.

HS102 Health and well-being for all is a core duty of government, for all protected characteristic groups defined under equality legislation. This *includes* taking responsibility for, and action to reduce, health inequalities, both in the population as a whole and for protected groups.

HS103 Health is a human right and must be a driver across all government policy. Prevention and treatment must be universally, publicly and comprehensively provided, publicly accountable, free at the point of use and publicly planned and funded according to need through taxation.

HS104 We will protect all precious health and social care resources and service delivery through having the healthiest population possible, achieved by promoting good health as an outcome to be included in all policy areas and budgets where they impact health; a 'health in all policies' approach.

HS105 The Green Party model is of three legs of a tripod to support society, individuals and health and social care services by creating health, preventing ill health and treating illness.

HS106 Most of the factors that impact on an individual's health status are outside the health and social care systems and ***beyond the individual's control***. Acknowledging this requires a health policy that fully encompasses the wider determinants of health. This includes amongst other factors commercial determinants, spatial determinants and social determinants of health which are all subject to governmental policy. Policies to address the wider determinants are contained in the Green Party Health Equity Policy.

HS107 Our policy objectives and their priorities will always be informed by the latest evidence. **Aim**

HS201 Green Party Health Policy aims to improve the health of everyone, whoever they are, wherever they live. We will directly address the large and widening gap in the number of years people are living in good health between the least and most well-off.

Objectives

Green Party health services policy has four high level objectives: -

HS301 Rescue, reinstate and reinvigorate the NHS

HS302 Reduce health inequality. (See Health Equity Policy)

HS303 Revise the management of non-communicable illness.

HS304 Address negative commercial determinants of health.

The Green Party is committed to reducing health inequality and has a specific policy co-ordinating 'health in all policies' to achieve this. (See Health Equity Policy). Many of the policies below directly contribute to the reduction of broader health inequality, i.e., the disparity in life expectancy and healthy life expectancy between the least and most well off. This policy will also specifically address inequality of access to and outcomes of services.

RESCUE, REINSTATE AND REINVIGORATE THE NHS

HS401 The NHS is concerned with healthcare provision and should not be subject to market forces. The NHS will not be included in any trade agreements. Private company involvement in the NHS should be phased out as quickly as possible, if necessary through legislation, the need for which should be reviewed in the light of these principles.

HS402 Green Party policy is for funding to match need; improved staffing and retention through workforce planning and fair remuneration; specific service initiatives for those areas most in crisis, where there are inequality issues or legislation is needed; rebalancing primary care, secondary care, social care and prevention; and, in the longer-term reducing demand by improving population health.

Funding

HS501 The Green Party is aiming for funding at a level to provide timely and effective services, provided in modern, safe buildings where the environment promotes healing, and by sufficient trained and properly remunerated staff for health, social care and public health/prevention. This will require both revenue and capital at levels to recompense for shortfalls in previous years, to include the full costs of workforce planning, the maintenance backlog, waiting list reduction and addressing service deficits. Funding will be allocated for all services across health, social care and contractor services according to population need.

HS502 The Green Party will proportionately increase funding in primary care and social services to better manage demand for secondary care and improve funding for public health and prevention to reduce long term demand.

HS503 The Green Party will introduce a robust tax and fiscal framework which will ensure that this is an affordable investment in our future.

Workforce Planning

Principles:

HS601 One of the NHS's biggest problems is lack of staff. This will be resolved using a robust and principled workforce plan.

HS602 This will start from an assessment of the needs of services and be costed and funded accordingly rather than using affordability as a starting point.

HS603 The NHS will be a good employer, promoting the health of its employees within the whole social and economic context. There will be fair pay for all health staff who will be treated well, with an emphasis on valuing publicly facing work.

HS604 Changes will be efficiency-driven, not cost driven, with an aim of providing quality of care rather than saving money. 'Safe staffing' levels will be transparently agreed, involving the staff affected and legislated for in all areas of health care.

HS605 Workforce planning and investment will continue in the longer term. Workforce planning will include an active commitment to solving the problem of world-wide health workforce shortages in its strategic decisions.

Priority actions:

HS606 Workforce planning will be commissioned on a national basis (for each country in conjunction with local health systems) looking at now, 5-, 10- and 15-years' time. There will be transparent processes and regular independent reviews. International recruitment will aim to employ only those international workers who wish to come, avoiding proactive recruitment where possible.

HS607 Funding for a properly costed workforce plan would be guaranteed and enshrined in law, including training, ongoing staff development and wages.

HS608 There will be legislation to ensure fair pay, safe staffing levels and opportunities for progression to encourage recruitment and particularly retention of experienced staff in front line services.

HS609 We will work with training providers at all levels to ensure availability of courses and an adequate number of training placements and with professional bodies that validate the university courses and provide professional qualifications. New job types will have their roles defined, be registered with a suitable body and have supervision standards agreed nationally.

Targets:

HS610 We will set targets to ensure progress against our principles.

HS611 legislation for workforce planning passed within 2 years with an initial reviewed and agreed 5-year plan completed within a year of the Bill's passage. This will have input from trade unions and middle managers.

HS612 Pay rises to be decided by an independent representative group of experts, NHS personnel and taxpayers on an annual basis, with a focus on paying frontline staff proportionately better to increase retention at that level, with career progression relatively de-prioritised. Flexible training programmes, continuing professional development and retraining, with new data and IT skills and any necessary extra IT personnel factored in.

HS613 Joint management/trade union/patient/public boards will be set up to work on flexible working, racism and bullying, and obligatory support structures for individual staff. particular attention will be paid to the use of decision-making technology to ensure this is to improve quality and efficiency, rather than replace skilled staff.

HS614 Principles of safe staffing in all areas to be agreed by experts and legislated for within 3 years.

HS615 Transparency achieved via legislative processes and involvement in decision making by staff, trade unions, public and patients.

HS616 Balance UK current need for international staff with UK support for workforce development in the sending countries, with no undermining of rules against 'red list' countries, while accepting international staff who choose to come to work here. Reciprocal help should be given to sending countries who need it e.g., in the form of training schemes in the UK or sending country. There must be no financial penalties/exploitation for immigrant nurses and structured emotional as well as professional

support for a minimum of one year after arrival. Asylum seeking healthcare workers will be allowed to work as soon as practically possible after arrival.

Service Policies

The following policy initiatives are in addition to addressing funding, workforce planning and the wider determinants of health (via the Health Equity Policy).

Mental Health

Mental Wellbeing and Prevention

HS701 The mental health of communities can be improved, for example through community hubs and universal early years provision, along the lines of SureStart centres. (See 1010). The Green Party will commission and support local initiatives that promote better mental health for the whole community by exploring emotional, physical and social wellbeing.

HS702 There is evidence that mental health is affected by diet and nutrition, in particular that ultra-processed foods are detrimental to mental health. For people with longstanding mental health problems, supported dietary changes may have the potential to both improve mental health and prevent physical health comorbidities. The Green Party will promote further research and consult on how to integrate the implication into future policy.

Mental Health Inequalities

HS703 Sections of the population that are already marginalised are at higher risk of mental health problems, and less likely to receive good care. We aim to reduce the burden of mental health problems in marginalized communities by reducing inequalities and improving access to medical and non-medical services. Diverse voices need to be heard in service development and research

HS704 People with severe and enduring mental health problems die 15-20 years earlier than their peers. We will consult on ways to reduce this gap and prioritise the actions needed.

Integrated Mental Health Services

HS705 The Green Party is aiming for a mental health service which is more holistic, i.e. (i). embedded in the wider health system and local community (ii) sensitive to the needs that individuals have due to their life stage and identity (iii) recognising the potential harm of the biomedical model of mental health, iv) listening to service users and survivors, and embracing alternatives.

HS706 Referrals to mental health services are rising, but with a depleted mental health workforce. Workforce planning as in HE600 is urgent. Unpaid carers for those with severe/enduring mental health problems provide invaluable help, and this will be fairly recognised in benefit/UBI systems and with respite.

HS707 Schools will be funded for new staff to provide triaging services for children who are struggling or at high risk, to identify problems and strengths, and adapt provision to pupils with differences, whether from neurodiversity (autism spectrum and other categories), mental health, social issues or others. Sensitive early intervention and inclusive practices may prevent complications such as anxiety and school refusal. Schools would also be asked to ensure that they have an evidence-based bullying policy. For older children, local services should consider providing youth hubs, where a young person can attend without an appointment.

HS708 Child and adolescent mental health services (CAMHS) remain a vital component of health services for children with severe or complex presentations but are struggling with capacity. CAMHS needs appropriate investment, particularly in staff recruitment and retention. Integration of the whole pathway across primary care, local authorities, CAMHS and the proposed new prevention and early intervention provision (in community hubs / nurseries / schools / youth hubs) should provide a more joined up response and prevent some children from needing formal CAMHS input.

HS709 When people reach out for help with their mental health, help will be offered in a timely way with evidence-based therapy or social prescription within 28 days, or, if in crisis, a 24/7 specialist mental health crisis team. We would also adopt the autism national strategy and reduce the recommended waiting times for children and adults with other suspected neurodiverse conditions.

HS710 General Practitioners and allied health professionals play an important role in potentially preventing, identifying and managing mental health comorbidity in people with physical health problems and physical comorbidities in people with mental health problems. They will be supported through training and resources and local services, such as a community hub for their patients

HS711 The Green Party will ensure that there is a local authority champion for mental health in every local authority to ensure consideration of mental health issues in all local decision-making.

Preventing Harm

The Green Party supports the following to protect people from potential harm:

HS712 Therapy aimed at conversion or 'cure' of sexual or gender identity, often referred to as 'Reparative', 'Conversion', 'Gay Cure' or 'Gender Conversion' therapy would be banned.

HS713 To prevent psychotherapy being offered by people who are not qualified to provide psychological therapy or who are not adequately supervised, the Green Party would legislate to ensure that psychotherapists are registered with a professional body.

HS714 Short-term mental health care has become the norm. Where someone has a mental health problem that cannot be cured and needs support to prevent or reduce disability, service investment will ensure that ongoing care can be provided.

HS715 People who have extended stays of more than a year in hospital due to the difficulties in setting up support in the community would have protected funding to plan and provide support in the community.

HS716 The Green Party supports the aims of updating Mental Health Legislation to increase choice and autonomy, ensure therapeutic benefit and treat people as individuals. In time, the Green Party would like to see a move away from compulsory detention and treatment

Maternity and Early Years

HS800 All women will be entitled to the highest standards of care during pregnancy, birth and postnatally. these standards will be maintained for all regardless of sexual orientation, gender identity, level of income, ethnic background, age or disability. We will ensure that women are given the information they need to make appropriate choices about how they give birth, and a full range of options, including home birth and a range of styles of hospital delivery, is made available to all women.

HS801 All women will be entitled to the care of a single midwife through prenatal care and the first month of post-natal care,

HS802 Maternity units will be sufficient in number and located so that women are within reasonable reach. Special Care Baby Units will be expanded to meet need, but special attention will be given to prevention of low birth weight and other contributing problems.

HS803 Services will be designed to effectively support breastfeeding 24/7, including the setting up of local breast milk banks and self-help networks.

HS804 The promotion of commercial breastmilk alternatives will not be permitted in NHS premises, but full support will be given to mothers who are unable to breastfeed.

Dental Services

HS901 The Green Party recognises that oral health is not an isolated aspect of our health but intricately linked to overall physical and mental wellbeing with access to dental care able to significantly affect an individual's quality of life. Oral health is closely linked to social and economic factors and reflects broader health disparities within society. The Green Party therefore envisions a future where oral health services are widely accessible and provided as a free, integral part of the broader healthcare system.

HS902 Research increasingly shows that poor oral health can have detrimental effects on the entire body, impacting on metabolic health and contributing to non-communicable diseases such as cardiovascular disease and diabetes. Children's growth and development relies on good oral hygiene and regular dental check-ups; Poor oral health during formative years can have long-lasting consequences on overall health. By embracing a more integrated approach to oral health, dental professionals will work closely with their counterparts in various specialties, enabling a comprehensive, joined up approach to patients' care.

HS903 By recognising oral health as a fundamental aspect of overall health and well-being, the Green Party aims to change the healthcare system, making dental services widely available, free, and integrated within our healthcare system, paving the way for a healthier society where every individual's oral health needs are met and managed with expertise and compassion.

HS904 Essential dentistry including check-ups, is vital basic healthcare and will be provided free under the NHS.

HS905 The Green Party recognises the crisis which is the decline of NHS dentists in recent years. As a proactive step we are committed to engage in constructive discussions with the Royal College, NHS and the British Dental Association on how to encourage dentists back into the NHS as well as how to motivate newly qualified dentists to remain in the NHS. Our ultimate goal is to bolster the NHS dental workforce to ensure accessible and high-quality dental care for all. (See HS600, Workforce Planning)

HS906 The Green Party is committed to addressing the elevated risk of dental caries associated with the consumption of ultra-processed edible items and drinks. These risk nutrient deficiencies, which reduce resilience, as well as excess sugar promoting decay. As part of our commitment, we aim to decrease the consumption ultra-processed edible items while enhancing access to healthier food choices. (Cascaes et al. 2022). (See HS1603, Commercial Determinants of Health.)

HS907 The Green Party advocates for the establishment of community hubs that provide comprehensive dental care and education to early years and primary school children, with an emphasis on preventing dental decay through proper practice of oral hygiene and dietary knowledge. These community hubs would offer free dental services for children, ensuring their oral health needs are met from an early

age. Moreover, dental professionals would be actively involved in early years care, monitoring, providing orthodontic support when necessary, promoting healthy dental and maxillofacial development.

HS908 Schools play an important role in oral education. Through collaborating with organisations like the Oral Health Foundation and the British Dental Association as well as local dental practices we can enhance oral hygiene education. Additionally, we propose the reintroduction of school dental visits to ensure regular and accessible dental care for all children.

HS909 Offering free dental hygienist appointments promotes preventive healthcare. The connection between poor oral hygiene and non-communicable diseases, like heart disease, cancer, Alzheimer's and diabetes, highlights the significance of prioritising oral health as an integral part of overall healthcare.

HS910 There is increasing evidence that fluoridation of water is an expensive and insufficient way of preventing dental caries in adolescents and adults. Through community hubs, promotion of better nutrition and with fluoridated teeth cleaning products being widely available, there will no longer be a need for mass fluoridation, and this cost can be reinvested into other preventative oral care.

Primary Care

HS1001 The Green Party believes that a well-functioning primary care system (i.e., general practice, community services and well-integrated social care (see social care policy)), allows the whole of the healthcare system to function optimally. In recent years, cuts in funding for all of these services has led to difficulties for individuals and families and has contributed significantly to the unmanageable pressures on acute care. Upfront investment, weighted for deprivation, for general practice, community services, social care and the restoration of early years financial and practical support will be provided to restore the balance.

General Practice

(See also HS600, Workforce Planning).

HS1101 General practice is facing a multitude of challenges, some from changes in the population demographic, others imposed through politically influenced service changes. The outcome is a severe shortage of GPs, a career increasingly characterised by unsafe, unsustainable, sometimes impossible workloads and staff burnout. This has led to fragmented care, ineffective management of the demand for secondary care and increasing levels of dissatisfaction for the public which in turn has led to more pressure being placed on front-line healthcare staff. In order to restore general practice, the Green Party will work with the BMA and RCGP to:

HS1102 Restore continuity of care. A large-scale research project concluded that

"Length of GP–patient relationship is significantly associated with lower use of out of hours services, fewer acute hospital admissions, and lower mortality. The presence of a dose–response relationship between continuity and these outcomes indicates that the associations are causal."

Restoring continuity will include list sizes to support safe workloads, aiming for average list sizes of 1200 (depending on level of deprivation) to support 'lifetime care' and properly remunerated, GP led, out-of-hours care, locally arranged. The latter is essential to reduce pressure on accident and emergency and ambulance services given research shows that of a sample of patients sent to A&E by the 111 service, only 27.1% would have been sent there by a GP.

HS1103 Restore individualised care. The 'guideline' culture has shifted care away from individualised care to protocol-driven care. Whilst the skill-mix in primary care has been necessary to plug the gap in fully trained GPs and will continue to contribute to a multi-disciplinary workforce, it has inevitably led to more protocol-driven care; we emphasise a move away from 'evidence dictated, one size fits all' care, to evidence *informed*, patient-centred care. Evidence to inform treatments used in primary care must reflect the complexity of multi-morbidity, and informed patient preference rather than being driven by super-specialty secondary care research handed down to primary care.

HS1104 Replace the Quality Outcome Framework (QoF) with a new funding arrangement that allows general practitioners more freedom to focus on providing the best possible holistic care to patients and eliminates unnecessary bureaucracy. This will include the freedom to choose either partnerships or salaried posts or a mixture to suit preference and circumstance.

A review of the QoF found that whilst it had improved quality of care (in terms of timeliness and completeness of patient reviews), the expected reduction in mortality from the 'preventative' aspects, i.e., finding and treating mild hypertension, raised cholesterol, HbA1c etc. did not materialise despite significant spending on drugs. This takes a great deal of time, both clinical and administrative, therefore an assessment of the usefulness of this work will be included in the review.

HS1105 Reinstate the importance of the 'generalist', recognising the value of this in managing the majority of ill health in the community and the increasing numbers of patients with multi-morbidity and frailty.

As the number of GPs has declined, policies to replace them with nurses, paramedics, pharmacists and physician assistants or even algorithms and apps have emerged. Experience and research have now amply demonstrated that this is a false economy. When a person becomes unwell, the sooner they see an experienced generalist making a biopsychosocial diagnosis, then the more appropriate, timely, holistic, acceptable to the patient, clinically and cost effective their care will be. As the number of GPs increases, these GP assistant roles will be reviewed.

HS1106 Update training. A more holistic approach requires less dependence on drugs and a better understanding of the alternatives, i.e., the impact of lifestyle on health, including nutrition, sleep, exercise, stress management etc. Many doctors already recognise this, with several universities already including Lifestyle Medicine in their medical degrees and there are post graduate courses available. Given the poor nutritional state of the population and the high proportion of nutrient depleted ultra-processed items in the average diet, a broad knowledge of nutrients and the illnesses deriving from deficiencies is needed. The Green Party will support the wider availability of these courses together with more in-depth training on critical appraisal and how to use this to communicate the benefits and possible harms of any proposed treatments to patients to ensure informed consent.

HS1107 General practice has a role to play in the creation and promotion of health and well-being in their communities, and in closing the health inequalities gap. They can also play a part in supporting the emergence of a healthier local residential environment. This 'wider determinants of health' function will be developed through partnership with the public health, planning and transport services, using a local Health in All Policies approach.

HS1109 Social prescribing has an important role to play to assist GPs reconnecting patients with health promoting activities in nature, supporting local social enterprise and reducing the reliance on pharmaceutical and over-medicalised treatments.

Community Services - Neighbourhood Health Hubs

HS1201 neighbourhood Health Hubs will be formed to provide a focal point for self-help and community-based initiatives and will also provide a wide range of services including primary healthcare, health


education and health promotion programmes. They will also be the locus for participatory activity of neighbourhood planning and development associated with improving the way in which the local area supports the wider determinants of health and removes dis-benefits to health. These are similar to the 'healthy living centre' model, with an expanded role for a healthy local environment.

HS1202 These may be entities in themselves or linked to existing facilities such as group GP practices, children's centre or existing healthy living centres.

HS1203 Their remit will be wide, reaching into access to and provision of opportunities for local food shopping and growing, infrastructure to continually improve active and low energy transport, developing a safer and more inclusive public realm, and improving and harnessing local biodiversity for well-being.

HS1204 A variety of specialist services, both clinical and non-clinical will be available, in particular midwifery, obstetrics (such that a real option of home delivery is created), Early Years/SureStart, dentistry, family planning, social care, counselling, psychiatry, palliative care services and district nursing, together with practical support for healthier lifestyles such as cycle training and cookery skills and technical help with creating and resourcing healthier local environments. The Neighbourhood Health Hub will be in partnership with local communities, where there are local issues and concerns, or where there are planning policy decisions or investment proposals. To permit the availability of the widest possible range of services and interventions, staff will be organised into multi-disciplinary teams, including social care. The public will be provided with easier direct access to nurse practitioners and other non-medical health, public health and social care workers.

HS1205 Hubs will have access to extra funding from transport, planning and housing budgets (non-NHS) to enable them to support local people in participating to protect health and health equity within their geographic areas via non-NHS means.

HS1206 The Green Party will fund a significant increase in capacity for district nursing and therapy (speech therapy, occupational therapy, podiatry, physiotherapy) and will ensure all areas have specialist teams to support care at home for NCDs, e.g. heart failure team, palliative care team, cancer team, respiratory team, as appropriate for the level of need in the locality. The configuration of services will be determined locally, adequacy and success will be determined by the reduction in pressure on secondary care and patient and staff satisfaction. 

Assisted Death

HS1301 Assisted death presents moral and legal concerns to health care professionals and the public. The Green Party believes that people have a right to an assisted death within the following framework:

- i. The Appointment of an independent advocate must be made when either diagnosis of terminal illness is made or the person receiving care expresses the desire to end their life.
- ii. Counselling must always be offered to every patient considering an assisted death.
- iii. Alternatives such as palliative care must be discussed with the patient.
- iv. The patient's ability to make the decision must be established by joint assessment by two independent doctors, one of whom should ordinarily be the patient's GP, unless impractical in the circumstances, in which case it may be the patient's medical consultant, one of which must be a psychiatrist and a third independent registered health professional who has undertaken approved training in this area and who has no prior knowledge of the patient.
- v. This decision must take into account evidence submitted by the independent advocate.
- vi. Treatable illness that may impinge upon the decision-making ability, e.g., depression, must be treated and excluded from the rationale for requesting an assisted death.

- vii. The patient has the right to appoint individuals either during or prior to the process who will have access to their medical and other records and whom they wish to be involved in the discussions.
- viii. The patient's informed consent must be clearly documented, full discussion of the outcomes of both the illness and the assisted death must also be provided in a language and form understandable by the patient.
- ix. The patient's close family must be involved in all discussions.
- x. There should normally be a waiting period of at least 7 days, set by local policy, for the patient to reflect on their decision.
- xi. Patients can orally revoke the request at any point.
- xii. Healthcare professionals can refuse to be party to any stage of assisted deaths for their own moral reasons.
- xiii. Assisted death will be notifiable.

The Green Party will introduce legislation based on this framework to ensure the protection of all parties.

Public Health

Funding

HS1401 Public Health spending at population level, directed at keeping people healthy will be administered independently from health and social care funds, these are rightly aimed at curing disease and looking after sick people. Public Health spending at population level will be set as a proportion of that spent on illness and social care services; to be determined, using the best available evidence, by an independent commission and regularly reviewed by a new Public Health agency. The aim of this arrangement will be to rapidly reduce the cost of avoidable ill-health to the NHS. Currently there is a continual conflict between annual NHS/Social Care demand and the spending resources required to reduce that demand through providing health promoting living environments, this conflict over resources will end.

Strengthening the Structure of Public Health

HS1402 Evidence from over 30 years of the WHO Healthy Cities programme demonstrates that political commitment to 'health', as opposed to health service funding or spending, is paramount to success in improving health for the population as a whole.

This political commitment would be discharged through a higher status role for Public Health, to include the nature and reporting lines for the role of Directors of Public Health at local and national levels. HS1403 We commit to developing a stronger public health service with an ethos that better includes the emphasis on the creation of health, in addition to illness prevention and health promotion, all with the development of individual and community self-reliance. Such services will be guided both by the evidence-base and users' own perceptions of their and their communities' health needs.

HS1404 The focus for public health will be on using evidence-based approaches to tackle 'the causes of the causes' of ill-health and to promote population health through policies designed to support the wider determinants of health in all urban and rural environments through a Health in All Policies approach.

HS1405 National leadership will be provided through a **National Director of Public Health, appointed** to head a Public Health office which is at arms-length from a health care department. Leadership in local, regional and metropolitan areas, as administratively relevant, will be provided by a Director of

Public Health (DPH) who sits at the top table of their relevant authority and is a joint appointment between that authority and the Public Health function at national level.

HS1406 There will be a public health function/organisation at national level that will not be in competition with the NHS for resources, but rather will support the NHS through reducing the burden of disease on the health service.

HS1407 Multisectoral action will be actively supported by the DsPH. This is particularly necessary where there is multi-sectoral complexity, for example to tackle the environmental burden of diseases, climate change, or the risk factors for non-communicable diseases, communicable diseases, and antimicrobial resistance. Dialogue and engagement between sectors will be vital to provide mutual understanding, creating new relationships and trust.

HS1408 Training of all Public Health professionals will include an understanding of the wider determinants of health and health equity in rural and urban areas and links between climate change, sustainable development and ecological resources, and health.

Public Health in society via health literacy

HS1409 Better health literacy is vital for this approach to work. Health literacy is a person's ability to understand and use information to make decisions about health. The National Director of Public Health will have a responsibility to support a better understanding of the upstream causes of ill health and health inequity, especially amongst policymakers and all relevant professions and professional bodies.

HS1410 For individuals, health literacy is an important precursor to making choices for healthy behaviour where that is an option for themselves or their dependents. Public health can support this.

HS1411 For those many professionals whose actions impact on health, their health literacy is important for the whole of society. The Green Party will encourage all professional bodies to include this in their primary training and professional development.

HS1412 For Green Party politicians, better health literacy will be required to support the approach to health outlined in this policy.

Pandemic Planning and Management

HS1413 The National Director of Public Health and Directors of Public Health will have leading roles and responsibility for pandemic planning and management at national and local level. Directors of Public Health will be in a position to develop the community engagement needed.

Pandemic Preparedness

HS1414 The Green Party recognises that a pandemic requires a coordinated international response and would work with the international community and organisations such as the WHO to ensure such a response. Furthermore, this international response should focus on pandemic prevention (utilising a One Health approach), as well as strengthening the infrastructure necessary to deal with the next pandemic when it arrives.

HS1415 The Green Party recommends using an "Always On" approach to the funding and development of the health systems needed to effectively manage the next pandemic. This will have the double benefit of ensuring that effective systems are in place when needed, whilst simultaneously improving the health of the nation. This investment will include (but not be restricted to) public health services, health education and communication, medical research, and vaccine research and development.

HS1416 The Green Party recognises that in order to increase our resilience in the face of future pandemics we must address social and health inequalities, and engage all communities, particularly those marginalised communities who may have more reason to distrust authorities.

REVISE THE MANAGEMENT OF NON-COMMUNICABLE DISEASES

HS1501 Non-communicable diseases (NCDs) are the illnesses most strongly related to health inequalities.

HS 1502 The main conditions are cardiovascular diseases (CVD), cancer, diabetes (which increases the risk for CVD, cancer, dementia, non-alcoholic fatty liver), chronic respiratory diseases (asthma, chronic obstructive pulmonary disease, occupational lung diseases), mental disorders and conditions, infertility.

HS1503 Green Party Health Equity Policy, which addresses the wider social determinants of health, will have an impact on reducing the burden of NCDs. This Policy addresses specific preventative and screening measures within the NHS and Public Health Services.

HS1504 The Green Party will: -

- i. Support screening programmes in their ongoing work to address inequality of access.
- ii. Collaborate with the BMA and RCGP to identify practical methods of identifying non-communicable diseases at an earlier stage. (See HS1104)

Risks for NCDs

HS1505 Major risk factors for NCDs and policies to address these in the wider Green Party Policy framework is as follows: -

- a. Deprivation, see Health Inequality Policy.
- b. Tobacco use and harmful use of alcohol, see Drug and Substance Misuse Policy.
- c. Physical inactivity, see policies on active transport and green spaces.
- d. Environmental Pollution, see policies on pollution, climate change, transport, industry.
- e. Unhealthy diet, malnutrition and obesity, see HE1406 below.
- f. Social Isolation, see HS1200, Neighbourhood Health Hubs, above.

Diet, nutrition and obesity

HS1506 The Green Party will institute a fully independent review of healthy eating advice for macronutrients and salt and will commission research on the *optimum* levels of vitamins and minerals and how good nutrition can be maintained across *all life stages* and *sectors* of the population.

HS1507 The Green Party will ensure that people have sufficient income to eat a healthy diet. (See Health Equity Policy, Goal D.)

HS1508 The Green Party will take definitive action to support the reduction of the consumption of ultra-processed food. See section HS1603 below.

COMMERCIAL DETERMINANTS OF HEALTH

HS1601 To further support ill health prevention, the Green Party will address the Commercial Determinants of Health where these are shown to have a negative impact on population health. Green Party Policy will focus on legislation and regulation to ensure information is made available which enables an informed choice and to reduce the impact of marketing where appropriate.

Influence on Advisory and Regulatory Functions

HS1602 To ensure there is no undue commercial influence over government committees for health and social care advisory and regulatory functions, the Green Party will ensure that there is appropriate scrutiny alongside a statutory duty on all members of such committees to declare personal and financial conflicts of interest; these declarations must be publicly available. Membership of these committees (e.g., National Institute for Clinical Excellence (NICE), Scientific Advisory Committee on Nutrition (SACN), Joint Committee on Vaccination and Immunisation (JCVI), Medicines and healthcare Regulatory Authority (MRHA) etc.), will be reviewed and where necessary revised, to minimise the possibility of conflicts of interest.

Ultra-Processed Edible Items

HS1603 There is consensus that ultra-processed items and excess sugar are harming the nation's health. The Green Party will implement the NOVA food labelling system, which identifies ultra-processed items, and a graphical teaspoons of sugar label clearly showing sugar content and sugar equivalent per 100 g or ml and in total for the pack. This will apply to all food sold including shops, markets and menus in restaurants and cafes.

HS1604 Items classified NOVA 4, i.e., ultra-processed, will not be served or sold in any publicly funded services (schools, hospitals, nursing homes, prisons, armed services etc), advertising will not be permitted, and VAT will be payable. The sugar tax will be retained.

HS1605 It is recognised that the cost of avoiding ultra-processed items can increase food bills by up to 50%. This will be accounted for in our assessment of the level of basic income.

Medicines

Over the Counter Medicines

HS1701 Over the counter medicines will be brought into a regulatory framework.

Prescribed medicines

HS1702 The Green Party will revisit and update the work of the House of Commons Health Committee report '*The Influence of the Pharmaceutical Industry*' and ensure that ensuing recommendations and any updates are implemented.

Medicines Approvals

HS1703 Approval of medicines, vaccines and medical devices will require the disclosure of ALL research and trial results, including the content of placebos, to the relevant and advisory and authorising committees. 'Commercial and in confidence' will not be accepted as a reason for non-disclosure.

The Balance of Pharmaceutical and Holistic Approaches.

HS1704 Increasing numbers of doctors and patients are questioning whether medicine (i.e., use of prescribed drugs) has overstretched itself, whether it is always as effective as claimed and whether

sometimes side effects and unintended consequences outweigh the benefits. The Green Party will support the various related initiatives and include their aims in the replacement of the Quality Outcome Framework with the aim of rebalancing pharmaceutical and holistic approaches.

GOVERNANCE

A Learning NHS

HS1805 The Green Party will invest in ensuring health care meets the highest standards by implementing the data and research strategy below. It will also increase the resources available to and responsibilities of the NHS to monitor standards of care and to intervene early where standards are not met. The current processes of clinical incident investigations and recording will be overhauled to ensure that all NHS and private providers of care are required to meet the same high standards. This will include thorough and impartial investigation of untoward incidents, investigation of “whistleblowing” concerns and rigorous monitoring of outcomes of care as routine. The public and patients will also have greater rights to be informed of substandard care by a review and extension of the current “duty of candour” to all health care providers receiving NHS funding via whatever route.

Data

HS1806 The NHS has created the world’s richest and most comprehensive health dataset in the world. Previous governments have neglected, misunderstood, misused and in some cases, sold it without public consultation and in the face of clear public concern. The Green Party would put a comprehensive NHS data strategy at the heart of its reinvigoration of the NHS. Analysing and learning from its own data will enable the NHS to progress, improve equity of access and not be captive to other sources of information and political influence.

HS1807 The Green Party will implement the proposals contained in the Goldacre review including transforming the way NHS data is stored and shared for audit, evaluation and research.

HS1808 The Green Party will invest in NHS owned and controlled Trusted Research Environments (TREs) and invest in its own health informatics and analytics capacity in the longer term. In this model, data flows in from all NHS organisations and is then properly organised and stored securely. It remains available for patient care but is more readily available for NHS clinicians, managers and approved researchers. Analysis using TREs are planned in an open manner, all code is “open source” and reusable, and analyses are run inside the TRE and no patient data ever leaves the system, only the insights and results.

HS1809 The TRE is fundamental to ensuring that creators and users of health data are transparent, democratic and accountable in stewardship of health data over time. The Green Party aims to create a culture in which the public trust in the integrity of NHS data control systems.

HS1810 The Data Protection and Digital Information Act will be reviewed with the aim of strengthening data control legislation and its enforcement.

HS1811 The Green Party will urgently review the pros and cons of artificial intelligence (AI) in the context of overall data policy and healthcare.

HS1812 People will be able to decide whether commercial organisations can have access to, and potentially profit from, their health data or analyses based on that data. The process will include being

fully informed about the contribution of the data to the public good. There will be clear individual consent processes.

HS1813 Monitoring of organisations using NHS data and for what purpose will be available for public scrutiny.

HS1814 As new developments take place there will be public engagement in which members of the public are not only consulted but are participants in decision making.

Research

HS1901 Improvements in the availability of NHS data will allow the NHS to run independent 'phase four' research to assess the effectiveness and safety of drugs and appliances and equity of access to specific treatments. In addition, better data will support the continuation of 'platform trials' which quickly yield robust evidence, again independently, and can support decision making e.g., for NICE.

HE1902 The Green Party will ensure that the NHS constantly learns from all of its activity. The NHS will be enabled to prioritise areas of uncertainty in current treatment choices to show which treatments are the most effective.

HS1903 The Green Party will expand but also regulate public involvement in research. Much public involvement currently comes via charities, special interest groups and other largely unregulated bodies and individuals. It is also heavily reliant on certain groups and demographics meaning it can be unclear how truly a "public" voice is being represented.

HE1904 The Green Party will invest in large scale deliberative fora and consultations with demographically representative members of the public selected by lot. Volunteers will be funded for their time to complete surveys and focus groups as appropriate to each area of research supported by independent expert opinion and trained facilitators. The processes will ensure that public involvement is widespread and is not "captured" by any particular group.