

BRIEFING: 2017 GENERAL ELECTION PARTY MANIFESTOS

OVERVIEW

Ahead of the general election on 8 June, the [Conservatives](#), [Labour Party](#) and [Liberal Democrats](#) have this week published their manifestos, outlining their commitments and spending plans for the next parliament. In doing so, each of the parties has set out its own unique vision for the UK in terms of domestic policy, a future relationship with the European Union and our role on the global stage. Whichever party triumphs at the polls, Brexit guarantees that the next government will oversee the most significant chapter of the UK's recent history.

Ahead of the election, we published [Investing in Success](#), in which we set out the seven priority issues that politicians will need to address during the next parliament. We are pleased to note that a large proportion of the issues we raised – from funding for health and social care, to the need to better support the NHS workforce to putting mental health on a fair footing – have been correspondingly identified as priorities and addressed at some level by all three of the parties. Whilst many of the health and social care commitments within the manifestos are encouraging, and all commit to making additional investment in the NHS and social care in their own right, none of the parties commit sufficient funding to close the growing gap between available resources and demand. Regardless of which party forms the next government, politicians across the political spectrum will need to lead an honest and realistic debate on the long term sustainability of health and social care in the next parliament.

This briefing provides details of the health and social care commitments made by the Conservative, Labour and Liberal Democrat parties, setting out details of NHS Providers view on each party's package of pledges respectively.

THE CONSERVATIVE PARTY

The Conservative party manifesto can be accessed in full [here](#).

Health and social care commitments

Funding

- Increase NHS spending by a minimum of £8 billion in real terms over the next five years, delivering an increase in real funding per head of the population for every year of the next parliament.
- Deliver the "most ambitious programme of investment in buildings and technology the NHS has ever seen"
- Recover the cost of medical treatment from non-UK residents; ensure new NHS numbers are only issued to patients whose eligibility has been verified.
- Increase the Immigration Health Surcharge to cover migrant's use of the NHS (£600 for migrant workers and £450 for international students).

Workforce

- Ensure the NHS and social care system has the required nurses, midwives, doctors, carers and health professionals.
- Prioritise the status of the 140,000 EU staff in the health and care system in EU negotiations.

- Reform the contract for hospital consultants to reflect the changed nature of hospital care over the past twenty years; introduce a new GP contract to help develop wider primary care services.
- Legislate to reform and rationalise the current system of professional regulation of healthcare professions, based on the advice of professional regulators.
- Maintain commitment to increase the number of students in medical training by 1,500 a year.
- Reform medical education, including helping universities and local health systems work closer together to develop requisite roles and skills to serve patients.
- Encourage the development of new roles; create a diverse set of potential career paths for the NHS workforce.
- Strengthen the entitlement to flexible working in the NHS; support companies to take on parents and carers returning to work after long periods of absence and back similar schemes in the public sector, including the NHS as the country's biggest employer.
- Reduce bullying rates in the NHS.
- Act on findings in July of a report into racial diversity across public services
- Take vigorous and immediate action against those who abuse or attack NHS staff.

Service transformation

- Back implementation of the Five Year Forward View at a local level through sustainability and transformation partnerships (STPs), provided these are clinically led and locally supported.
- Consult and make the necessary legislative changes if the current legislative landscape is either slowing implementation or preventing clear national or local accountability.
- Review the operation of the NHS' internal market and make non-legislative changes to remove barriers to the integration of care, in time for the start of the 2018/9 financial year
- Pilot the publication of live A&E waiting time data and other urgent care services.

Quality, safety and performance

- Deliver a "truly seven-day healthcare service" for England by:
 - Expanding routine weekend or evening appointments in patient's own or nearby GP surgeries by 2019.
 - Ensuring patients in hospitals receive proper consultant supervision every day of the week, with weekend access to the key diagnostic tests needed to support urgent care.
 - Ensuring hospitals can discharge emergency admissions at a similar rate at weekends as on weekdays.
- Retain the 95 per cent A&E target and the 18-week elective care standard.
- Legislate for an independent healthcare safety investigations body in the NHS.
- A definitive diagnosis in cancer services within 28 days by 2020; expanding screening and upgrade radiotherapy equipment to increase survival rates.
- Extend the scope of the CQC to cover health-related services commissioned by local authorities.
- Tackle variations in outcomes and quality across services and across the country, including making clinical outcomes more transparent so that clinicians and staff can learn from the best units and practices.
- Take rapid corrective action where there is clear evidence of poor patient outcomes.
- Set new standards in some priority areas and improve response to historically underfunded and poorly understood disease groups.
- Implement the recommendations of the Accelerated Access Review.

Mental health and learning disabilities

- A Mental Health Bill to put parity of esteem at the heart of treatment and end the stigma of mental illness.
- Recruit up to 10,000 more mental health professionals.
- Reform Child and Adolescent Mental Health Services so that children with serious conditions are seen within an appropriate timeframe and no child has to leave their local area and their family to receive normal treatment.
- Take “focused action” to provide the support needed by children and young people; ensure better access to care for children and young people.
- Publish a green paper on young people’s mental health before the end of 2017.
- Require that all medical trainees get a chance to experience working in mental health disciplines and that medical exams better reflect the importance of this area.
- Ensure that every school has a single point of contact with mental health services.
- Improve standards of care for those with learning disabilities and autism.
- Work to reduce stigma and discrimination and implement in full the Transforming Care Programme.

Social care

- Align the future basis for means-testing for domiciliary care with that for residential care.
- In respect of social care fees, take into account the value of the family home, along with other assets and income, for care provided home, or in a residential or nursing care home at a single capital floor at £100,000. Individuals will always retain at least £100,000 of their savings and assets, including value in the family home.
- Extend the current freedom to defer payments for residential care to those receiving care at home, so no-one will have to sell their home in their lifetime to pay for care.
- A green paper on social care aiming to address system-wide issues to improve the quality of care and reduce variation in practice; ensure the care system works better with the NHS to reduce unnecessary and unhealthy hospital stays and delayed transfers of care and provide better quality assurance within the care sector.
- Give workers a new statutory entitlement to carer’s leave.

Primary care

- Expect GPs to come together to provide greater access, more innovative services, share data and offer better facilities, while ensuring care remains personal – particularly for older and more vulnerable people – with named GPs accountable for individual patients. .
- Support more integrated working, including ensuring community pharmacies can play a stronger role to keep people healthy outside hospital within the wider health system.
- Support NHS dentistry to improve coverage and reform contracts.

Public health

- Continue to take action to reduce childhood obesity; promote efforts to reduce unhealthy ingredients and provide clearer food information for consumers.

Data and digital

- Put the National Data Guardian for Health and Social Care on a statutory footing to ensure data security standards are properly enforced.
- Further strengthen cyber security standards for government and public services, requiring all public services to follow the most up to date cyber security techniques appropriate

Non-health related policies

Brexit and Immigration	<ul style="list-style-type: none"> • Leave the single market and the customs union; seek a deep and special partnership with the EU and a comprehensive free trade and customs agreement. • Control immigration, reducing annual net migration in the tens of thousands, and secure the entitlements of EU nationals in Britain and British nationals in the EU. • Make the immigration system work for sectors suffering from skills shortages, whilst ensuring that the skills we need are developed for the future. • Maintain the Common Travel Area and maintain as frictionless a border as possible for people, goods and services between Northern Ireland and the Republic of Ireland. • Participate and contribute to specific European programmes where reasonable and necessary. • Create a United Kingdom Shared Prosperity Fund, using the structural fund money that comes back to the UK following Brexit to reduce inequalities between communities across our four nations. Will consult widely on the design of the fund.
Life sciences	<ul style="list-style-type: none"> • Increase research and development spending; establish funding streams to ensure long term investment, make a modern technical education available to everyone • Deliver continued levels of investment and ensure further growth so that Britain meets the OECD average for investment in R&D. • Increase the number of scientists working in the UK; enable leading scientists from around the world to work here. • Support research into the diagnosis and treatment of rare cancers and other diseases, including Genomics England’s work in decoding 100,000 genomes. • Maintain the UK’s position as the European hub for life sciences by developing stronger research links with the NHS, help doctors design more effective and personalised treatment.
Pensions	<ul style="list-style-type: none"> • Maintain the Tiple Lock until 2020. Guaranteed annual increases in the state pension through a new ‘Double Lock’ to be introduced in 2020, meaning that pensions will rise in line with the earnings that pay for them, or in line with inflation – whichever is highest. • Ensure the state pension age is reflective of increases in life expectancy, and protects each generation fairly.
Personal taxation	<ul style="list-style-type: none"> • By 2020, increase the personal allowance to £12,500 and the higher rate to £50,000. Continue to ensure that local residents can veto high increases in Council Tax via a referendum. No increases on the level of VAT. • Continue with the plan for Corporation Tax to fall to 17 per cent by 2020.

NHS PROVIDERS VIEW

Funding

The past seven years has seen the health service rise to the challenge of delivering care in the context of the longest and deepest financial squeeze in its history, with the impact on patients, staff and quality is increasingly apparent. The implications of the Conservatives commitment to invest £8bn in real terms in the NHS by 2022/23 would mean an increase to funding in 2018/19 compared to what was set out under the 2015 comprehensive review settlement, to ensure spend per head doesn’t fall. Further detail is needed to fully appraise this proposal, including:

The funding profile for the additional investment across the course of the new parliament, including whether it will be frontloaded or backloaded over the course of the new parliament

- The corresponding increases to the Department of Health's budget would be vis-a vis NHS England

The funding allocated in the manifesto represents a broad continuation of the last government's spending plans..

It is positive the Conservatives have indicated a strong commitment to increase capital spending. The all important detail of what the promised extensive programme of investment in buildings and technology would comprise, and the associated funding, is not provided in the manifesto, meaning we would need to wait until the next Budget to make an informed assessment. The independent Naylor review calculates the capital investment needed is at least £10bn, constituting £5bn to clear the NHS maintenance backlog and a further £5bn to support service transformation under STPs.

Workforce

The commitment to review the consultant contract is sensible in order to ensure that it reflects changes that have occurred and is fit for current purpose. In order to take this key part of our clinical workforce with us as we make the required changes, it will be critical that this process is approached in a respectful and collaborative spirit and that the lessons from the re-negotiation of the junior doctor contract are applied to positive effect.

The Conservatives' restated commitment to ensuring that the NHS has the staff it needs is welcome, as is promised reform to medical education. We note, however, that there is no explicit recognition of the need for a credible workforce plan to both secure the right number of staff with the right skills. As we highlighted in [Investing in Success](#), a long term, strategic approach to workforce planning, including achieving the skills mix needed to meet evolving population needs, will be one of greatest challenges for trusts in the next parliament and must be an urgent focus for the incoming government.

Although the Conservatives have retained and renewed their ongoing commitment to making EU nationals working in health and social care a priority in Brexit negotiations, we remain concerned that this does not remove current uncertainty facing these essential staff. In addition, there is no explicit recognition that important efforts to increase domestic workforce supply will take time, meaning that the NHS will need to continue to recruit from overseas for the foreseeable future. Commitments to double of the immigration skills charge from £1,000 to £2,000, which will place further financial pressure on trusts, and triple the migrant health surcharge, which may act as a disincentive for overseas staff considering employment in the NHS, could have the effect of increasing financial and workforce pressures.

Service transformation

We welcome the recognition that the current legislative framework can act as a barrier to the integration of local health and care services, which is a current priority and preferred method of overcoming current challenges and improve services. Ensuring that statute is up to date and reflects changes to the environment in which trusts and other health and care organisations are now operating will be particularly important as STPs progress. Given the scale of the transformation task that the NHS must deliver over the next five years, we would, however, highlight the need to avoid any potential for major structural upheaval through primary legislation at this time.

Quality, safety and performance

The intention to pilot the live publication of waiting times data for A&Es and other urgent care services is a continuation of the last government's efforts to enhance transparency. It will be vital that such data is presented in a balanced and constructive way that is supportive of improvement efforts and that its collection does not impose additional burdens on trusts.

In light of the funding commitments set out in the Conservative manifesto, it is difficult to see how it will be possible for the NHS to both absorb increasing cost and demand and restore and maintain delivery of the 18 week referral to treatment and 4 hour A&E waiting standards within available resource. As we estimated in our recent report, *Mission Impossible*, an additional £2.5bn would be needed to restore these targets in a single year alone. Ultimately, maintaining standards in the face of growing demand will require substantial additional investment.

Mental health and learning disabilities

The focus on mental health care, support and wellbeing in all settings in the Conservative manifesto makes clear the high level of priority attached to this issue. The commitment to increasing the mental health workforce is an important acknowledgment of current shortages and rising demand and reform of child and adolescent mental health services, presenting the opportunity to improve the accessibility of services. There is, however, no new funding allocated to these, or any of the mental health pledges in the manifesto.

We await further detail on the proposed mental health legislation. Cultural and structural changes are central to delivering parity of esteem, and a means of ensuring promised funding reaches its intended destination – the front line. This is not necessarily achieved through legislation.

Social care

The Conservatives' proposals to require individuals in receipt of social care services in their own homes to pay for this where their total assets exceed more than £100,000, together with means testing the winter fuel allowance, is expected to generate some additional revenue for social care services. It is not yet clear whether these proposals would lead to an increase in funding, a more sustainable settlement for social care funding or the impact these arrangements might have on supporting the NHS to manage the growing trend in delayed transfers of care. These are firm proposals which may well constrain the scope of the proposed social care green paper, which has also been announced.

THE LABOUR PARTY

A full copy of the Labour Party's manifesto can be accessed [here](#) and the associated costings document [here](#).

Health and social care commitments

Funding

- Commit an extra £30bn in extra funding for the health service over the next Parliament, to be funded by:
 - applying a 45p rate of income tax to those earning £80,000 or more
 - applying a 50p rate to those earning above £123,00
 - increasing the tax on private medical insurance premiums
 - halving fees paid to management consultants
- Establish an Office for Budget Responsibility for Health to "oversee health spending and scrutinise how it is spent".

- Boost capital funding for the NHS to ensure buildings and equipment are fit for 21st century, as part of Labour's National Transformation Fund.
- Increase funding for GP services.
- Improve ambulance-response times by "properly resourcing" ambulance services.

Workforce

- Establish a long-term workforce plan for the NHS and guarantee the rights of EU staff working in health and care services.
- Lift the NHS pay cap and put pay decisions into the hands of an independent pay review body.
- Legislate to ensure safe staffing levels.
- Reintroduce nursing and midwifery bursaries and funding for health-related degrees.
- Invest in the training, education and development of doctors.
- Support NHS whistle-blowers.
- Criminalise attacks on NHS staff.

Service transformation

- Repeal the Health and Social Care Act 2012 and reinstate the Secretary of State's overall responsibility for the NHS
- Reverse NHS privatisation, with the NHS to be the preferred provider.
- Introduce a new legal duty on both the Health Secretary and NHS England to ensure excess private profits are not made out of the NHS at the expense of patient care.
- Halt STPs, with a review of each to be conducted in consultation with local people and to focus on patient need rather than available finances.
- Fund free parking in the NHS in England by increasing the tax on private medical insurance premiums.

Quality and performance

- Guarantee and uphold the standards of service to which patients are legally entitled under the NHS constitution, including the four hour A&E and 18 week referral to treatment waiting time standards, with the latter removing one million people from NHS waiting lists by the end of the next parliament.
- Stop the routine breach of safe levels of bed occupancy and end mixed sex wards.
- Create a new quality and excellence regulator, to be called 'NHS Excellence'.
- Deliver the Cancer Strategy for England in full by 2020.
- Tackle 'postcode lotteries' in service and medicine provision across England.
- Ensure rapid access to the most effective new drugs and treatments and establish value for money agreements with pharmaceutical companies.

Mental health and learning disabilities

- Ring-fence mental health budgets and ensure funding reaches the frontline.
- Invest in early intervention by increasing the proportion of mental health budgets spent on support for children and young people; end children being treated on adult mental health wards.
- End out of area placements by 2019.
- NICE to evaluate the potential to increase the range of evidence-based psychological therapies on offer.

- All children in secondary education to receive access to a counselling service; extend schools-based counselling to all schools to improve children’s mental health, at a cost of £90m per year.
- Review the provision of mental health services in prison.
- End social isolation by making the UK autism friendly and ensure that those with autism are able to access the whole of their community.
- Implement the court decision on Personal Independence Payment (PIP) so that there is real parity of esteem between those with physical and mental-health conditions.

Social care

- Increase social care budgets by £8bn over the next parliament, including an additional £1bn for the first year. This additional funding will be used in part to end 15-minute care visits and provide care workers with paid travel time, access to training and an option to choose regular hours.
- Build a National Care Service for England alongside the NHS, with a single requirement for single commissioning, partnership arrangements, pooled budgets and joint working arrangements.
- Provide £3bn a year for the National Care Service, with funding arrangements to be agreed by seeking cross-party consensus.

Community care

- Focus resources on community services to deliver care closer to home by working towards a new model of community care which takes into account primary care, social care and mental health.
- Halt pharmacy cuts and review provision to ensure all patients have access to pharmacy services.
- Ensure high-quality personalised end of life care and grant those with long-term conditions the right to a specialised care plan, and access to condition management education.

Public health

- Invest in children’s health including establishing a £250m children’s health fund; increasing the number of health visitors and schools nurses; introduction of a new index of child health to measure progress against international standards and reporting annually against four key indicators: obesity, dental health, under-fives and mental health.
- Publish a new childhood obesity strategy with proposals on advertising and food labelling, implementing a strategy for the children of alcoholics and rolling out a tobacco control plan, focusing on issues of mental health and young smokers.
- Improve sexual health services with a focus on HIV services.

Non-health related policies

Brexit	<ul style="list-style-type: none"> • Respect the referendum result; end free movement and; give parliament a meaningful vote on any deal. • Reject ‘no deal’ as a viable option and negotiate transitional arrangements to avoid a ‘cliff-edge for the UK economy’. • Guarantee existing rights for all EU nationals in Britain; secure reciprocal rights for UK citizens in EU countries.
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	<ul style="list-style-type: none"> • Replace the Brexit white paper with a plan aiming to retain benefits of the customs union and single market.
Life sciences	<ul style="list-style-type: none"> • Remain part of the Horizon 2020 research funding programme and its successor. • Maintain membership of, or an equivalent relationship with, European organisations such as the European Medicines Agency. • Replace the Great Repeal Bill with an EU rights and Protections Bill that upholds workers' rights, equality law, consumer rights and environmental protections and fully protect all EU-derived laws that are of benefit.
Pensions	<ul style="list-style-type: none"> • Commission a new review of the pension age. • Guarantee the state pension 'triple lock', which will rise by at least 2.5 per cent a year, or be increased to keep pace with earnings or inflation – whatever of which is higher.
Personal taxation	<ul style="list-style-type: none"> • No rises in income tax for those earning below £80,000 a year. • No increases in personal National Insurance Contributions or the rate of VAT.

NHS PROVIDERS VIEW

Funding

Labour has committed to investing an additional £30bn of funding over the course of the next parliament, which is a positive recognition of the immense challenges facing the service. Labour's commitment to inject £10bn of capital investment is particularly important, matching the amount identified by the independent Naylor review as necessary to clear the NHS's maintenance backlog and support delivery of the NHS Five Year Forward View.

It is clear that the additional investment is intended to deliver a host of ambitions – from additional funding for general practice to better resourcing ambulance services to improving medical training opportunities. These ambitions are welcome, but as it is not yet apparent how additional investment would be allocated across identified priorities, meaning that it is not possible to assess whether the funding against each policy commitment is sufficient.

The Labour manifesto has provided some detail of how the additional funding would be profiled - with £7.6bn frontloaded in the remainder of 2017/18 followed by £6bn a year to 2021/22.. This would mean that under this scenario, healthcare spend as a proportion of GDP would still be lower than current levels in 2021/22.

Workforce

Labour's commitment to develop a long term approach to NHS workforce planning and to end pay restraint is a positive development, subject to it being appropriately funded. This will also be assisted by Labour's proposal to provide EU staff working in the health and social care system with permanent leave to remain following the UK's withdrawal from the EU.

Labour's proposal to restore the nursing bursary needs to be seen in the context of the importance of developing a credible and coherent workforce strategy that enables the NHS to train, recruit and retain staff with the skills needed to deliver high quality care to patients and service users.

We recognise the evidence of a relationship between staffing levels and patient safety; however, we would urge caution in relation to plans to legislate to minimum staffing levels. Establishing a fixed ratio of patients to particular staff in law removes the opportunity for trust management and front-line clinicians to exercise professional

judgement. We consider that numbers of staff alone is an insufficient proxy for safety and there may also be some instances where a trust will need to have staff over and above the minimum level. It also risks trusts being “locked in” to existing models of delivering care, and unable to improve the quality and sustainability of services through innovative workforce arrangements.

Service transformation

As we set out in [Investing in Success](#), the long term sustainability of the NHS will hinge on its ability to transform local services to meet current financial, quality, demand and workforce challenges. STPs present an opportunity for the NHS to collaborate with local partners to achieve this end and there are some areas across the country where good progress is being made. While STPs should be able to progress at a rate appropriate for that local area, we would want to avoid a situation where footprints that are making good progress, and have local support, are forced to pause their plans, thereby risking their implementation. There is however a clear need to ensure that STP areas undertake meaningful engagement with their local communities and have appropriate the governance in place to support non-executive challenge, and we support the importance Labour places on this.

In relation to proposals to repeal the Health and Social Care Act 2012, we recognise that there may be a need for some legislation to reflect changes to the regulatory and structural environment in which trusts currently operate. However, we would want to avoid a legislative programme that leads to a distracting level of reorganisation or runs the risk of destabilising the system at a time of considerable challenge.

Mental health and learning disabilities

Labour’s commitment to ensure that allocated resources reach the front line is positive and is an issue which we have [previously raised](#), though it is not clear how much of the additional NHS investment Labour has set out in its manifesto will be assigned to mental health. There must be acknowledgement that commitments such as ending out of area placements and the treatment of children on adult inpatient ward will require funding over and above existing mental health budgets; and any additional funding must reach the frontline.

It is encouraging that the value of early intervention is recognised in Labour’s manifesto, particularly in relation to children and young people’s mental health. Increasing the proportion of mental health budgets spent on support for children and young people is appropriate and necessary, but it is important to recognise that with demand for mental health services increasing across the board, overall funding for mental health services will need to increase accordingly.

Social care

The impact of diminishing social care provision on frontline NHS services has become increasingly pronounced. We have consistently called for additional funding for social care and so support Labour’s commitment to increase social care budgets by £8bn. This would fall short, however, of a long term, sustainable settlement for social care. As the number of people needing to access social care continues to rise, the social care budget will have to stretch further each year.

LIBERAL DEMOCRATS

A full version of the Liberal Democrat manifesto can be accessed [here](#), and the associated costings document [here](#).

Health and social care commitments

Funding

- Invest £6bn in health and social care, with a focus on four priority areas: social care, primary care (and other out-of-hospital care), mental health and public health.
 - £6bn to be generated by implementing a 1p rise on the basic, higher and additional rates of income tax.
- Commission the development of a dedicated health and care tax to bring together spending into a collective budget.
- Establish a cross-party health and social care convention, to carry out a comprehensive review of the longer-term sustainability of the health and social care finances and workforce, and the practicalities of greater integration.
- Take steps towards single place-based budgets for health and social care by 2020.
- Remodel the health care funding system by moving away from payments for activity, introducing tariffs to encourage joined up services.
- Provide capital investment in hospitals to support capacity increases and modernisation as part of a £100bn additional infrastructure investment package.
- Review exemption rules for prescription charges to ensure fairness for those with long-term conditions and disabilities.

Workforce

- Develop a national workforce strategy to tackle clinical and non-clinical shortages.
- Guarantee the right to remain of all NHS and social care service staff who are EU nationals.
- Reinstate NHS bursaries.
- End the public sector pay freeze for NHS workers.
- Support innovation in how organisations can empower staff and patients delivering community and mental health services.
- Protect NHS whistle-blowers.

Service transformation

- Establish a statutory independent budget monitoring agency for health and care, based on to the Office for Budget Responsibility.

Mental health and learning disabilities

- Ringfence funding from within the 1p income tax rise, to provide additional investment in mental health.
- Transform mental health care with waiting time standards to match those in physical health care.
- Set a standard of a six week wait for depression or anxiety therapy and a two week wait for young people experiencing psychosis.
- Pledge to end out-of-area placements.
- National roll out of the Liaison and Diversion programme.
- Publish a national wellbeing strategy and introduce a wellbeing equivalent of the 'Five a Day' campaign.
- Ensure schools provide immediate access to pupil support and counselling and wellbeing to become a statutory duty for schools as part of Ofsted inspection framework.
- Increase access to clinically and cost-effective talking therapies

- Transform mental health support for pregnant women, new mothers and those who have experienced miscarriage or stillbirth.
- Ensure that no one in crisis is turned away, with new waiting time standards and better crisis care in Accident and Emergency, in the community and via phone lines. This will end the use of police cells for people facing a mental health crisis.
- Extend the responsibility of the Youth Justice Board to all offenders under 21, giving it the power to commission mental-health services.

Social care

- Implement a cap on the cost of social care.
- Give the NHS a legal duty to identify carers and develop a Carer's Passport to inform carers of their NHS rights.
- Ensure proper training for social care workers through accessible career pathways and introduce statutory code of conduct, backed up by a care workers' suitability register for those working in the social care sector.
- Increase the amount people can earn before losing Carer's Allowance to £150 a week; reduce the number of hours' care per week required to qualify.
- Move towards free end-of-life social care
- Evaluate the work of hospices, with a view to putting them on a more sustainable financial footing and allowing them to expand their services.

Primary care

- Provide support to struggling GP practices, preventing mass practice closures.
- Increase GP access by expanding evening and weekend opening, encouraging online, phone and Skype appointments.
- Encourage GPs to work together in federations and support GPs to collectively provide services.
- Use innovation funding to promote GP-led multidisciplinary health and care hubs.
- Introduce a Patient Premium to encourage GPs and clinicians to work in disadvantaged areas.
- Ensure changes to pharmacy funding do not inhibit access to community pharmacists in local areas.
- Improve links between JobCentres, Work Programme providers and the NHS to ensure support for those in receipt of health-related benefits.

Public health

- Develop a health and social care system that empowers and encourages people to better manage their own health and conditions and to live healthier lives.
- Keep public health within local government and reinstate funding that has been cut from public health.
- Develop a childhood obesity strategy, including restricting the marketing of junk food to children, restricting TV advertising before the 9pm watershed and closing loopholes in the sugary drinks tax.
- Reduce smoking rates and introduce a tobacco levy to fund smoking cessation services.
- Introduce minimum unit pricing for alcohol, subject to the final outcome of the legal challenge in Scotland.
- Move responsibility for drugs policy to the Department of Health.
- Implement the recommendations of the O'Neill report on antimicrobial resistance.

Non-health related policies

Brexit	<ul style="list-style-type: none"> • Hold a second referendum on the final Brexit deal, including an option for the UK to remain a member of the EU • Strive to retain participation in the European Health Insurance Card scheme • Retain membership of the single market and customs union • Support principle of freedom of movement.
Life sciences	<ul style="list-style-type: none"> • Protect the science budget, including the recent £2 billion increase, by continuing to raise it at least in line with inflation. Our long-term goal is to double innovation and research spending across the economy. • Guarantee to underwrite funding for British partners in EU-funded projects like Horizon 2020 who would suffer from cancellation of income on Brexit.
Pensions	<ul style="list-style-type: none"> • Maintain the 'triple lock' of increasing the state pension each year by the highest of earnings growth, prices growth or 2.5% for the next parliament.

NHS PROVIDERS VIEW

Funding

The commitment of £6bn of health and social care investment a year would be shared between the NHS and local authorities and will fall short of 'plugging' the funding gap by 2021/22. As areas that have lacked investment in recent years, the targeting of resource towards community-based and preventative services, social care and mental health is appropriate. It will be vital to the success of transformation efforts that capacity is built in each to enable patients and services users to access care closer to home. Ongoing investment in ambulance and acute services will also be necessary in parallel to maintain service quality and standards. Committing to increase capital investment in hospitals is positive, although the manifesto does not specify how much of the £100bn set aside for infrastructure investment will go to the NHS.

Beyond offering immediate investment, it is encouraging that the Liberal Democrats recognise the importance of achieving both a long term solution for health and social care funding, including workforce requirements, and an integrated model of care fit for 21st century patient need. As we highlighted in [Investing in Success](#), the solution developed will need to be underpinned by a detailed understanding of future demand and should take into account the substantial body of existing work, including the [Barker Commission](#), to avoid duplication of effort.

Workforce

We welcome commitments to end pay restraint, to guarantee the right to remain for EU nationals working in the NHS following Brexit and to develop a national workforce strategy aimed at addressing shortage areas. Persistent shortages have been a key driver behind reliance on agency staff and placed the existing workforce under very considerable strain, so a specific focus on how shortages areas can be addressed should be a central consideration in forward workforce planning. We are particularly pleased that the manifesto highlights the importance of supporting community and mental health staff, where the impact of workforce shortages is pronounced..

Mental health and learning disabilities

Mental health is rightly identified as a key priority in the Liberal Democrat manifesto. Measures aimed at delivering parity of esteem – from the introduction of additional waiting time standards to making crisis care more accessible in acute and community environments to ending out of area placements – would improve the experience of service users and are strong aspirations. It is not clear, however, what level of funding from within the annual £6bn of additional health and social care investment will be allocated to mental health; it will be this that will determine whether these new commitments are deliverable.

Social care

Implementing a cap on costs represents one way in which the social care funding gap could be addressed, but further analysis would be needed on whether this would support the long term sustainability of the fragile social care system.