

Heywood Foundation Public Policy Prize - "Food"

11.7.2021

Categories: Food

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ID: 2031-11 - Category: Food

The Role of Copper Alloys and Paints to Reduce the Spread of Pathogens

A solution to this problem is to use copper-based alloys and paints instead of aluminium or stainless steel which are currently used in hospitals, GP surgeries, dental practices as well schools and offices. The role of copper to eliminate disease has been known since at least ancient Egyptian times but the mechanism only began to be understood in the 19th century. The mechanism by which this works is called the oligodynamic effect in which the release of ions can kill bacteria and viruses in mere hours.

The cost of superbug infections including MRSA and E. Coli to the NHS is staggering. Other than the increased mortality for patients, E. Coli costs the NHS £14 million annually while MRSA cost nearly triple that at £45 million. A recent Imperial College study found that 1 superbug outbreak in a single hospital can cost almost £1 million. The NHS is not just facing a problem with COVID-19 but infection rates and disease transmission for decades has cost the public purse billions of pounds and with drug resistant strains becoming more common.

However, we have a chance to implement a solution that will not only benefit the public now but will for generations to come. By using copper-based alloys and copper-based paints on surfaces that are known to transmit pathogens we can eliminate a large percentage of transmission and reduce infections drastically. Studies have shown that 99% of E. coli was eliminated from copper and brass in 2 hours whereas it was able to live on steel for 30 days. With the H1N1 swine flu virus, the pathogen was reduced by 50% on steel after 6 hours whereas on a copper surface this was reduced by 99.99% in 6 hours. This is a virus which in 2010 cost NHS London £19 million. Another study found that MRSA was eliminated from brass surfaces in under 5 hours and on pure copper in less than 2. With COVID-19, a study by the US National Institute of Health found that on copper, COVID-19 was 99% eliminated in 4 hours whereas on steel it remained for 3 days. While drug resistant strains of pathogens are becoming ever more present, they have yet to find a way to be copper resistant over 3000 years which is something that cannot be underestimated.

While an initial retrofit is not the cheapest initial solution, a change to the Building Standards for new public buildings including hospitals and schools would minimise an initial increase in expenditure while reaping the reward of lower disease transmission. In time, when the infection rates in new hospitals with copper surfaces are significantly reduced and a cost benefit realised, a retrofit of all hospitals, GP surgeries, dentists and ultimately all public buildings would reduce the burden on the NHS in terms of both patient numbers and financially with each passing year.

While there will always be the need for cleaners in all public buildings, copper surfaces can clean itself consistently without any human interaction. With this strategy and use of metallic antimicrobial properties, the United Kingdom could be in a position where in our hospitals, our pathogen transmission hotspots are cleaning themselves 24 hours a day, every day. When a cleaner may have missed a door handle, the door handle cleans itself. Where a patient leaves E. Coli on a bannister, the bannister cleans itself. When MRSA is left on the railings of a bed, the surface kills it before the next patient arrives. Infections rate plummet, patient health improves, the burden on staff reduces and the expenditure fighting unnecessary pathogen transmissions is potentially cut by £Billions

We will change our culture from “regardless of what I do the NHS is there to fix me” to “I am responsible for my own health, the government will support me in my choices and the NHS is there for emergencies.”

Whilst being fit is a good idea, you can't exercise your way out of a bad diet, for thousands of years we took no exercise, we ate a traditional whole food diet, not too much and moved around throughout the day.

Actions to Fix and Capitalise

- Review and update our current “recommended healthy diet” taking into account the most up to date research into: whole foods, plant based eating, high welfare animal husbandry, eating less but better quality meat, gut health linked to mental wellbeing
- Change the tax system in order to make it cheaper to support everyone in eating our new recommended national diet
- Review what and how we farm and incentives farmers to produce what we need as well as protecting the environment
- Incentives supermarket chains to promote and make it easier / cheaper for customers to buy recommended diet ingredients
- Develop a TV and online training program using celebrity chefs and key influencers to train the nation. MAKE IT COOL
- Teach children to cook at school
- Protect and expand free school meals for KS1 as this sets habits early
- Reinvigorate school food based on the quality of offer rather than choice

- Increase taxes on processed food in shops, in restaurants and take-aways call it a processed food tax
- Increase tax on low welfare food so that a mass-produced imported chicken is the same price as a free range organic British one. white bread / pasta has to be 50p more expensive than a whole grain alternatives
- Set minimum prices on some food so “big-business” can’t undercut small producers (they do this with bread in France €2 minimum for a baguette)
- Train GP’s in the effects of a healthy diet can have on patients (currently 6 hours in 5 years of training)
- Enable GP’s to prescribe training courses and whole foods not pills (could be a problem for pharmaceutical companies)

My thinking is not new, in many ways it's common sense but common sense is not common practice. Just because we expect people to know this does not mean they will do it, especially when they are marketed something completely different by the process food industry. Good farmers growing and producing the food we need don't have the marketing budget to compete,

We need to help and support our nation to eat well.

I'm in.....

How can I help? (I might have the £25K prize to invest for starters)

With love

Chris

ID: 1200-11 - Category: Food

Response to Q1. Meals+: A New Take on An Old Classic – ‘Meals on Wheels’

What is Meals+? It’s concept that can be described as a new take on the long established ‘Meals on Wheels’ offer... defined by the DoH as: ‘Meals on wheels’ are hot, nutritional meals delivered to people who are unable to, or find it difficult to, prepare a meal for themselves. A range of meals are produced, considering people's cultural and religious requirements, personal preferences and dietary needs.

This is an opportunity to reimagine the service in a way that aggregates many benefits to create large scale social value: a preventative caring service, embedded within the community health and care economy. The idea is the design and implementation of a new national meals on wheels service. Meals+. Meals on Wheels have almost universally been withdrawn – leaving no comparable offer suitable for older people with social care needs. There are real tangible examples of negative health impact when services are withdrawn. Limited number of existing services remain but underachieve in terms of their potential social and economic value.

The service can act as eyes and ears alert to the usually hidden signs that people may be struggling or experiencing a decline in their wellbeing, shining a light on someone’s circumstances, and proactively linking in the right support or intervention, avoiding a more detrimental outcome for that person. A summary of the achievable benefits include:

Addressing Loneliness and Social Isolation – a face to face service available 7 days a week at a pre-agreed time. Deliveries will be made by friendly, reliable people who form positive relationships and build rapport with their customers. Research has proven that the person-to-person interaction is the single most valued element of the service. Reduce demand and address capacity challenges in

Homecare services – consultation with homecare providers has revealed that between 20%-30% of the care visits they complete are for meal preparation and welfare checks, which neither activity requires a CQC regulated service provider to complete. The opportunity to replace these non-regulated care visits with a meal delivery and welfare check exists now. Linking the meals service with homecare providers will help to support their customers in a more integrated and holistic way.

Improve health outcomes and nutrition- Malnutrition (undernutrition) is characterised by low body weight or weight loss, which simply means that some older people are not eating well enough to maintain their health and well-being. It is estimated that around one in ten people over the age of 65 are malnourished or are at risk of malnutrition - over one million older people in the UK today. Malnutrition is both a cause and a consequence of ill health. It affects health and wellbeing, increasing hospital admissions, and can lead to long-term health problems for otherwise healthy and independent older people. It can also mean more visits to the GP, increased chances of being admitted to hospital and longer recovery times from illness. A nutritionally balanced daily two-course hot meal can support healthy nutrition and avoid some of these risks to health and wellbeing.

Develop links with Primary Care – the service can provide additional intelligence to GP's and health professionals in the community, identifying red flags and making referrals to the appropriate service, enabling early intervention.

Create jobs, use Kickstart Scheme and Apprenticeships – the service will create a range of new jobs and well suited to take advantage of the governments Kickstart scheme, offering opportunities to young adults and a possible career pathway within social care. There is also the opportunity to develop apprenticeships, supporting the varied business functions.

Investment in electric vehicle fleet – the delivery of hot meals and face to face interactions with customers in their homes will require a fleet of suitable vehicles. Electric vehicles fit this bill well, because of the local nature of deliveries and opportunity to charge overnight between shifts.

Creation of new supply chains (in-country sourcing) – the setup of the service will inevitably require a supply chain. This is likely to include frozen meals, commercial catering equipment, premises, vehicles, and various support service contracts. The supply network that enables the optimisation of the service will inevitably require or provide the basis for a good degree of collaboration between public, private and non-profit sectors.

This service would also provide an opportunity to explore how support could be provided in the provision of free school meals to family homes.

Investment and financial model – with the current older population arguably being the most affluent of recent generations there is strong potential this could be a service charged to each customer e.g. £7 for a hot two course lunch meal. However, to achieve the maximum social value means testing may be a more appropriate model. There may also be an opportunity to free up some capital by making changes to the ‘Winter Fuel’ payment eligibility, for example offered only to those older people in receipt of means tested benefit. This would release some of the £2 billion currently spent annually on winter fuel payments as seed funding.

ID: 931-11 - Category: Food

How VAT could be replaced with a "no-value-added tax"

Summary

This proposal is for a policy change that will help the environment, help businesses, and help level-up poorer parts of Britain.

The proposal is to reform Value-Added Tax.

Specifically, it is to replace a tax on adding value with a tax on not adding value.

Current Situation

At the moment, almost all food bought at a British supermarket is effectively VAT-free, even if it's battery-farmed, picked by child-labourers, flown in from far away and wrapped in plastic.

All food from restaurants has VAT of 20% added to the price, no matter how ethically sourced the food is, whether the staff are paid a "living wage" or how beneficial the restaurant is to the local community.

At the moment, all vehicles have a 20% VAT added to their price, whether it's a bicycle or a high-polluting car.

And VAT is applied at the same rate, no matter where in the UK the product is being made or sold, meaning the same proportion of turnover is taken as tax whether the sale happens in Hampstead or Hartlepool.

VAT is charged even when a product or service is provided to a 'VAT-registered' business, meaning both the seller and the buyer must complete a VAT return even though the exchequer gains nothing from it.

And the reclaimable nature of VAT allows criminals to make fraudulent claims, costing the exchequer billions of pounds.

As VAT is levied on revenues and not profits it harms low margin businesses disproportionately. Indeed, it forces most businesses with profit margins below 20% out of business.

And VAT is just one of a dozen indirect taxes, such as alcohol duties and air passenger duty, that all aim to raise tax revenue on discretionary spending and alter consumer decisions.

This means there are a dozen different compliance burdens, rules and rates, very few of which are understood by the average taxpayer.

Yet taxes should be transparent and understandable. But how many people know how much tax is on a pint of beer? Or a flight to Marbella? Or a litre of petrol? Having so many different indirect taxes removes transparency and makes ethical decision making more difficult.

Surely the businesses that should pay the most are the ones that don't recycle, that emit carbon dioxide, that blight local neighbourhoods, that encourage addictions, and a dozen other ethical wrongs?

It seems we have this tax the wrong way round. We shouldn't be taxing businesses that add value, but those that do not. This proposal is for Value-Added Tax to become No-Value-Added Tax ("NVAT").

Opportunity

If there was a single, clearly visible “NVAT” number that was added to all goods and services then consumers could easily alter their buying choices, led not just by price but by the NVAT rate – a rate which would indicate the societal and environmental harm caused by the product.

Producers would have to alter their manufacturing and business practices to ensure they can charge a low rate. The government could still collect the same total amount of tax. Everybody would win.

Imagine choosing between two packets of salad, but one costs more because its packaging is not recyclable, and the NVAT percentage clearly shows it to be worse for the environment.

Cars would cost more as their CO2 emissions rise, and bicycles would become cheaper.

Fish from unsustainable stocks would cost more, and it would be clear to the consumer why this was.

Businesses in parts of Britain that need to be “levelled-up” would charge lower rates of NVAT than those areas that don’t need assistance.

High street stores could charge lower rates than Amazon.

Clothes makers that could prove their cotton wasn't picked by forced labour would have lower prices.

Private schools would charge different rates depending on how much they shared their resources or offered bursaries.

This change would mean businesses become liable to pay for their "negative externalities" – that is, the harms they cause society and the world, whilst being rewarded for ethical business practices.

Practicalities

To reduce fraud and reduce 'red-tape', NVAT would only be charged (and thus become payable to HMRC) when a sale is made to a consumer who is not registered for NVAT. The purchaser of the good or service would be informed of the correct NVAT rate to use in their own onward sale.

To make the transition to NVAT as smooth as possible it could be introduced at the same rates as VAT is at currently. The NVAT rate would then be calculated as an adjustment to that base rate, depending on government policy.

For instance, imagine a business selling sunglasses online. The standard rate of NVAT would be the same as VAT is now – 20%. The seller would then select their product or service from existing classification codes, then follow a short questionnaire to determine the correct NVAT to

charge, such as:

- Is this product made from recycled materials? (If no, add 6%; if yes, deduct 4%; if unsure, add 6%)
- Is your business based in an officially designated economically disadvantaged region: (If yes, deduct 5%)

Businesses over a certain size could be asked:

- Are at least 25% of your board members women?
- Is your average director remuneration less than 10 times the average pay of your employees?

And if the answer was 'no' a percentage point or two could be added to their NVAT rate.

If sufficient businesses improved their conduct to qualify for lower rates of NVAT then the base rate of NVAT could be raised, ensuring that the overall revenue collected from sales taxes remains the same.

Conclusion

With the adoption of an NVAT rate we could help make business practices fairer, we could support businesses that are more environmentally friendly, we could encourage a fairer

distribution of resources, we could help consumers make more ethical choices, we could reduce fraud, we could encourage economic activity in poorer parts of the country, and we could do all of this without changing the overall amount of tax collected

ID: 1194-11 - Category: Food

How COVID and climate change may reinforce social cohesion at a domestic level

1. Apart from COVID, a major challenge for government, in both the long and short term, is meeting climate change targets for the reduction of carbon outputs. But the White Paper on Energy and the provisions of the Environment Bill can make the targets and objectives appear inaccessible (even incomprehensible) to the average consumer.

2. COVID 19 has led to an upsurge in community spirit/neighbourliness. It would be beneficial to find a way to link improving social cohesion with controlling government spending, and to integrate high level aims with grassroots projects at a local level.

3. One of the most pressing problems likely to affect people directly, is the need to replace domestic gas boilers with low emission forms of heating in our homes. A key issue is how to 'retro-fit' new forms of energy into the existing housing stock, rural or urban, and whether in a large detached house with grounds, an isolated farmstead or a terraced city Victorian house, or serving a 15-storey block of flats in a densely populated urban centre.

4. There are practical implications across several areas, financial, technical & legal. The Energy White Paper Foreword shows Government has billions to spend on improving energy efficiency, especially in supporting vulnerable or low-income homes. But there's a range of circumstances which mean many will not be able to 'buy into' the project. Tenants, or people with terminal illnesses or reaching the end of their natural life span will have no reason to instal a heat pump or join any 'District Heating Scheme'. Previous research on that topic should be re-evaluated.

5. There's always a risk that Government funding for Intermediaries' fees may soak up money

intended for the infrastructure improvements (as in neighbourhood planning). Ideally Government funds will be channelled more effectively, whilst also building social cohesion. So projects involving numerous households sharing a scheme could include incentives to share/work together, and/or tapering reliefs and model legal agreements. Collaboration on schemes of mutual benefit is known to help social cohesion. Such schemes must build in proper maintenance costs over the long term, and legally enforceable access to shared facilities (as in many leases), plus flexibility for a few to 'buy into'/join a scheme later, as their circumstances change or property changes hands. NB: leasehold enfranchisement arrangements may offer a comparison, and the buy-in provisions for LB Bexley in the TFL + Five Boroughs Agreement (quasi s.106) for the abandoned Thames Gateway Bridge.

6. There is a range of devices for reducing carbon outputs, such as the "ground source heat pump", the "air source heat pump", or a much larger shared geo-thermal installation, (as in Swaffham Prior Village). Larger underground schemes count as "engineering operations" which need planning permission (cf Castle Howard's pump under its Lake). Smaller wall-mounted air source devices may not. But thought should be given to instituting a licensing system for the smaller schemes, conditional on use of an approved Eco-design & compliance with any registration process), to keep them out of the delay and complexity of getting full planning consent.

7. The cost of individual installations seems to range from a few £1,000 to £20K. The possibility of sharing installations has not been explored in depth across the range of dwellings and landscape nationwide. What suits London will not suit Cumbria. Local authorities will already know their local landscape and housing stock, and hopefully can assess which types of heat pumps etc would be most appropriate in their area. This is not something that central government authorities can deal with so effectively. It would be helpful to undertake a consultation with local authorities on this issue, to calculate number and type of installations required, and likely cost & potential subsidies. Feedback from Eden District Council in Cumbria will be very different from (eg) LB Brent. Councils may already have a "Green Energy" specialist, but if not, they could be funded to develop this expertise, straddling planning and environmental health, and to provide monitoring & annual progress reports (and enforcement).

8. Installations must also have their details recorded on a public register, so that any new owner can confidently discover the exact size, type and location of any retro-fitted system. Any linked financial liability should be noted as a 'financial charge' in the Local Land Charges Registry. Details would be in the routine Local Search when ownership changes. This would be a routine conveyancing check.

9. Schemes like the Green Homes grant inevitably have glitches and delays. For many people the capital cost will be a big deterrent to replacing their existing heating system. So Government Funds - held by a public authority - could be used both: - To smooth out such glitches and get contractors paid promptly (once they prove compliance by lodging any registration details required), and: - To subsidise installations until they have paid for themselves (often 7 - 10 years). Rather than a massive outlay, the owners/users would simply continue to pay their bills at the old rate, and the monthly amount saved would be off-set against the capital cost allocated to the individual property. At any point it should be possible to find out how much was outstanding on any property individually or in a shared scheme. Once the capital was re-paid, the owners' energy bills would reduce substantially. Planned regular maintenance must be in-built as part of the calculation. Linking public funds to compliance should provide better control over their spending and effectiveness.

10. Summary Shared schemes, such as at Swaffham Prior (Times 9.1.21, p19), and properly regulated subsidies could provide a long term boost to a temporary uplift in good neighbourliness, provided too much red tape and delay is avoided. They would encourage job creation in technical areas, and a useful niche specialism in local government, whilst not adversely affecting the housing market and minimising landscape impact over a wide national area.

ID: 2125-11 - Category: Food

Pandemic response that will also future proof against further pandemics

Due to new variants, repeated vaccinations will not eradicate Covid. We know long Covid is common and will be costly to manage long term. Mild cases in younger people are leading to long Covid hence more drastic measures needed. The ONLY way for us to live our lives free from the constant fear of Covid, illness, hospitalisation, death or long-term disability is to eradicate it. Billions have been spent on track and trace (reportedly ineffective) which is 'reactive' not

'proactive' and means we are chasing the virus constantly. The only option is for everyone to self test daily if they plan to mix with others that day, brush your teeth and Covid self test. This is already happening in other countries, the test is via saliva, takes seconds, is linked to your phone via QR with results in 15 minutes. We should invest heavily in self tests. Most have a mobile, those that don't relatives / community carers could assist. QR tracking is essential in a pandemic. Each person having a QR code is no different to having a normal passport. It could be temporary / trial basis. Anyone who has a positive home test would have a confirmatory PCR test administered by a nurse (in full PPE) and self isolate. QR codes mean they can be tracked to ensure self isolation and not putting others at risk. The above would lead to zero spread in the community or workplace. This will also catch the one in three who have no symptoms plus super spreaders eradicating super spreading events. Everything can re-open with no masks / social distancing and everyone will feel secure that everyone who is mixing is COVID FREE. You will scan your QR code on your phone to enter pubs, bars, restaurants, sporting events, cinemas, theatres etc. This technology is already in place. Tracking via QR will mean 100% compliance with large fines / arrests needed for non-compliance, risking many thousands of lives due to the knock-on effect. To start we could have a National Self Test Day – a Bank Holiday when we all test on that day. Very careful instructions would be shown on TV and advertised plus posted to all. It would be a national cohesive effort. This will show exactly who has the virus at one specific period in time which is priceless data for scientists and the Government. All tests should be means tested, free to those who cannot afford. Given the current low numbers achieved by lockdown we could do this ASAP and see where the current hot spots are. It will also mean that variants can be checked and any South African / Brazilian / evolving strains stopped in their tracks. This would be a huge exercise BUT worth it. Vaccine passports serve no purpose as they DO NOT mean you are virus free and DO NOT mean that you cannot spread the virus. Only a negative test can do this. If we all self test before we interact with others then we know we are keeping everyone we come into contact with safe. The ONLY reason we have the virus here is travellers from other countries. The only way to prevent travellers bringing the virus / new variants here is by having COVID FREE airports. These 15 minute saliva tests can be done at the entrance to the airport – a specific testing hall at which ALL members of staff and travellers HAVE to be tested and pass through to enter. This extra testing security means airports can be confidently COVID FREE - once in you know you are safe and can relax, knowing that no-one has the virus hence no masks or social distancing necessary. Once you reach your destination airport you show your test results on your phone to exit. Before your return flight you will do your morning test plus a further test at the airport. All airports should have their own entry testing in place and be COVID FREE. This is cost effective for airports who can pay for tests as their planes can then be full again and airports can become relaxed for eating and shopping as all fear removed. This system would future proof / prevent future pandemics and the resulting economic catastrophe. We all spend two hours at an airport, are security scanned

and a 15 minute test is no hardship. Our health service can get back to normal without endless virus precautions and the huge cost of treating Covid and PPE. In China all foreign visitors have to undertake a Covid test at the airport prior to entry and due to their QR tracking system are virtually Covid free. QR is not against human rights it is to protect us and in a pandemic it is common sense, although the knock-on effect would be more personal accountability / responsible behaviour and less crime. If you are a law-abiding citizen who cares about the welfare of others you would do this willingly. Anyone who is here illegally should be offered a QR code, made legal and allowed to stay providing not a danger. Vagrants would have a QR code and be kept safe and off the streets, which morally we should be doing anyway. We should have designated Covid hospitals (the Nightingale hospitals) that are for Covid patients ONLY eradicating the fear of catching Covid in hospital. At least 40% of initial cases of Covid were caught IN hospital. By having specialist Covid hospitals all staff would become highly skilled as treating Covid day in day out. With a new disease learning fast is critical. The staff at Covid hospitals would work NOWHERE else. After a positive test if hospital care needed patients can be taken to one of these hospitals nationally via specific Covid ambulance, after recovery they do not leave until they have tested twice as Covid free. All other hospitals would then be safe an Covid. This system can be used for any future viral threats and pandemics.

ID: 1353-11 - Category: Food

Personal carbon allowance

To reduce the movement of goods we need to promote better use of our existing products. We need to create a personal carbon credits which are used for everything we purchase. These credits Will be equally distributed across the population and could be traded. All products would be clearly labelled including air travel. You can gain credits by sola installation, recycling, repairing electric goods . This would help the poorest who normally consum the least.

ID: 966-11 - Category: Food

Environmental Problem. Drinks cans and plastic and glass bottles, littering, pavement and open spaces

Solution.

Ten pence recycle charge added to purchase price. Like the charge for plastic bags in supermarkets introduced recently this would not be a tax. Council waste disposal sites would accept the return of plastic bottles and drinks cans 25 at a time. £2.50 would be credited to the

relevant bank account, which might be that of the parents of children who had collected the items. Glass bottles would be returned ten at a time for a one pound refund

Additionally the increased charge for the high calory drinks would lead to a reduction in sales and thereby a drop in problems of obesity, in particular diabetes.

It would be difficult for manufacturers to argue against the charge since it is widely accepted that the sugar full drinks are bad for one's health and especially for children. Provision would need to be made to stop manufacturers switching to tetrapack type containers, possibly by adding ten pence to these too with an equivalent refund for return of 25 boxes

ID: 901-11 - Category: Food

Thoughts to bring climate change to the consumer so stimulating demand for UK products

This is a simple idea to implement, has low cost but will have a significant impact on both:

- The global crisis of climate change by bringing it gently and daily to the consumer,
- while also stimulating demand for UK manufacturing and farming which will help with the re-levelling across the UK, post-Brexit.

My Idea: I would like to see all UK sold goods, labelled simply to show their use of raw and scarce materials (especially water and carbon) and impact on the environment on their production, delivery and packaging.

Consider strawberries sold in a supermarket. In June, UK grown strawberries will have a 'low rating' because transport costs will be low whereas, for strawberries bought in December, the rating will be much higher because of the carbon impact of flying in overseas grown strawberries.

Similarly, the labelling will show that items made of cotton have a significant environmental impact because of the high-water requirement in production.

I don't believe in telling people what they should do but without information, we can't make any effective and informed decisions. To be successful, the labelling system needs to be simple and accessible.

I suggest a simple 1 to 5 scale.

The scale also needs to be understandable by children. I know that if we educate children about the labels by including them in the national curriculum, they will drive buying parental preferences and so I recommend matching children accessible pictures (maybe level 1 could be a polar bear sitting alone on a tiny ice flow) to the scale.

The impact of all of this will be to:

- increase awareness and show what we can do individually to have a positive impact on climate change.
- Change buying behaviours towards environmentally friendly products.
- Encourage consumers to buy UK and locally sourced goods (which will always be more environmentally friendly because of lower transport costs) stimulating UK business.
- Provide a focus for continuing education and understanding.

ID: 1957-11 - Category: Food

Creating a London Food Lab to support local and disadvantaged individuals

London Food Lab could be a hub of innovation bringing food entrepreneurs together to build better businesses and learn from one another. This concept offers a solution to a double sided issue of creating a sustainable food system and supporting individuals from disadvantaged backgrounds.

Presently, the government has provided funding and aid through grant and Bounce Back Loan schemes, but there remains a dearth of services for the thousands of businesses unable to apply due to time constraints or an inability to access them.

The London Food Lab is an incubator that is rooted in Localism, an ideology that many Britons would like to continue post-Covid-19. Now more than ever, as COVID-19 continues and Brexit begins, it is important to invest our time and energy into creating a more sustainable holistic foodcape for the UK. The London Food Lab is a for-purpose food business incubator, designed to help existing and inspiring food businesses thrive. Our aim is to equip people with the skills, tools, networks, and resources needed to become a thriving food enterprise in London and to collectively make London a more vibrant, diverse, and sustainable place to live and eat. We want to empower individuals with the capabilities they need to participate in a thriving local food system, giving them the tools and efficacy to become leaders in their communities, while providing better access to healthy, affordable and culturally appropriate food.

At its centre, it is a 3 month program that covers ideation, market research, prototyping, scaling, building a team, food business literacy and gives access to mentors, guest speakers and a range of tools and resources. And also offers research, event, and consulting services. We believe this will foster innovation through the open exchange of ideas and will build resiliency into the post covid food system but creating a community web of support.

The social determinants of health highlight the disparity of access for many BAME communities from the top down - unequal resource distribution, diminished access to health services,

nutritious food, and economic resources. The London Food Lab would be specifically dedicated to supporting people from disadvantaged communities in London, such as BAME and low income individuals.

The London Food Lab is modelled after the Detroit and Sydney Food Labs, both of which have helped hundreds of entrepreneurs create businesses that improve sustainable food systems and diets. The Detroit Food Lab has been pivotal in helping the city recover after the abrupt collapse of the automobile manufacturing industry in the 1970s and 1980s. The Sydney FoodLab is connected to Sydney University and they partner on research projects. Also connected to the Food Tafe, so businesses have access to commercial kitchens and cookery training. This joining of business and research has yielded a range of interdisciplinary benefits and will go on to pave the way for many future projects and collaborations.

Investing into business accelerator programs like this are likely to result in compounding benefits. Under this model, it would be possible to invest in the success of dozens of start-up businesses, for the same funding level as one. This exponential value generation makes limited budgets stretch further while providing benefits for a wider range of participants as well as the UK in general.

ID: 1370-11 - Category: Food

Improved plastic recycling.

Current proposals for recycling plastic bottles is to have local "reverse vending" machines. To have sufficient numbers, convenient enough that the public would use them would be prohibitively expensive.

A more cost-effective solution would be to have centralised readers at each recycling centre and use the existing household recycling system. The readers would utilise a similar universal data detector as used in supermarket checkouts. Plastic bottle manufacturers would be required to provide a blank space alongside the existing bar code to receive a sticker or stamp to be placed there by the member of the public doing the recycling. Members of the public would register for the refund system and be issued with their bespoke stickers or stamp that would be read at the recycling centre and that data used to credit their account.

Penalise any manufacturer not prepared to be involved and use the funds to fund the development of the registration / reader software and sticker / stamp technology.

The barcode could also contain information about the plastic to facilitate waste sorting.

Litter picking could be encouraged if anyone finding discarded unstamped bottles might be allowed to get the refund.

Incentives in addition to the refund might be lottery entry, possibly.

Enhancements to the scheme would be to extend to other packaging, develop a cheap laser etcher for the stamp.

ID: 795-11 - Category: Food

ONE SIMPLE FIX FOR THE PROBLEM WE HAVE WITH NON-RECYCLABLE WASTE

The UK has exported many thousands of tonnes of waste to countries, such as Vietnam and Malaysia, which are not necessarily equipped to recycle or process it properly. As we know, much of it ends up in the sea.

The UK imports thousands of tonnes of goods from abroad and with it comes vast amounts of non-recyclable packaging, including plastics and polystyrene. It is in the interests of at least some non-UK sellers (on Amazon, for example,) to keep their packaging costs as low as possible, and it is not their concern that we are unwilling to pay for the real cost of recycling the mountains of rubbish they send to us. Much of this waste is then sent away to far-off nations whose problem it should not be and where it might not be processed at all. Providing this service to us provides these countries with a quick buck, but the cost to all is vast! It also builds resentment and mistrust of the UK – about to host COP26 in November.

My big idea is to allow goods to be imported to the UK on condition that all the packaging (at least) can be completely recycled within the UK. The technology probably already exists, and if not, our brilliant engineers and scientists are likely to come up with alternatives and improved recycling facilities very quickly.

In the short term, we should at the very least allow consumers to make an informed decision by requiring vendors to list the materials used for packaging. We should be generous in advising poorer nations on how to set up the production of these products.

And we might even consider exporting them ourselves!

ID: 3008-11 - Category: Food

Summary - now is the time for the UK population to become “pharmacy-literate”!

The experience of the pandemic provides an unprecedented opportunity for engaging the public in a concerted education and information campaign to explain the role of medicines and vaccines: how they are developed, used, regulated and monitored for safety.

The aim would be to create a “pharmacy-literate” public. A parallel could be drawn with efforts to improve “financial literacy”.

The Problem:-

The pandemic has exposed the UK population’s lack of a solid base-level education about medicines and vaccines, compounded by disparate and inconsistent sources of information. During the past year we have witnessed the resulting knowledge gap being filled with conspiracy theories and misinformation, spread primarily via social media. The MMR controversy of the late 1990s is another example of how easily false assertions can gain traction and cause fear amongst a public that is lacking in basic knowledge of the subject.

The Benefits:-

Greater public understanding of medicines and vaccines will assist the UK Government, its devolved administrations and health systems to:

- Debunk misinformation and myths around vaccines in particular – aiding efforts to overcome “vaccine hesitancy” and boost public confidence in the regulation of medicines.
- Encourage patients and carers to engage with regulators and the wider health system to report issues of safety and other concerns – strengthening the public’s input to the data collected to monitor the safety of medicines and vaccines and building trust in the role of the regulators.
- Support citizens to take responsibility for their own health management by empowering them to make informed choices and decisions – contributing to a healthier population and relieving pressure on the NHS.

- A better informed and educated public would, arguably, be more willing to participate in health research and clinical trials – supporting efforts to position ‘UK PLC’ as a prime location to develop innovative medicines and treatments.

The Challenges:-

There will be challenges in how to create an education and information programme that is:

- Trusted (by the public).
- Accessible (to all UK citizens).
- Comprehensive (in terms of its content).

Meeting those Challenges:-

a) Involvement

Involving the right stakeholders to co-create the programme and to collaborate in its dissemination will help to ensure comprehensive content and, crucially, to build public trust in relation to both the information delivered and the overall aims.

Key stakeholders to involve include:

- Patient groups - from across the UK
- Black and Minority Ethnic (BAME) community groups
- UK Regulators - primarily the Medicines and Healthcare products Regulatory Agency (MHRA), the Health Research Authority and NICE
- NHS and public health bodies (e.g. the National Institute for Health Protection)
- Community Pharmacists - the networks/representative bodies for community pharmacists across the UK
- Other healthcare professional networks and Royal Colleges – those with direct relevance, such as the Royal College of General Practitioners
- Department for Education

Representatives from UK patient and BAME groups should be at the heart of the development and delivery of the programme. From the outset they should be involved in defining and steering the work. The inclusion of BAME community and patient group representatives will help to engender public trust.

Those stakeholders who represent the health and education systems, healthcare professionals and the regulators would be able to contribute technical content for the programme and the creation of dedicated information resources.

There could be a limited role for the pharmaceutical industry, primarily in relation to content development and perhaps a contribution to funding. However, caution would have to be exercised regarding the extent of industry participation in order to avoid public perception of the programme being used as a “vehicle” to market pharmaceutical products.

b) Delivery

Making the programme accessible to the wider UK public will require a combination of the most appropriate delivery methods and support from the stakeholders – the latter can provide channels for dissemination through their own networks and communications; directly reaching out to patients and BAME communities.

A blend of different access points should be considered:

- Interactive electronic information terminals in every pharmacy and waiting room (GP surgeries, health centres and hospitals) – enabling patients and carers to access information, in a healthcare setting, about the medicines they are being prescribed and how to report side effects and other concerns.
- The National Curriculum would benefit from including the subject of medicines and vaccines (basic coverage of how they are developed, regulated and deployed) in the citizenship programme for key stage 4.
- A single trusted online source of information on medicines and vaccines that is independent of existing NHS and Government websites. A dedicated website could provide the public with very basic top level information on medicines and vaccines, whilst also allowing visitors to drill down into as much further detail as they wish:
 - o The top level should be composed of engaging content: simple in structure and delivered primarily in graphical format.
 - o Layers below can provide relevant health, technical and regulatory information and data, for those who wish to delve deeper.
- Regular blogs and podcasts from high-profile contributors could deliver “Pharma Facts” –

myth-busting and fact-checking similar to those articles produced by the BBC health correspondents during the pandemic.

- A schedule of open public webinars that will deliver topical information on medicines and vaccines and will enable the audience to ask questions and explore topics with experts from the programme’s key stakeholders. The ‘ZOE Covid Symptom Study’ project has regularly run this type of webinar.

Co-ordination and Delivery:-

The MHRA, as the UK regulator for medicines and vaccines, could be ideally placed to lead and co-ordinate the overall programme and be given the additional resource this will require. The MHRA has an existing patient group forum which could be used to obtain initial input from patient representatives. It also has experience of bringing together stakeholders from across the wider health system, healthcare professions and patient groups, in order to address medicines’ safety issues. This could provide the basis for establishing a steering committee to define and oversee development of a concerted programme that enables the UK public to become “pharmacy-literate”.

ID: 2018-11 - Category: Food

Motivating the overweight to want to lose weight

Summary

The UK has a weight problem, and it is no coincidence that we top the tables on deaths per million for Covid. Add to this the overall cost of obesity to wider society at £27 billion, it is a problem that needs fixing. The root of the issue is motivation. Unless an overweight person has a strong desire to lose weight, they won’t. The proposal is to establish the medical equivalent of speed awareness courses - in private hospitals - with volunteer inspirational role models to ‘hand hold’ thereafter.

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The figures from Gov.Uk are quite shocking. 64% of adults are overweight, 28% obese, this is the fourth highest in the world. In children (aged 10-11), 21% are obese and 14.1% overweight. The policy paper of July 2020 ‘Tackling obesity: empowering adults and children to live healthier

lives' is a great tool, but realistically it will only benefit those with a strong desire to lose weight. The real problem, is reaching out to the majority of overweight individuals who know it is a good idea to slim down (and encourage their children to eat healthier), but for various reasons don't. These are the individuals that weren't hospitalised through Covid and hence haven't received their wake-up call to action. Motivating the overweight - to want to lose weight - and hence be serious about going about it is the issue.

The answer lies in drawing a parallel with speed awareness courses - but with a medical context. These would be 'prescribed' by the GP as appropriate for the individual. They would follow a similar format in that they are for a significant length of time (half a day), are part educational and part strong 'wake-up' call, but dissimilar in that they don't take place in what can be demoralising venues. They would be run by specially trained medical staff (none of whom would be overweight). A programme could be put together based on the consequences of having a high BMI e.g. for every ten-point increase above normal, people's livers become 2.7 years older than their chronological age. A big focus would also be on the damage to the life chances of children. Educationalists could be involved to ensure a varied, interesting, but suitably hard hitting presentation that isn't all 'screen time'. The aim would be high engagement and not too dumbed down or highbrow. The attendees need to come out changed.

To keep costs down and to continue - thinking outside the box – the proposed venues would be private hospitals (particularly those that are/were registered as charities and benefitted from generous business rates relief). It is an opportunity for them to share their good fortune with wider society. If newspaper reports are to be believed, many private hospitals did well out of the Covid crisis. Headlines were full of the 'win win' scenario for the private hospital sector. At the end of May 2020 for example, about £1.75billion was shared unequally between 26 private hospital corporations, each of which picked up payments ranging from £0.9m to £346.6m to Britain's largest private hospital group, which is now Circle Health Holdings. (Source: The Lowdownnhs.info. Analysis November 8th 2020). Most private hospitals tend to be small in scale (averaging just 43 beds) and are primarily staffed with nurses, most of whom work in them on a part-time sessional basis, while employed by the NHS. Making more use of private hospitals for schemes such as this (on a fair and honest price basis in recognition of their 'duty' i.e. shamed somewhat if they are unwilling to contribute to helping the nation become slimmer) makes practical and financial sense. Having the weight awareness courses in such swish, clean, and fresh venues would be a further motivational force for the attendees. We all need to be

inspired.

Which brings me to the volunteer ‘hand holding’ inspirational role models – and for this I am going to become personal. When I took my elderly mother for a hospital appointment at The North Middlesex recently, we had the most wonderful experience. On entry there were three smiling women who were volunteers on Covid duty. One took our temperatures, one delivered our sanitiser and the other helped us to find our way. They were beacons of hope. So kind, helpful, and reassuring. They lifted our spirits, and we still talk about them. Similarly, when I visited the Olympic stadium with my sister when they were in London, it was the volunteers we remember mostly.

The UK has the most amazing volunteer army. All ages, nationalities, socioeconomic status etc. and all happy to help. What works for them (invariably) is short-term involvement (particularly if they are retired or have a family) as ‘mentoring’ means a big time commitment. So my proposal is that following a course each attendee is allocated an inspirational volunteer for a short period to help keep them on track. Someone to go food shopping with, someone to relay weight loss successes with, and someone to help download relevant apps/ establish good jogging routes etc. Each volunteer will be allocated about 3 or 4 people to ‘hand hold’ and then when they are ready to let them go, they put them in contact with one other so that they continue to have support but with those on the same journey. These could become ‘Better Life Buddies’ providing ongoing mutual support and who knows...long lasting friendships thereafter.

The consequence of success of motivating the overweight to want to lose weight is a happier and healthier nation - not to mention a fortune saved for the NHS.

ID: 524-11 - Category: Food

Daily Communal Restaurants can bring communities back together, stronger than ever, improving lives, ending poverty

ABSTRACT: A network of autonomous Daily Communal Restaurants (DCRs) serving bulk-cooked, affordable, nutritious food would cultivate deep community spirit and generate far-reaching benefits.

2020 brought us widespread isolation, atomisation and disunity. To capitalise on a common urge to make up for lost time and repair wounds, DCRs can bring people together by recreating long-lost community spirit around delicious food -- arming against future viruses not just nutritionally, but also through expanded support networks.

It sounds far too good to be true: simply by relieving people of the daily need to cook dinner, they would get significant extra free time to improve their circumstances and relationships. Consistently nutritious food can also guard against illness and promote healthy habits. Serving the food in a communal area leads to many further positives. Deprived communities stand to gain the most, and the potential benefits seem endless.

This proposal requires no extraordinary investment or talent. The first and most important daily task would be to cook and serve one giant pot of food, so perhaps three cooks and a cleaner/porter working a 5-hour shift in a fairly basic kitchen. Anything beyond those basics can come later, as the enterprise becomes sustainable via various income streams.

Imagine if, on any evening of the week, you could briefly stroll to a friendly, comfortable eatery and pay an incredibly reasonable price for a wholesome dinner. For new parents, the daily grind would be much relieved. For pensioners living alone, there would be daily socialising. For those on low incomes, it could reduce a range of expenses. Anyone lacking time to cook wouldn't have to survive on junk food.

The impact such a scheme could have on the average family is profound. If instead of cooking dinner at home, they spent 1-3 hours every evening in a DCR, home utility bills would go down. Since each member of the family could get excellent nutrition at least once a day, lunches could be simpler. Not having to tediously plan, prepare, and clean up after dinner would free up many hours a week for housework, projects, reading, play or exercise.

A city with many DCRs frequented by thousands of people could see less crime, fewer traffic accidents, better school performance, and reduced strain on GPs. Children would be better adjusted after eating beside a variety of older people. From higher birth rates to lower divorce rates and more disposable income, these benefits could multiply across private and public life.

How could tens of thousands of DCRs become a reality and operate in practice? The impetus of the state and cooperation of local councils could ensure pilot DCRs are properly managed, then branched outwards to areas of high demand or deprivation. A gradual national roll-out could begin after a comprehensive strategy is agreed, and suitable premises have been identified.

DCRs could potentially be self-sustaining, democratic and fully independent. With fairly minimal resources required to initially equip each kitchen and seating area, networks of regional DCRs could spring up in support of each other, in constant communication via social media and experimenting with recipes, suppliers and organisational structures.

Each DCR would enjoy a steady stream of volunteers, donations and income from vending machines in addition to revenue from selling food to eat in or take away, at fixed or pay-as-you-feel prices. If necessary, main spaces could be hired out for events and groups before doors are opened for dinner. Favourable rent agreements and deals with local food suppliers would further increase viability.

Once a good dinner service has been achieved, a second meal option, or lunch/breakfast service would be a logical next step. When not serving food, the dining area could be open to anyone wanting company, drinks, snacks or warmth. Larger DCRs could have a play area for children. Every DCR should have a selection of books and magazines, and a hot water dispenser with free tea bags. Leftover food could be available to take away.

Popularity would depend primarily on the quality of cuisine, and the aim should be to establish a settled (but gradually evolving) routine of favourite dishes, each of which would feature around 2-4 times per month. The first recipes could take inspiration from anywhere, and would ideally be possible to cook in a single giant pot or pan. Cost of ingredients, local nutritional priorities, feedback from diners, and ease of preparation/serving would be evaluated over time.

Cooking should be light on meat and gluten, big on vegetables, herbs and olive oil. Dessert could be a small piece of reduced-sugar chocolate. A weekly meal plan would be available online and in a front window, showing which days are gluten free, vegetarian or vegan. Recipes could also be posted online, and the highest-rated dishes entered into contests judged by celebrity chefs.

The beauty of the concept is that each DCR could innovate and evolve in different ways, perhaps opening additional services and workshops, collaborating with neighbouring DCRs, or becoming centres of grassroots organisation in support of multiple causes. Such is the importance of ensuring each DCR is first sustainable, then independent, then preferably democratic. They should belong entirely to the people they serve.

A DCR focused on lifting residents out of poverty could offer free meals to holders of special passes, including free leftovers. A wardrobe could be used for donated clothes, free for anyone to take. A notice board could advertise items or services being donated, sought or bartered. Counsellors, financial planners, trade unionists, solicitors, career advisors and language teachers could be invited to give presentations and take questions.

This proposal must be ambitious and bold in the face of inevitable opposition from corners of privilege and power. The least it deserves is a properly-funded pilot scheme in places where people are loudly calling for it, organised by people whose background makes them obvious choices. The Heywood Foundation should launch a publicity campaign, involving MPs, trade unions, activists and public figures (maybe a Man United striker?)

Let's do it!

ID: 173-11 - Category: Food

A unified government strategy to get the nation counting calories, and reduce Obesity

Current food labelling is not fit for purpose, and the 'traffic light scheme' labelling (which is currently voluntary) is so often abused as to try and hide the actual level of calories inside a package of food. So often they will show the calories/fat/salt for 1/4th of a pack of a food you would never dream of sharing with anyone. Sweets are the worst offenders, with some traffic light labelling showing the calories for 5 sweets. Who reading this has ever eating 5 jelly babies out of a packet? It's not how people eat.

My suggestion is for there to be a complete overhaul of the food labelling system, a unified government strategy to go along with it including classes in schools, a commitment to a perpetual national advertising campaign, and a government app to help with the counting of calories.

Food labelling:

The current system is a total mess, and it is near impossible for anyone to easily remember how much energy they have consumed. Calories, Kilocalories, and arbitrary portion sizes are confusing and irrelevant. I propose a new unit of measurement called a 'Foodie'. A 'Foodie' would represent 100 kcal, and would only ever be whole numbers. In the event that there needs to be some rounding done, it would always round up to put people in a slight deficit. But actually in practise, it tends to work out almost exactly anyway. This would mean:

300kcal = 3 foodies

340kcal = 4 foodies

665kcal = 7 foodies

1220kcal = 13 foodies

And so on, and so on.

The logic behind this is that it is much easier to remember and do addition with smaller numbers. Remembering you have consumed 11 foodies so far is easier than remembering you've consumed 1020kcal.

And adding 3 foodies to 11 foodies is easier than adding 272kcal to 1020kcal.

We need to make counting calories so easy that an 8 year old could do it with minimal effort. We need to make it so simple that the average adult will do it subconsciously when looking at the front of a packet of food.

The second part of the initiative in regards to food labelling would be to put the foodie amount for the entire product on the front, and big font. People can divide 8 by 2 easily, if they decide to share the food. It shouldn't be up to the manufacture to be making that decision, and showing the amount of calories based on how many people you might share with.

The third part would be a QR code on the front. This would have more detailed information encoded in it. Salt content, macronutrient content, and kcals. As well as the name of the food.

All fast food outlets would also be required to show the amount of foodies their meals are worth, along with an easy to scan QR code.

The labelling would be compulsory for all packaged food.

Fresh produce would be exempt from these laws.

The app:

The next part of the unified strategy would be to develop an application for android and iOS that people can download. In this app they can set their height, current weight, and age. The app will then tell them how many 'Foodies' they require. For men this will be about 22 foodies, and for women about 20. It will differ a bit.

From inside the app people can scan the QR codes and keep track of what they're eating. They could also set goals, such as losing weight. This data would be anonymised and sent to the government so it can keep track on what the diets of Brits actually looks like, and this could help guide policy in the future.

These apps exist already (like myfitnesspal) but are overly complicated, and not well known enough to make a big difference on the scale needed. The data can also sometimes be wrong, so creating a government QR code standard for food data would improve the accuracy a lot.

The Education:

Now the public would need to be educated on this new system. A large TV and internet advertising campaign would be run, forever, promoting the app and telling people that men need 22 foodies and women need 20 foodies.

In schools, half an hour of PSHE would be dedicated each year to teaching children the system and getting them to download the app.

I believe that if we do all this, and make the process of counting calories almost so easy it can be done without any thought, people will do it and realise just how much more they're eating than is necessary. And with a multi generational approach to teaching the system, I believe it would pay dividends over a few decades as children transition to adult life with the knowledge of how to correctly track the level of energy they're putting into their body.

ID: 434-11 - Category: Food

OBESITY-THE SOLUTION

Tackling obesity and its causes requires coordinated interventions on three fronts, educational, health and commercial/regulatory, bringing together different participants like health professionals (including GP's), schools, supermarkets and food producers.

On the educational front, encompassing both the education sector itself and wider public messaging , there are a number of interventions. Young people from a very early age should be taught the importance of food and nutrition and how it relates to them and how it is produced. This needs to continue into Primary School and Secondary School and supplemented with food preparation and cookery classes. Exercise and fun sports and activities would become part of the school timetable and given much more emphasis than is currently the case. PE teachers would be recruited in inner city schools where is it more challenging for kids to exercise and children would be encouraged to walk to school wherever possible.

A major public information campaign highlighting the dangers of obesity would be mounted and maintained over a prolonged period, similar to those that have shifted public attitudes over time to drink driving and smoking. Support would be given to families who need extra support and encouragement to maintain a healthy lifestyle.

The challenge is to deliver change and engage public support in those disadvantaged areas where obesity poses a particular threat. The community and voluntary sectors will have networks and ideas about how to get buy-in from communities. Role models/champions are able to reach audiences that conventional means don't (look at Marcus Rashford and Captain Tom).

In the health sector much is already being done to deal with the consequences of obesity, but strengthening the prevention/early intervention focus and building multi-disciplinary teams of medical, mental health and social care specialists specifically to support the wider strategy will provide additional momentum.

In the commercial sector both voluntary partnerships with business and a regulatory framework that incentivises change will be needed. Supermarkets will be encouraged to promote fresh fruit and vegetables instead of unhealthy options and junk foods. The subsidy support structure for the agriculture sector would encourage the production of the necessary products. Taxes targeted on less healthy foods would be used to subsidise some of the additional services being recommended. Advertising guidelines would change to incorporate this new way of thinking and all junk food adverts would be banned.

In terms of delivery and oversight, a cross-cutting government group, headed by a Minister but with a high -profile advisory group to advise and support, would be established to drive through the necessary changes and report progress on a regular basis.

ID: 2032-11 - Category: Food

Saving the NHS through innovative funding and structural changes

Additional funding and structural changes to NHS service provision are required to save the NHS.

In summary:

The phased introduction of a Health Insurance Supplement, in later life, in conjunction with the implementation of simpler more cost-effective NHS care pathways would address some of the inequalities in society and help fund the shortfall in NHS provision.

What are the issues?

Older people use disproportionately more of the NHS resources than the general population, especially in their last year of life. The over 65s may represent just 20% of the population but they consume about 40% of the NHS budget. This imbalance can be rectified by my proposal.

The Covid-19 pandemic has exposed inequalities between those relying on earned and unearned income. Those living on unearned income have generally been spared financial hardship during the pandemic, with many able to make additional cash savings. Although unearned income has declined due to both the pandemic and Brexit, those affected are generally retired and without the financial burden of raising a family.

However, where the retired population is suffering is being unable to readily access medical diagnostics and treatment under the NHS and hence fulfil their lives. Although statistics are produced on patient numbers waiting for treatment and surgery, these data fail to reflect the true situation. Patients can find they are not even registered on the lists from where the statistics are drawn.

How can these issues be addressed?

An effective solution would be to introduce a Health Insurance Supplement (HIS) at 50 years of

age, when one's children are reaching an age when they can earn and hence require less parental financial support.

How would this work?

It could:

- Operate like employee National Insurance (NI) contributions and be linked to income - i.e. payable above an earnings threshold and then reduced for example to 1% of income above a higher limit (i.e. akin to the upper £50,000 p.a. threshold for NI in 2020/21).
- Start at for example 1% of income at age 50, increasing to 2% from 55, 3% from 60, 3.5% from 65 rising to 4% of income from age 70.
- Unlike NI contributions that stop at retirement, HIS would continue for life and based, like NI, on the ability to pay. This would reflect the reality that older people consume more of the NHS.

To determine the optimum contribution levels, modelling is required to quantify the money generated and its impact on enabling improved NHS service provision.

It is hoped that this new Health Insurance Supplement would come from disposable income, so the impact elsewhere in the economy needs to be assessed. Likely effects include a reduction in spending by older people on travel, holidays, helping younger members of the family and on resorting to paying for private healthcare.

The income from the proposed HIS will still fall well short of the additional funding required by

the NHS to deliver sufficient essential health services for the ageing population. The additional funding therefore needs to be combined with the much-needed improvements, in the efficiency and effectiveness of NHS provision, through fundamental structural changes to the NHS.

Currently, older people are faced with funding certain basic healthcare themselves. GPs are often faced with the embarrassment of telling patients that if they want to secure a positive health outcome before it is too late, the only solution is to pay privately. This is to avoid irreversible damage to their body, retain mobility and enable an active life. After lengthy waits, for example to treat troublesome hernias, arthritic joints, painful limbs, vascular problems causing excruciating ulcers and to diagnose cancers, many older people are driven to fund procedures themselves. Costs for private diagnoses in NHS facilities can be exorbitant and far in excess of the actual cost.

In tandem with the new proposed HIS contributions, essential healthcare services need to become more readily available. Care pathways in the NHS must be simplified and shortened, with many of the intermediaries (often private companies), which are hindering rapid service delivery and recycling problems, being removed. These circuitous routes to care currently add financial cost, create excessive delays in healthcare and cause unnecessary morbidity and mortality.

Clear referral criteria need to be approved such that GPs and other referrers can use their judgement and refer straight to the treatment provider. A simple audit process can be implemented to check that the agreed criteria are being met.

If older people are investing their disposable income in the HIS, then the NHS services they urgently require and expect in their later years need to be assured. It is far more cost effective to pay more into the NHS for good NHS provision. Resorting to depleting personal savings to self-fund urgent and essential elements of private health care i.e. that the NHS has been unable to provide is an inefficient use of scarce funds. However, if this money is now invested in NHS provision then there needs to be a mechanism by which standard healthcare is guaranteed.

ID: 2022-11 - Category: Food

Have you dropped the bottle?

I propose a widespread advertising campaign with the above title and focussing particular on the plastic bottle.

Being seen in public with a single-use plastic bottle must become socially unacceptable. It needs to be seen as equivalent to wearing a fur coat, or even worse.

I suggest that everyone should be encouraged to reduce the amount of plastic they buy by at least fifty containers/bottles a year. We should be incentivised to post on social media about the bottles we did NOT buy. We will be incentivised also to complain about the poor practice/laziness of manufacturers.

Substantial prizes (mortgage paid off, for example) should be awarded annually to at least ten families who can demonstrate their commitment to reducing plastic usage, and school students nationally should also be rewarded generously (free university tuition, for example) for putting their minds constructively to this problem. All schools should be obliged to pay annual visits to their nearest landfill site.

The cosmetics industry has grown out of all proportion. New more sophisticated manufacturing processes have led to a great abundance and diversity of enticing and attractive products for everyone. But manufacturers of cosmetics will need to come absolutely clean. All those selling into the UK must be obliged to sell products in bottles and tubes that they will subsequently accept back and recycle. Each time a bottle is returned they must return to the customer a small deposit. They can outsource this system but it must be accredited and a video on their website must show the recycling process. They will also be obliged to contribute to research into biodegradable plastics and new methods of recycling.

Large portals such as Amazon and Ebay must only be allowed to sell to the UK if they are complicit with a range of new regulations and prepared to pay a stipulated amount per purchase of any plastic item towards research and recycling. The same rules should apply to supermarkets and food packagers. Moves are already being made in this direction but not enough is being done and the speed of change is far too slow.

There will be annual booby prizes and bad publicity (perhaps with a comedy angle) for the worst manufacturers and websites.

Government will appoint a high profile recycling tzar - someone effective (of course) and non-political.

Please, let's do this.

ID: 1215-11 - Category: Food

To learn how to cook , healthy affordable food, help unemployed hospitality cooks and chefs

What has come to light in different ways is that people do not know about food and how to cook it . We now have several generations that have no idea, so they rely on takeaways and junk food. My suggestion is that the effect that the pandemic has had on hospitality, that we use the unemployed cooks/chefs to teach people how to cook basic healthy food .This would have a knock on effect that people would eat better and not rely on takeaways and junk food, so also addressing the problem of obesity

So my idea is to set up places where people can go to learn to cook. Have a course for either one full week or one day a week for 6-8 weeks so people can be taught the basics. The staff from hospitality could be paid extra on top of unemployment benefit to use their skills and knowledge to teach cookery. The extra money would make up a little for what they lost in the last year, plus something to add to their CV,s. The people attending would be given time off

work with pay so they can attend. Low income people cannot afford to do something if they lose out financially, and any extra payments would be on the understanding that the course is completed and verified.

The course would be where they would learn how to prepare and cook so able to feed themselves (and family) for a week. The class should include how to shop for healthy and budget friendly ingredients. The class must be simple and not lecturing, maybe show how similar ingredients could be used e.g. Cottage pie one day, spaghetti bolognese another. Vegetarian options possible, not vegan, some people cannot afford or have knowledge to be vegan, if all they know is takeaways and junk food. Classes would also need to cater for different ethnicities, e.g. Indian /Caribbean. Portion control would also need to be addressed as a lot of people as well as supermarkets have lost the idea of what is normal/sufficient portion. A small addition to this would be a piece from a nutritionist to get away from silly ideas on diets and how to eat sensibly (proteins carbohydrates fats vitamins etc) but well.

As regards the food, here is where the supermarkets come in, as they seem to have done ok out of the pandemic. If they could put a package together of ingredients that could be supplied for the classes. I think at the moment one of the major ones is putting one together for people to buy food for a week, but again this is a big supermarket that not everyone has access to one. The need for better health and to help out the fishing industry, part of the cooking could be for fish, not the old fish and chips, but some people have never tried fish unlike people on the continent.

The class would need to supply a simple recipe book and if needed an online link so a person can watch again how something is prepared. Although online classes are available, nothing beats hands on teaching and extra little tips for instance, how to hold a preparation knife and the right way to stir something. In addition there would need to be as part of the classes on how to do an easy packed lunch for school children and how to cover school holidays (Get Marcus Rashford on this).

So where could these classes be? They need to be in the community, not at some far away destination, as people do not have money for extra travel costs, so why not use some of the empty small shops near where people live to set up the classes. Some places have just betting shops and a whole load of takeaways covering a street. Give preference in these areas to small food shops (lower or free council tax/business rates) as some places do not have any food shops. Adjust planning laws accordingly. Make kitchen equipment available, again supermarkets

for chopping boards, saucepans etc, they will love the publicity, some homes do not have even basic equipment to prepare food.

In addition schools need to be teaching cookery again, not the silly stuff my daughters were taught , luckily I taught them properly. I have always thought schooling misses out on life skills. Every child should be able to read, write, work a bank account and feed themselves. These are skills that everyone should have whether a graduate, plumber or gardener.

So what is not needed, no great expensive advertising on television. No costly government cartoon adverts or anything endorsed by celebrities, chefs etc. No online bloggers who know nothing about cooking, just interested in getting their faces online. Facebook and Twitter? I am not sure, always seems to me people arguing or any having a fixed opinion, but then I could be biased.

Talk to local area councils as they are more in the know of which of their residents /areas would benefit. Social services are on the front line where they can see that proper diet would be a great help. In addition schools who also on the front line of seeing what children are in need and put information out via them to the parents. Although this seems aimed at people with families this should not exclude older people 20,30 and above. At the other end are the fit elderly who have now found themselves without their life partner who always did the shopping /cooking.

Finally check local job centres for unemployed cooks/chefs from hospitality in desperate need of work.

This pandemic has shown the wide gap between the haves (financially stable) and the have nots just clinging on and the state of our health.

ID: 40-11 - Category: Food

Pat A Pet

Pets provide an important benefit by offering companionship, reducing stress, boredom and depression. They can also be a worry in terms of peoples concerns about being able to look after one on a long-term basis in terms of the ability to provide veterinary care and exercise,

and what would happen to a pet if they became ill. Previous pet owners are also reluctant to enter into a permanent bond with a pet as the grief of losing a pet is painful.

I feel there is an opportunity to marry pet owners, and their pets, with the elderly on a short-term basis each week. This is distinct from longer term commercial arrangements. It is about a pet, mostly a dog but potentially other pets as well, being borrowed by another individual for a couple of hours each week to provide contact and companionship, free of charge. There would be no expectation other than the pet providing comfort and companionship to the person concerned by sitting with them. I have two dogs who are both extremely loving. My small dachshund would happily sit with another person for a couple of hours on their knee.

There is also the potential for solo visits to take place during times like the pandemic, and in other times, for the pet to be accompanied with its owner. This could bring about a sense of community caring which has become lacking in recent times.

There could be a certification arrangements through veterinary practices to green light a pet as one which would be suitable for pet sharing and a correlating registration service for people to request the service. The service would be open to elderly people living on their own. The pet owners would sign up as volunteers through a recognised service such as Age UK where there would be a correlating vetting process for the individuals involved to ensure that the vulnerable were protected from potentially unscrupulous individuals. GP practices could also use this service for social prescribing. The cost of the pet and individuals certification would be met by the government, and passported through to the Voluntary, Community and Faith sectors working in partnership with local government. This project would accord with many of the aims of the VCF sector and funding of the project would provide support for this unsung sector within our communities. The idea could be piloted in a Beacon Authority arrangement initially.

Whilst at times like this we cannot reach out and touch other people, we can find comfort in pets. Pets can alleviate the stress caused by social distancing, and 'shielding', and offer many benefits which can help longer term mental health issues encountered through prolonged isolation. This programme would offer the ability to provide some of this comfort, and establish a routine for lonely people, without the worry that more longer-term pet ownership can create.

A re-usable COVID-19 testing system, which is sustainable and accessible.

Re-usable COVID-19 tests need to be reliable, sterile and easily accessible to everyone. Due to the re-usable nature, they can be supplied more widely and have less of a carbon footprint. Many single-use plastic products which until recently have been used on mass, e.g. women's sanitary products have now had new, more sustainable alternatives put to market e.g. the menstrual cup. This same principal can be applied to COVID-19 testing, as similarly to the menstrual cup, the testing equipment would need to be easily sanitised at home after each use and like the menstrual cup, this could be done either in boiling water or in the microwave.

The swab used in the test could be made from a material such as silicone (due to its heat resistance characteristics), similarly to menstrual cups, and sanitised directly after use. Instructions for this home sanitation process would need to be included in the testing pack, but it could entail either submerging in boiling water or being placed in the microwave.

Similarly to the swab, the extraction tube could easily be sanitised and re-used after testing.

The buffer solution used in the testing process is divided into small plastic capsules which are then double packaged. Could this not be produced in small bottles with an airtight pipette top, and directions included for how many drops should be used per test? This alternative would substantially lower plastic usage, as the bottle wouldn't need to be plastic-wrapped.

The plastic waste bags are not necessary to use at all, unless the test comes back as positive in which case, the safe disposal of the test would be important. However these would not be needed at all, if most parts of the test were re-used.

The test strip would be the hardest part of the testing kit to make sustainable and re-usable. The most similar product available on the market would be the digital pregnancy test, however producing these for nationwide distribution would be a long, and expensive process which is unlikely to be government funded. Due to this, there would need to be a charge for this part of the testing kit. However the market for this could be bigger than we realise, as many people who strive to live as sustainably as possible are likely not content with the current weekly disposal of COVID-19 testing equipment, so would happily make a one-off payment for a test strip which could be used unlimited times.

This may not a realistic fix to the sustainability issue of disposable COVID-19 testing, however I do think this issue is something that needs to be further considered and even making one product within the testing kit re-usable could make a significant difference.

ID: 1748-11 - Category: Food

Local-for-Local Production and Distribution

The problems brought about by the lockdown or quarantine policies in the different locations include unemployment due to the closing down of some businesses in the service sector, increase in crop wastage due to uncertain and lower demand for fresh produce, rising cost of fresh produce in cities and increase in the delivery cost of products due to increase in demand.

To address these problems with one solution, a local-for-local for production and distribution can be set-up. How does this work?

Let us first look at the supply or production side. The pandemic has caused many service industry businesses to close down and citizens losing their jobs. But this doesn't stop individual households and these people whose employment were affected by the pandemic to generate extra income. A good way to generate a local-for-local marketplace provides intelligent recommendations to sellers on what the buyers wants within his or her area. So that the suppliers don't overproduce and the buyers are not overcharged for fulfilment services and delivery cost.

You might argue at this point that there are large e-commerce businesses who have scale and has been in the business for long. But in my opinion, because they are so large, they present a lot of inefficiencies that render the consumers to pay more for the product because of the high delivery cost. As an actual example, there was an instance when the seller and the buyer are just located near each other but it is not immediately visible in the platform so what happens is that instead of an on-the-day, even few hours delivery of the product, it took 3 days for the package to arrive since it has to go through the fulfillment centers of these e-commerce giants first before going to the customers. So not only did the arrival of the product took long, the price for delivery also increased.

In this case, a local-for-local marketplace would be good for both the sellers and the buyers of

the products.

For the case of fresh produce, I've mentioned earlier that because of the uncertainty and reduction of demand, a significant amount of fresh produce has been wasted from farms. A good alternative that is still aligned to this local-for-local concept is that production of this fresh produce should be taken within your neighborhood as well. If you say you live in the cities, there are a lot of models that can utilize rooftops as a place to grow produce using hydroponics. Not only will you have a source of fresh produce on your own, you can also put the extra fresh produce that you have grown in your homes in the local-for-local marketplace. In this way, you earn an additional income from the sales, you help the environment, you can easily deliver to the buyers at a much lower cost and in a much faster delivery lead time as your customer is just within close proximity to your location. Hence, it is a win-win situation for both the urban fresh produce grower and the buyer.

ID: 1580-11 - Category: Food

Create a rubrik such as the alcohol consumption comparative chart to monetise personal carbon footprints.

The key opportunity that has come to light through the pandemic, is the love that the British people have for accurate facts and figures that are easily assimilated. For example charts, pyramids, rolling totals. The other key feature is the desire by the many to be part of the societal collective to help. Many people are now becoming inclined to reduce the carbon footprint they create to "help save the planet" Many like myself know that we should reduce beef consumption and increase plant based food. I know that my led lightbulbs are better for the planet but a lot of knowledge is sketchy and does not allow for comparative judgements and decisions. It is difficult currently to know if reducing single use plastics is as helpful as not taking a 50 mile journey in a car. Or is a holiday in an aircraft to Italy for example a larger carbon footprint than shopping in a supermarket every weekend buying prepackaged goods. The high street versus an amazon delivery? What is the carbon footprint of buying an artichoke from a greengrocer in February? If I pave my front garden for a car park how many trees should I plant to offset this? The list goes on and it is all unclear. I think it would be good public policy to develop a unit of measurement of a carbon footprint. Better still if this could be global. This would then make things much easier to compare. To exemplify: One 50 mile car journey in a 1000cc car has a 10 unit footprint, this could be offset by substituting buying beef for a meal at 4 units twice a week and turning heating off for a hour saving 2 units. etc etc. Building from this principle a chart could be developed, a rubrik, a system of awareness, where people could make

informed choices to aid in reducing their own footprint. In the alcohol consumption comparison chart we have all learnt the nominal number of units we should not exceed for good health. Could there also be a nominal limit for carbon footprints - it would all help increase the awareness. And remember we have learnt through the pandemic how our citizens love to help and love to be part of the solution. This would also, then lead to an opportunity to create more detailed apps that allocate everything a carbon footprint score, for those who were more keen to manage accurately their total footprint. Further still, on the back of this increased knowledge within our society, public policy could reward people for making low carbon choices to incentivise this action. An example of this that comes to mind is a lower energy cost for households that use the lowest level of energy. all helping to bring down the Uk figure.

ID: 1556-11 - Category: Food

Tracking Vaccinated Individuals

There is much discussion over Vaccine Passports and such like to track who has been vaccinated in the UK in order to access certain benefits in the future (eg travel). This is costly, difficult and lends itself to frauds/counterfeits.

Much easier to add digits to the National Insurance Number - a letter that would not only confirm the individual has been vaccinated but also with what and how many times.

Eg add aa at the end for two Astra Zeneca jabs or just a if just one or ap if AstraZ + Pfizer.

This is easy to implement and verify and to communicate to the public at large. Automatic to update once the jab has been received.

When you are booking a flight as an example, your passport number should be linked to your updated Natl Ins No. so it would be clear very quickly whether you have been vaccinated etc.

Post-Covid this information will be most important for some time and the system should be simplified as much as possible for ease of updating, use and access. A separate document would lead to great confusion, delays and complaints (plus the need to replace etc).

Simple solution to a potentially complex problem allowing to verify in real time the status of each UK adult and would also help to spot 'forgotten' individuals.

Thank you

ID: 1526-11 - Category: Food

AI Vision powered Drones

OBJECTIVE:

This project aims to eliminate the spread of SARS-CoV-2 virus completely. It also aims to eliminate any Coronavirus particles present in the environment.

PRINCIPLE:

Understanding the nature of Covid-19 is the key to understand the importance of this project. Covid-19 is a very dynamic problem. That means, people are getting infected at an exponential rate. If we compare the speed of virus spread with the speed at which tests are being performed, we can conclude that no matter how fast we go with the testing process, even 1 infected person can still infect hundreds or thousands in a single day. This brings us to the ultimate conclusion, that is, to stop the spread of Covid-19, we must stop it at the same time and for all.

DETAILS OF IMPLEMENTATION:

Here's the plan to implement the above mentioned conclusion. We need a vision that can detect the presence of Coronavirus particles in a living being (Humans, Animals, Pets) and in its surroundings. This vision should be attached in the interior of a drone that has the functionality to fly. This drone should also have a high intensity Red light source attached to it. We need a large number of drones with this vision attached. We will also need sufficient number of police officers for ensuring the effectiveness and hassle-free implementation of this project. We will also need multiple IT teams which will manage the locomotion of drones from one place to the other. We will need tanks containing sanitizers in them. Further, a sufficient number of hospitals need to be established to deal with the growing number of detected positive cases.

The police officers of each city/village will be divided into sufficient number of groups. These groups will travel to each and every locality of their respective city/village and stand ready. They will be signaled by the government at a specific pre-decided time to move further with the plan. Before this specific time, these groups must be ready. On signal, these groups will go in their

respective localities, and people should come out of their homes and stand at their home entrances, meanwhile maintaining social distancing. IT team will control the drones as the drones fly in to each locality at around the same time in every city and use their vision to scan the population present in that locality as well as its surrounding air for the presence of Coronavirus.

If a person is infected, the drone will throw red light on that person. If a certain region of air is infected, the drone will torch the infected air region using red light and it will be torched/throw light at until that region is completely free of Coronavirus particles. This region will then be sanitized using hose pipe connected to sanitizer tank. This process will be carried for each person as well as each locality in every city and hence the entire country at the same time. All people who will be detected with Covid-19 will be sent immediately to ambulance where they will wait for the process to get finished in their locality. Then they will be moved to hospitals where they will be given proper treatment.

ID: 1318-11 - Category: Food

Fixing the NHS

The underfunding of the NHS is a very clear problem, which has been highlighted during the COVID-19 pandemic. The lack of resources, equipment and staff has surprised many people who assume the NHS will always be there for us when we need it.

The love and support for this national institution could not be higher at the moment. British people are proud of the NHS and all it stands for and want it to continue and thrive as it should.

I suggest we harness the good will and concern the nation has for the NHS and introduce an annual £10 payment that every tax paying adult makes in the knowledge that the money will be used only for the NHS, transparency is key. £10 a year isn't that much individually but it would create a fund of millions each year that can be used to much improve the NHS and make us all really proud, I'm sure most people would gladly give £10 out of their annual salary to ensure the success of the NHS.

ID: 1212-11 - Category: Food

Creation of a volunteer National Health Reserve (2nd submission attempt)

SUMMARY

Hundreds of thousands of citizens have volunteered to help the NHS during the pandemic, but

it has been difficult to mobilise them effectively. To be ready next time, we need a National Health Reserve of volunteers; trained, vetted and ready at short notice to take on roles which would free up NHS staff for “frontline” duties.

PROTECT THE NHS More than any other single factor, the UK government’s response to the pandemic has been driven by the need to stop the NHS being overwhelmed. Out of a total of about 125,000 NHS acute and general overnight beds, first wave Covid occupancy peaked at over 21,000 and second wave at nearly 40,000. Even the creation of 10,000 Nightingale beds did not fulfil its promise because of the lack of health professionals to staff them. So, where does this leave us if or when there is a next time?

CAPACITY

NHS bed and staff numbers are below average in international comparisons and there may be good arguments for spending more to increase capacity, but this would mainly address the NHS’s regular day-to-day needs, not an exceptional event like Covid-19. Mothballing Nightingale-style beds might be possible and relatively affordable, but keeping medical professionals on standby to staff them would be another matter. For example, an additional 10% of hospital staff (around an extra 90,000 support staff, nurses and doctors) would cost at least £2bn a year. In a few years’ time, wouldn’t it simply be too tempting for a government to trim this? Instead we need something which could rapidly increase emergency NHS capacity but cheap enough to survive austerity cuts: I’ve called it the National Health Reserve (NHR).

VOLUNTEERING

Volunteering is popular. Before the pandemic there were already some 100,000 regular volunteers in NHS hospitals. When Covid hit, in just three days, 750,000 people expressed interest in becoming NHS Volunteer Responders. The British Red Cross has 80,000 Community Service Volunteers. The goodwill is there, but mobilisation of such large numbers from scratch has been challenging and in many cases inconsistent, haphazardly coordinated and often weighed down by red tape. We now need to draw on this experience and create a permanent, fully-vetted volunteer force trained in a wide range of ancillary medical skills, who could be

quickly mobilised in an NHS emergency. This would be modelled on other volunteer networks such as Army Reserve, St John Ambulance, British Red Cross, Community First Responders, special constables and Royal Voluntary Service.

ROLE OF THE NHR

The NHR's role when mobilised would be to enable NHS professionals to concentrate on the most demanding jobs, while the NHR takes on the less skilled tasks. These could cover many of the sorts of services provided by healthcare assistants in the NHS, test and trace, and administering a vaccine, etc.

WHO WOULD JOIN?

Some NHR volunteers might be former health professionals, but the majority would be people without previous formal medical experience who would need to be trained in a range of medical skills. Volunteers could include 16-18 year olds (NHR cadets) and there could be other specific schemes for students and apprentices.

TRAINING

This would take place at local centres based in hospitals. Volunteers would need to be offered a flexible training menu, including hands-on skills, classroom teaching and online modules, which would need to reflect how much time the volunteer could commit and any prior relevant training they had completed. Formal accreditation would be given as different skills are acquired.

TIME COMMITMENT

This would also have to be flexible, but a minimum might be six hours a month during non-deployment/training periods, though much higher during actual emergencies. Employers

would be required to allow NHR volunteers time off work for emergency duties – on the lines of jury service – but during other times volunteering would usually take place in the volunteer’s own time, although employers would be encouraged to facilitate days or weeks away from work for specific training.

PAYMENT

Apart from reimbursement of reasonable expenses, volunteers would not normally be paid for providing their services, but where volunteers had specific and valuable skills, retainer fees may need to be considered, as would compensation for the self-employed for time away from work.

COST AND SIZE

St John’s Ambulance has over 15,000 volunteers and an operating cost in a normal year of about £100m. Their pilot project (jointly with the NHS) aimed at creating 10,000 NHS Cadets has a budget of £6m. This gives a range of average costs per volunteer from £600 to over £6,500. I do not have the information or specialist knowledge to provide more accurate costings, but would suggest that an annual average cost of £2,500 to train and support each NHR volunteer would be a reasonable starting point. I suggest an initial target size of 100,000, at an annual cost of £250m.

NOT REINVENTING THE WHEEL

It is essential that existing health sector volunteer organisations are partners in the establishment, training and deployment of the NHR. As well as British Red Cross, St John Ambulance and RVS, there are many other national and local health volunteering organisations, including Helpforce, which “partners with health and care organisations to increase volunteering opportunities and accelerate their impact” and the Voluntary and Community Sector Emergencies Partnership – “Bringing together local and national organisations, to deliver a more coordinated response to emergencies”. They have all made a vital contribution during Covid, but their work tends to be either supporting the NHS on a continuing day-to-day basis, or is more broadly focused than supporting the NHS alone. In contrast, the NHR’s aim would be

specifically to support the NHS during a “disaster”. Other than as part of their training, volunteers would not be expected to support NHS staff except during emergencies, nor would they be expected to play a role in non-NHS activities.

ID: 653-11 - Category: Food

A National Employment Service - available to all at the point of need

Great things can grow out of traumatic events. In 1948, following the Second World War, our National Health Service was established (thanks to the vision and courage of its pioneers) I believe the Covid-19 pandemic has demonstrated the need, and provided the stimulus, for establishing now a ‘National Employment Service’ (NES).

As with our brilliant NHS, the NES would be available to all at the point of need. It would exist alongside the public and private employment sectors, but it would provide a ‘safety net’ to ensure that the means exist for all to participate in the creation of our national wealth and to share in the benefits of our mutual efforts.

At present, unemployed people receive ‘benefits’, funds given to them, so that they can live. During the pandemic, with millions more becoming unemployed, more demands have been placed on the benefit system. These funds, with those aimed at facilitating job retention (the furlough system), are irrecoverable.

In re-thinking this, we now have the opportunity to design a better system of employment and, more importantly, one that recognises that human nature and dignity require people to be able to earn their income, feel valued, respected by all, and become contributors to the ‘Common Good’.

The NES would provide the means of ensuring full employment and a dynamic system that can respond to changing needs or emergencies. It would provide the means whereby all those who wish to be employed have that opportunity. They would earn a living wage (at least), discover and develop their talents, and as a consequence of secure, stable and continuous employment, be confident about forward planning and commitments, living a life without the anxiety resulting from the fear of unemployment and loss of livelihood.

Membership of the NES

Those unemployed for twelve months or more would automatically be invited to join the NES and informed that instead of receiving benefits, they would henceforth be employed by the

NES.

Others could choose to join the NES, e.g. on leaving full time education, when seeking a change in direction, or when making a geographical change in the location of their employment, at any stage of their working life. This should ensure a good skill and experience mix within the NES and potentially enhance the scope and quality of the services it could provide.

With the NES as their employer, members would earn an index-linked living wage (at least), plus N.I. contribution and access to a pension scheme, in return for continued participation as employees. Level of remuneration would take account of qualifications, experience, and level of job responsibility.

Entry into Employment

Those newly registering with the NES would have an in-depth interview at their local Job-Centre Plus. Following a welcome, it would be explained to them that the NES aims to achieve high standards of knowledge, skill, and behaviour, and a work force the Nation can be proud of.

Interviews carried out by JCP staff would discover the areas of knowledge, skill, and vocational preferences, of each individual and then allocate them to the appropriate category (or categories) of work under which they would be listed. Induction programmes (including in-service training) and supportive specialist help would be arranged where needed. JCP staff would also be responsible for checking qualifications, DBS checks, etc. which would be archived for any future reference.

At last, JCP staff would revert to their original role of helping people to be employed – a welcome end to their current task of checking on each individual's job-seeking activities, and issuing of punitive sanctions (withholding of benefits), a source of much distress to many vulnerable people.

Funding the NES and its Launch

The NES would recoup much of the cost of the wages/salaries it pays to its registered members (plus administrative and other expenses), by hiring their services to the wider world of work. The existence of the newly established 'National Employment Service' and its workforce would be made known by a widely based National programme of advertising and information provision. An invitation to hire members of the NES, would be sent to all potential employers

and firms, in the public and private sectors, strongly promoting recognition of the benefits of engaging them:

- ready availability of appropriately trained & qualified, reliable, vetted, and insured workers;
- attractive and competitive rates of hire they will be contracted to pay to the NES;
- rates/conditions of service set by the NES in agreement with professional bodies & Unions;
- freedom from documentation/administering of wages, NI, pensions, sick-leave payments, redundancy & tenure issues, maternity/paternity leave, etc., as the NES is the employer ;
- a free specialist advice and support service, offered by the NES for hiring its workers;

To be known as the ‘Hirers’, these firms would cover the whole range of industry and commerce, without exception, including health, education, caring services, financial services, manufacturing, construction and demolition, waste disposal, recycling, transport (passenger and commercial), warehousing, distribution (wholesale & retail), agriculture, tourism, and the leisure industry.

Benefits to our Economy, Recovery from the Pandemic and our International role.

A National Employment Service would benefit the UK Economy whilst yielding vitally important human and social benefits, boosting national confidence, enabling us to ‘pull together’ after the pandemic and Brexit, cementing the bonds that hold Society together.

Initial costings show the NES to be viable. Instead of being a cost, previously unemployed people would now become a benefit, contributing to their cost of living, making fewer calls on medical/social services.

As with our NHS, a successful NES would be a World first! Whilst demonstrating our respect for human rights, it could be promoted as a system the World could emulate.

The right to work, Article 23(1) of the ‘Universal Declaration of Human Rights’ proclaimed by the United Nations in 1948, which we in the UK signed, states:

“Everyone has the right to work, to free choice of employment, to just

and favourable conditions of work and to protection against unemployment”

Establishing our National Employment Service would demonstrate compliance

ID: 131-11 - Category: Food

Flexible VAT rates.

VAT has traditionally been charged at one rate with notable exceptions such as children’s clothing. This approach is inflexible and inappropriate for our retail sectors that cover such a wide range of products and price points. We need to approach VAT in a different way.

All products are associated with elasticity. They can be very inelastic and therefore demand is not influenced by price changes either way OR they can be very elastic where even a small reduction in price can drive up demand significantly.

If we use a lower rate of VAT on elastic products - the price reduction will drive up demand. To counter this a higher rate could be applied to inelastic products. If applied correctly there could be an overall positive combination of increased demand in the elastic products, driving up volume enough to increase the levels of VAT than previously being obtained PLUS a higher level of VAT being obtained from the inelastic item with no reduction in demand.

Elasticity variables can be applied across product types as well as price points. A good example would be a £15k car versus a £60k car. A lower rate on the £15k car would likely drive up demand more than a lower rate on the £60k car. This is due to the spending power of the targeted customer being very different. In fact a higher rate on the £60k car is unlikely to drive down demand for the same reason.

Many retailers already hold this information by product type. The information could be pooled to create a matrix that helps develop a successful strategy. This science drives most pricing decisions / hierarchies. There is no reason VAT should not follow the same science i.e using a

variable scale to drive the largest gain.

Combining pricing science with a flexible VAT rate will only help the economy grow in healthy way. Tax income will grow through consumer demand growth as opposed to blanket rate increases.

Politically if we are happy to apply a variable income tax rate why would we not apply it to VAT especially as these changes would directly impact demand where it is most needed with a proved, tangible, scientific, positive response.

ID: 645-11 - Category: Food

Plastic waste recycling

A problem is our oceans are filling up with about 8 million tons of plastic waste each year leading to a prediction of more plastic than sea water in the oceans by around 2050 - 30 years hence - which waste is getting into the seafood chain. So I propose to get items like plastic bottles discarded on our pavements, streets and parks etc picked up and deposited in special containers which in return deliver a token for a tea or coffee in a local outlet. The solution is to incentivise people out shopping, walking, socialising etc to pick up and deposit plastic into specialised containers and in return receive a non-plastic token to use for a tea/coffee/etc in a local coffee shop. I've seen this in operation in Berlin and the majority of folk who do this are the city's rough or outdoor sleepers. The container could be funded by local authorities and local retail businesses especially as all stakeholders 'win' in this scheme - less street cleaning by local authorities, more footfall trade in cafes, a perceived freebie by citizens, a warm drink and sense of local involvement by rough sleepers, a reduction in ocean plastic pollution.

The scheme could be extended to bottles for a token to use in local bars, pubs, retail drink outlets.

ID: 199-11 - Category: Food

Reducing CO2 emissions

Short term reduction achievable within 5 years

Most domestic and industrial heating systems burn methane, obtained from the North Sea gas fields. The CO₂ produced is vented into the air, from millions of homes & factories, contributing 50% to our current total emissions. Pilot schemes are currently being evaluated, using blended gas: a mixture of methane and 20% hydrogen. This requires no alteration to the existing heating or distribution systems and no new technology. If introduced nationally, this would significantly reduce our CO₂ emissions. Hydrogen is made by industrially by the steam reforming of methane and other hydrocarbons. The final products being hydrogen and carbon dioxide. The CO₂ is easily removed from the gas stream. It would be possible but completely uneconomic, to remove CO₂ from individual domestic or industrial boilers. Siting the hydrogen production process close to the point where the methane comes ashore and taking advantage of the economy of scale, the CO₂ removed could be piped back into the depleted gas fields, effectively removing 20% of all existing emissions.

Long term reduction achievable within 15 years

Blended gas still contains hydrocarbon, the aim should be to replace this with 100% hydrogen and so achieve zero CO₂ emissions. The existing National Grid distribution network, has 7,660 km of modern large diameter pipework, together with 618 above ground installations. In addition there are hundreds of thousands of km of smaller diameter, urban pipework, feeding into our homes, factories and hospitals. This will all need modification to carry pure hydrogen but is entirely achievable. This is almost the reverse of what was done 50 years ago, when town gas was replaced with methane. Town gas being made from coal, contained 50% hydrogen.

Generating the hydrogen.

This will be done by electrolysis of alkaline sea water, using a recently developed nickel electrode, the products being hydrogen and oxygen. The electrical energy coming from wind turbines. The coast being the ideal setting. The new electrolysis plants being built alongside the steam reforming plants which they will eventually replace. The existing pipe work and electrical plant all being reused.

Advantage of using seawater

Relatively pure water is needed for electrolysis, which makes the process expensive. Acid or alkali being added to make the water conduct. Sea water containing salt (sodium chloride), would normally produce chlorine on electrolysis, as well as hydrogen, in equal amounts. It would be impossible to use the chlorine produced on this scale and it would be uneconomic to dispose of it. The newly developed nickel electrode, prevents discharge of the chloride ions, oxygen gas forming instead. This can easily be used industrially or vented harmlessly into the air. Excess hydrogen can be converted to ammonia and exported as a liquid, as already happens, in tanker ships. The ammonia being converted back into hydrogen as required.

ID: 1829-11 - Category: Food

The Food System as a Common Good

In March 2020, the UK experienced a drastic shift in consumption patterns, people flooded large corporate grocers such as Tesco and Sainsbury's and ordered takeaway through third party delivery apps such as Deliveroo. Online purchases soared via Ocado, crashing their platform daily. Although much of the discourse focused on individual coping strategies and food shortages, it obscured the illusive manifestation of poverty.

As COVID has continued, it has become clear that our current food system is not democratic. Access is a privilege - standing in queues for hours, delivery surcharges, and limited goods on the shelves have disproportionately affected those who continue to work as the pandemic persists. Democratic action must ask if our food system is equitable - who has access?, Are the supply chains too long for individuals to access and each consciously?, Where are the local producers and are they provided access?, Is it overly bureaucratic - what are the barriers of entry for SMEs? To answer these questions a thoughtful policy, systems and environmental approach must be started.

Mapping the social and environmental costs of the current UK food system will lead to leverage points for community action, policy creation, and technological innovation. The social costs of

our food system must be looked at holistically - via labour rights, income inequality, and the charitisation of food; additionally, the environmental costs should also be assessed - transport costs, food waste, and downstream health care costs due to a saturation of poor quality and unhealthy food.

A myriad of tools and organisations exist to help foster a democratic food system, such as the policy Mapping Tool from the Food Research Collaboration Centre as well as the charity Wrap which focuses on limiting food waste for restaurants. What we need now is a coherent approach to creating an equitable and democratic food system that not only incorporates True Cost Accounting as a metric of success, but focuses on accessibility and accountability. We must analyse and research our food system so that it may become synergistic with its social and environmental costs, from farm to fork.

ID: 1769-11 - Category: Food

If it Pays it Stays - Solving the Illegal Wildlife Trade

Summary:

Effectively addressing the Illegal Wildlife trade (IWT) involves two key activities: increasing the economic gain from conservation by generating more funding and more jobs for people living around wildlife so they no longer poach, and; developing well-trained and intelligence-led counter-poaching operations to counteract organised criminal poaching groups.

Policy:

At the moment the IWT is worth up to \$23 billion a year, a massive market financing the murder and destruction of wildlife and our natural world.

While hundreds of millions of dollars are spent on conservation each year, wildlife and habitats continue to disappear.

We need to create a market for conservation at least as large, if not larger, than IWT, which would directly fund the protection of the natural world by providing jobs to people living around wildlife and funding highly effective counter-poaching operations against organised criminal poachers.

IWT is fundamentally an economic issue.

Poaching and deforestation are cheap and quick to carry out, and an ivory tusk, rhino horn or pangolin can readily be converted into cash.

In contrast, conservation generates little revenue or jobs, and counter-poaching operations are very expensive to conduct.

There is therefore a pool of people living in poverty who poach because they have no other way to feed their families, as well as organised crime groups poaching high-value products. At the same time, teams of rangers need salaries and supplies and must be everywhere, all the time to stop poaching, whereas the poacher need only be in the right place at the right time once.

The economics are therefore tilted in favour of IWT.

It is that economic equation that we need to change, generating jobs to stop poaching driven by poverty, and generating revenue to fund more effective counter-poaching operations to stop organised crime poaching.

To change the economics of the trade, the government should carry out the following three key activities:

1) Engage with businesses to develop products and services that will directly help wildlife by generating revenue and jobs from conservation. In its simplest terms, this is about creating sustainable commercial buffer-zones around national parks, employing thousands of local people and creating a barrier between people and wildlife. The intent is that, for example, a tea plantation around a national park could help save elephants by employing former poachers, so every time someone drank a cup of tea they would be protecting elephants. Examples of this already exist around the world on a small-scale, but a blueprint to deliver this more widely needs to be developed.

2) Engage with marketing teams to develop new sponsorship models. Every sports stadium in the UK is sponsored by a large company, so why not do the same for national parks? We need to work with marketing teams to develop sponsorship packages that appeal to those businesses like sports sponsorships do, then work with developing countries to implement those sponsorships to fund conservation. This will help generate the increased funding needed for conservation, and marketing budgets are far larger than charity budgets, so there is more finance available.

3) Work with investors and entrepreneurs to develop products and services that include donations to conservation organisations. Individual donations alone do not provide enough funding for conservation, so we need to find other ways to enable people to support the cause. By way of example, if WWF owned the rights to The Lion King franchise, they need never fundraise again. We need to setup a UK challenge to develop and publicise a range of products that will help raise funds to save wildlife.

Those three activities would have a major impact on changing the economics of the IWT to make conservation pay.

A simple rule in life is 'if it pays it stays'. If we can find ways that national parks generate significant revenues and jobs, they are likely to be well-protected.

Even as revenue increases, however, there will still be some criminal elements seeking to poach high-value wildlife, so highly effective counter-poaching operations are required to stop them.

The British Army's Op CORDED shows the way forward in this area.

By training rangers to be much more effective, they are better able to deal with the poaching threat. However, the British Army's current work could be improved; short term training teams delivering basic infantry skills training misses much of the value that the Army could offer.

Op CORDED should be expanded, with small teams working with rangers in national parks to not only enhance the field-skills of rangers, but also to develop intelligence-led counter-poaching capabilities.

Highly trained rangers, directed by effective intelligence, have been shown to rapidly reduce poaching to near zero.

The Army has the capability and experience to provide that training, all at a relatively low cost to government as the wages of soldiers (the largest expense) are sunk costs. It will also help recruitment and retention and be a great way to utilise infantry and intelligence corps soldiers on small operations.

Generating more jobs and revenue from parks will make conservation pay, and will solve 80-90% of the poaching problem, if not more; most poaching is carried out by people with no other choice. Give them a job and they stop poaching. The remainder can be controlled by effective counter-poaching forces, which are intelligence-led.

To put this into context, if each household in the UK could spend just £10 per week on products that saved wildlife, we would create a £14 billion annual market to save wildlife, creating jobs to stop poaching and funding highly effective counter-poaching operations.

That's almost as much as the entire current IWT market, just from UK households spending £10 per week.

It's simple; if we can enable people to pay, then we will ensure wildlife will stay.

ID: 2196-11 - Category: Food

Care in the community needs to be more joined up

Having cared for my husband with Lewy body dementia at home I found the care wanting. The GP is not in the NHS and runs a business so wants to cut costs. I requested to change his medication from tablets to liquid when my husband could no longer manage tablets and was told it was too expensive. I was warned by his consultant no medication, apart from what he gave, would help but others could have severe detrimental effect. I contacted his NHS consultant and he got the medication sorted. My husband had not been seen by a GP for over a year. I was concerned as he was sleeping more. I rang the Parkinson's nurse for advice. One

night I had to call NHS 111, he was getting spasms. One of the practice GPs came to the house. He assured me he was not near the end and was fine. He was then in problems a month later at the weekend and I rang NHS 111. He was unable to get up and was getting severe spasms. A district nurse came. The next day I needed more assistance and rang the surgery. The GP said a district nurse would come that afternoon. The district nurse rang up and said she was too busy and would come the next day. She came the next morning but had to discuss the treatment with the GP as she could not sanction it so the medication would not be started till the following day. Here we are discussing end of life care. GPs need to be brought back into the NHS, they need to employ sufficient district nurses to give humane care and do on call again in their contracts so patients are cared for properly. They are doing out of hours for yet more pay. Nobody had an overall picture of my husband's care. I was doing my best and ringing up the social worker, occupational therapist (council one), Parkinson's nurses for help/advice. When that failed I turned to relatives who were doctors.

When I could no longer manage my husband alone I needed the help of carers. I contacted the social worker. The care package was asked for in August and I got it in February but the carers were not all trained. It took two people so I was working with the one carer I was allotted. The carers were starting to be clocked in and out. Carers need to have qualifications in moving and handling and basic care. They need to have some flexibility in the time at each place as sometimes things take longer than anticipated and other times it can be shorter. If carers were part of the NHS then the requirements of an individual would be appreciated and hopefully suitable care would be given. The occupational therapist trained me on using a four way glide sheet and asked me to train the carers. She was so helpful. The district nurses now just administer drugs and are not involved with care. We need nursing back and this is what a carer should do for people who require it. The social worker had not appreciated my husband's poor mobility so only allocated one carer. She could not get two when asked to. When my husband's condition deteriorated I got my sister as he needed changed between 8am when a carer came and 5.30 pm when a carer came. She had looked after my mother at end of life and was a consultant anaesthetist. If I had not had her I would have had an even more challenging time. For the final 3 days of my husband's life we got exemplary end of life care.

The whole setup for care is fragmented. This results in an inadequate service and the relatives having to fill the gaps. If social care was not separate and not outsourced then a more joined up service would result and the professionals would all have access to the same notes and could build up a more holistic picture of a patient's condition. My contact with the Parkinson's nurses was invaluable but none of that was recorded. One came to the house before just Christmas and asked me about his incontinence. She actioned a practice district nurse to contact me. I got much better pads and no longer had to change the bed every day. I knew my husband's health

was declining but nobody else, apart from the council occupational therapist who bothered to come and see him, would believe me. I kept him smart and as fit and content as I could. There should be a team of doctors, nurses, therapists and social workers looking after a patient so a holistic approach is nurtured. The doctors would then learn more about dementia and be able to be more supportive. My husband was more aware than they gave him credit for. They knew nothing about the spasms in very late stage dementia. These are distressing for both patient and carer. My sister who was a neurologist diagnosed them.

The best help came from the NHS providers, Parkinson's nurse, consultant and the council's occupational therapist not from the private sector. To reduce abuse of the NHS could a nominal fee be charged for a visit so people do not go just to get free drugs that are cheap like paracetamol etc? If the doctor requires a follow up appointment this should not be charged.

ID: 2155-11 - Category: Food

Our system of waste management is failing us

All producers of goods, including foodstuffs, will be required to produce a plan which shows their usage and subsequent disposal with an approved audit trail. These could be part of an adapted ISO9000 scheme, revised ISO14000 or a new standard altogether. For foodstuffs and other consumables, this will concentrate on packaging but for manufactured goods and durables, it will include the goods themselves. In particular, vehicles and white goods will be subject to these new arrangements. Small producers will be encouraged to take advantage of collective schemes.

It is proposed that a variable VAT rate will be used to penalize the production of waste which is not actually biodegradable or recycled. For consumables such as foodstuffs, it is the packaging which is measured but the VAT is applied to the whole of the produce. This is a departure from current practice whereby foodstuffs are zero rated.

The VAT rates for goods and foodstuffs packaging could be based on:

- 100% bio, reused or recycled - 0% VAT
- better than 90% RoR - 10% VAT

- better than 80% RoR - 20% VAT
- better than 70% RoR - 30% VAT
- better than 50% RoR = 50% VAT
- less than 50% RoR - 100% VAT

A new definition for biodegradable will be required and the percentages should be based on that actually 'recycled' rather than just 'recyclable'.

ID: 1855-11 - Category: Food

Carbon Footprint Visibility tools

Carbon Footprint Visibility tools

Inclusion of fossil fuel ratings on everyday products, possibly using a traffic light system similar the one used on some food stuffs. In effect, a red/amber/green schema to be developed to show the individual fossil fuel cost of production, transport and disposal respectively. The fossil fuel impact of purchases to be printed out on receipts so consumers can see the combined impact of buying activity. Factors that could be taken into account may include - Production • Cost of extraction and refinement of raw materials • What it took to produce/construct/package the item • Energy used in manufacture/ to sow, grow and harvest crops or feed and raise animals. Transport • Transport of raw materials to the manufacturer, and end destination • Hidden transport - was more than one manufacturer involved in creation of the end product? • Transport to abattoir / market for farmed commodities. Disposal • What it will take to dispose of the item – does it need to go to landfill, how long will it take to decompose, long-term effects of disposal, etc. • In the case of consumer items, what happens if the product fails? Is it fixable, or is obsolescence built in? Can it be recycled?

In the longer term, use of this data may find other applications, including a more meaningful linkage between executive remuneration and the reduced dependence on fossil fuels by businesses, and increased taxation for potentially excessive / unnecessary fossil fuel usage.

ID: 1410-11 - Category: Food

Free the Land. Save our Guts.

After WW2 Bomb factories produced petroleum chemicals for fertiliser and pesticides. Fertiliser use exploded. With petrol chemicals comes the increased risk of diabetes, obesity, heart disease, depression, autism, cancer, Alzheimer and autoimmune diseases amongst others. Also the chemical processes of mining phosphate rock for example, are far from 'tackling net zero'.

- Industrial agriculture has significantly lower nutritional content than the same foods produced a century ago.

If the guts biosphere is the natural enemy of the virus, our over reliance on penicillin along with our diet has weakened its effectiveness. Especially when soil health has no quick turnaround from the decades of petrol chemicals and pesticides that have leached into the substrate and water courses. On my own farm I reduced the reliance on fertilisers by experimenting with a rich supply of glover to oxygenate the pasture naturally. It was a big hit with the Bees.

Buy organic you ask? Well, the static wage coupled with inflation, keeps most of us tethered to the supermarket. Yet another battle of price/profit versus best practice is quickly being settled - and not in our favour. Organic farming is labour intensive. Less than 3 per cent of UK farmland is organic.

Let me begin by stepping back for a moment in history and see how we got here - its a cautionary tale... Starting in 1604, the Enclosure Acts, petitioned by landowners to enclose their entitlements, brought subsistence farming for the masses to an end. Fenced-out from vast tracts of commonage, along with vital foraging rights, the fabric of society had truly become undone.

Given the unknown future and the proximity to one another, is there really any hope of a return to the countryside with our youth continuing to see their futures out-sourced and automated? Nearly half of the country is owned 0.06 per cent of the population and we the people live on less than ten percent of this green Isle.

But there is a solution! A new green exodus, if you will.

For the purpose of simplification, lets call it a Land Reform Act. An Act comprised of a mixture of MOD land, Crown estate, NATIONAL TRUST also land compulsory- purchased from the big landowners (with a one off- acreage tax to find fair value, and thus finding the most accessible land with pre-existing infrastructure). Perhaps an offer from our would-be King would be the

perfect spearhead? To assess viability and get the ball rolling, let me briefly lay out a possible model, point by point:

- The able-bodied would-be applicant would receive a short organic farming course followed by a hands-on experience with perhaps an Agri-college and the outline of their responsibilities in order to maintain their placement.
- The resulting Green Cert would give them an option to farm a parcel of land (that they are not permitted to sell off or rent out).
- The suitability of crops and animals would be matched to the terrain, as well as to the applicants own preferences. This would then be coupled with the required targeted training.
- Along with an eco-cottage, the land would have an out-building offering renewable off-grid sustainability.
- The land would be allocated seasonal planting, and targeted date-lines of the harvesting to be accomplished.
- The monopoly of the supermarket might slowly be joined by a network of farm co-operatives, and an ecosystem of satellite distribution centers supplying a national chain of farm shops, offering low-cost organic food for all.

Think of it as a job opportunity that come with a house and access to co-operative machinery and seed banks. A helping hand proffered to the younger generation, those from minority groups and inner cities, who have no hope of getting on the property ladder. This mass cottage industry would not only heal 'soil health' and 'dietary change to restore biodiversity', but also to a certain extent heal some ailments of society, lower our carbon footprint, stem the toxification of our watercourses and provide a great push against the housing shortage.

Now being outside the EU trading block it would also guard against global supply-chain impacts and punitive trade tariffs. I would also suggest a new green courses to be introduced into the school curriculum. But moreover a long term approach will improve the nations health, injecting a much-needed vitality to other fringe service providers, along side manufacturing and National supply links, that would have a ripple effect in multiple directions, ultimately releasing the pressure on the NHS.

By Dominic St Clair

ID: 1188-11 - Category: Food

Problems, opportunities, capitalisation : an unutilised, educated workforce to provide nutrition/lifestyle classes to schools

As explained above, I believe nutrition/cooking and lifestyle should be a compulsory subject in the national curriculum of all schools in order to make a significant and quantifiable impact of reducing NHS demand in the longer term. The lifestyle element should include exercise and mindfulness to prevent mental health issues. Nutrition and cookery are self explanatory but should include innovative ways to make quick, tasty and healthy meals as economically as possible.

How can schools across the country find suitable staff to provide teaching in nutrition/cooking and lifestyle ? The answer is easy... there is a mature, educated and capable workforce well equipped for this role. There are millions of 'stay at home mums' looking to get back into the job market; despite many having degrees and previous professional careers, it is exceptionally difficult for this sector of the population to find employment after a long career break. This idea could also help increase the numbers in teaching; teaching nutrition/lifestyle may encourage further teacher training in other subjects. The role could also be open to qualified nutritionalists. However, a clear curriculum plan with pre-prepared material would not require prior nutrition specialism.

Should there be another pandemic, the unutilised, educated workforce described above could be used to help fill all the new job roles needed. 'Stay at home mums' looking to get back into the workforce would see this as a great opportunity. Perhaps there should be a campaign to recruit this very capable sector of the population. Life begins around 50 for many women. There is a preconception I believe generally by employers that women of a certain age are 'mumsy.' This is a great pity and misconception. There are many advantages recruiting from this sector. I hope these 21st century highly capable 'auxiliaries' can be used for either teaching nutrition/lifestyle to help unburden the NHS in the future or to help support the pandemic.

ID: 1010-11 - Category: Food

Bioreceptivity

Problem:

Regular connection to nature is not accessible enough for the vast majority of people who live in towns and cities.

Solution:

Rather than trying to take the people to nature, bring nature to the people.

Policy:

Incorporate bioreceptivity measures into the NPPF.

Justification:

Biodiversity is mentioned 18 times in the NPPF, which is encouraging, though even more emphasis could be put on it as a planning requirement. There is no mention of another term that has far more relevance to the quality of the built-environment, which is 'bioreceptivity'. Bioreceptivity means the ability of an object or structure to be colonised by living organisms. In architectural and planning terms this may be as simple as building bat-boxes into the roofs of houses, or as advanced as using specific chemical compositions of masonry to encourage moss and plant growth on built surfaces. When constructing a typical building on a flat site, you increase the potential surface area of habitat on that site by a factor of more than three. Where before there was just ground there is now four walls and a roof. As much of this surface area as possible should be utilised for nature and biodiversity. Hence, if a building is designed to be bioreceptive, it becomes a part of the ecosystem itself, and can enhance the biodiversity of a site massively if done properly. In addition to this, guidance should be introduced to encourage maximisation of buildings' external surface areas. More surface area, if done correctly, can mean more habitat. This further increases bioreceptivity and would also lead to an increase in use of architectural ornament both as an aesthetic device and a bioreceptive device, even further enhancing beauty.

ID: 326-11 - Category: Food

Switch subsidies from meat and dairy to plant-based produce to tackle health and climate emergencies

Despite knowing that eating more fruit and vegetables, and less meat and dairy would have a positive impact on the health of our nation, we continue to believe that it is culturally too hard to get people to change their diets, and this needs to change if we are to tackle the growing health and environmental emergencies caused by meat and dairy consumption.

The COVID-19 pandemic represents a tipping point in our collective consciousness, which we can capitalise on to improve the health of ourselves and our planet. We need a change in policy to remove subsidies for the meat and dairy industries. In addition, meat and dairy should be taxed as luxury products with VAT added. These industries should reflect the damage they do to the environment, to animals and to our health in the same way that tobacco is taxed to reflect the additional costs to society. People should pay a proper price for the meat they choose to consume, which more accurately reflects the damage caused to the environment and to health. This would encourage a reduction in meat and dairy consumption and a change in attitude so people see it as a luxury item and not something to be consumed multiple times per day.

We should switch subsidies to whole-foods, such as vegetables, fruit, pulses, grains, seeds and nuts to drive consumer behaviour towards these more desirable forms of nutrition. In addition, through education policies we should encourage the consumption of a whole food, plant-based diet. We should actively discourage food manufacturers from stepping in with ultra-processed 'plant-based' products and educate the public to the benefits of whole foods, as opposed to just switching from a processed meat and dairy diet to a processed 'plant-based' diet which would be unlikely to have much impact on our overall health.

By addressing this issue, we would be seizing the opportunity for change that has been thrown up by the COVID-19 pandemic, capitalising on our growing collective consciousness of the role of animals and humans on this planet, and dealing with the most pressing emergencies of our time.

ID: 1272-11 - Category: Food

The need for, and creation of, The NHS Reserve

The fundamental challenge presented by the current pandemic is that, left unchecked, the healthcare resources required to treat all those affected are far in excess what is available even in a wealthy country with an adequate health service.

The only response available has been to reduce healthcare demands during the pandemic by imposing socially and economically damaging restrictions on all our lives. These restrictions have had, and will continue to have, severe negative consequences far beyond the period of the pandemic.

It is neither feasible nor desirable to maintain a healthcare system at the levels needed to cope with extreme events just in case another pandemic comes along. Therefore a solution is required where resources can be dramatically increased in times of dire need; a pool of resources (both physical and human) which is held in reserve until such time as they are needed.

This model for dealing with national and international crises which threaten to overwhelm public resources is not without precedent. In the global conflicts of the twentieth century, the mobilisation of large swathes of society was instrumental to our efforts and ultimately our successes.

Most directly, there was the use of conscription to temporarily swell the ranks of the armed forces. However, the Spitfires that defended our shores were not just flown by pilots who had never flown before, but were constructed by workers who had never constructed aeroplanes before. Factories and people were temporarily repurposed to ensure Britain had the capacity to meet the immediate challenge.

More generally, the use of amateurs is interwoven with our professional public services:

The Territorial Army, now the Army Reserve, has been an integral part of our armed forces for

over 100 years.

The close relationship between the Royal and Merchant Navies ensures we have non-military physical resources such as troop transporters and hospital ships in times of conflict.

School governors are essential to the running of our schools.

The criminal justice system relies on jurors taken from the general public to decide on cases both mundane and highly complex.

And now we face the challenge of vaccinating a nation, volunteers are again being called upon through the programme run by St John Ambulance.

During this pandemic, the main problem faced by the NHS has not been one of expertise or commitment but one of capacity. It is the same problem we faced at Dunkirk and in the fields and factories of wartime Britain. And we solved those problems by mobilising a new, temporary workforce assembled from a willing and resourceful nation.

It is the concept of the Army Reserve and possibly the echo of military conscription which I suggest could be used to prepare for future healthcare emergencies where again we are facing overwhelming issues of capacity.

The NHS Reserve would be an organisation working with (or within) the NHS, possibly with the help from volunteering experts such as St John Ambulance.

The aim would be to dramatically increase the capacity for critically ill patients by 10's of thousands with as little as a few weeks' notice in times of national emergency.

The NHS Reserve would be staffed by volunteers who had trained alongside NHS staff in their free time just as Army Reservists do. They would have gained and maintained up-to-date skills and experience. And again, as with the Army Reservists, these would be people willing and able to work on the frontline, directed by and alongside professionals.

In terms of physical assets, "Nightingale" sites (conference centres, hotels etc.) would be identified in advance and set up with all the services required in case they were needed to act as fully functioning hospitals. Existing buildings would need to have extensive adaptations made to them. New buildings created as we regenerate our town and city centres would be designed with both their primary function and their healthcare reserve function catered for.

The idea would be to have a physical and human reserve which, with little notice, could drastically expand the frontline capacity of the NHS in a time of crisis.

Even if we are fortunate enough never to have another pandemic like this one, the education and involvement of a large number of us in our healthcare system will have other benefits. We would better understand our own healthcare needs, be able to care for our loved ones with greater skill and knowledge and it would undoubtedly create a feeling of involvement and cohesion which would benefit us all.

As we begin to emerge from the shadow of this pandemic, people are better informed and more involved in the issues of care and health than ever before. The creation of The NHS Reserve would capitalise on these sentiments and allow us all to feel that we were helping reduce the risk to our society from the inevitable challenges of the future.

ID: 826-11 - Category: Food

Provide Cadet Training Schemes and Bursaries for NHS/Social Care roles.

1. Capitalise on the 750,000 people who volunteered to help the NHS during this time of crisis by constructing a reserve volunteer list who could be called upon again, reducing the need to

recruit further should they be needed again. Encourage retiring staff to go on this list for 2 years.

2. Allow volunteers to undertake support roles to clinical staff where able.

3. Ensure that current staff get to take their holiday and have a holiday!

Government to work with a national hotel chain to provide an away from home holiday for up to 7 days for NHS/Social Services staff and families. Many have had to take a holiday in lockdown, (more than once) being forced to stay at home, often alone!

4. Reinstate the bursary scheme for Nurses and AHPs to attract entrants from across all strata of society, possibly with an entrance exam or other route in (See no.5). This is necessary as students are not able to sit GCSE's at present.

5. Reintroduce the NHS cadet scheme and extend to Social Services, this will allow 16 year olds to work on a 2 year programme designed to give them experience and knowledge of working within various departments: both clinical and non clinical across health and social care. This would need to be delivered locally but designed nationally with set goals to be achieved and a pathway into professional training at that end such as nursing, physiotherapy etc.

ID: 680-11 - Category: Food

Incentivizing people to good health

1. Affordable foods - Reduce or eliminate VAT on designated healthy foods.

2. Vegetable/Fruit Days - Create a national day, one a month for healthy foods. e.g.) October is broccoli month, this could be a platform to talk specifically about benefits of foods.

3. Exercise discounts - Provide tax right-offs for attended gym membership. Provide tax reductions for individuals that prove active attendance of wellness classes such as yoga/sports clubs.

4. Better education - Introduce a life sciences class in formal education that amongst other things, educates children what good health is and what it isn't/how to avoid it.

5. Tax credits for non attendance of hospitals - A little like credits with auto' insurers for 'no claims' individuals receive significant tax credits for 'non hospital attendance.' They would

simultaneously be encouraged (as they have during the pandemic) to communicate as much as possible with their GP online.

ID: 293-11 - Category: Food

A vision to provide high-quality, accessible and sustainable healthcare for all

While the NHS has rightly been lauded as one of the best national health systems in the world, with front line healthcare workers who have shown extraordinary courage and resilience through the COVID-19 pandemic, the accelerating pace of technology and innovation in healthcare dictates that we must not rest on our laurels.

I recommend a new turbocharged digital health strategy for the UK with a vision to provide high-quality, accessible and sustainable care for all by establishing a new digital health ecosystem. Digital healthcare has many advantages in terms of accessibility, quality and affordability but to realise its full potential will require a carefully planned approach. This should encompass a vision, strategic objectives, priority focus areas and implementation principles. Moving ahead quickly, and getting it right, will give a real boost to the digital economy and help offset growing healthcare spend in the UK.

For a country with our level of GDP per capita, aspirations of technological leadership in areas such as AI, genomics and life sciences, the UK has an urgent need to increase its implementation of digital health. The Oct 2018 Dept of Health Paper on entitled Future of Healthcare - Our vision for digital, data and technology in Health and care - was a good blueprint for progress in this regard but we can and must go faster.

In my vision, all of the patient data generated by UK's hospitals and outpatient clinics (public and private) is digitized. Citizens can access their own medical records via a secure online portal and can choose who else can access their records. The system will improve the cost-effectiveness, sustainability and efficiency of the NHS. It will also facilitate the transition to preventive, rather than curative, medicine and is underpinned by blockchain technology, a crucial pillar in ensuring the integrity and security of all patient data.

Many health services will occur online from video consultations to e-prescriptions. We will reach a stage where over 75% of our entire public bureaucracy is digitised. The digital health ecosystem integrates with other government and private sector systems and automates many ordinarily complex operations. An example is registering a death and notifying all the relevant parties: in the future, once a death in the UK is registered online, notifications are automatically sent to that person's workplace, the tax office and the population registry.

Our new privacy and data security compliant UK healthcare digital platform can be used to exploit cost-effective and high value benefits not previously available without the access to its data. We will become a trailblazer in launching major clinical pilots in personalised medicine. These pilots combine genomic and other health data to better predict and prevent cardiovascular disease and breast cancer. The long-term goal of these pilots is to develop algorithms that can be fed into clinical decision support software, which would in turn be made available to general practitioners. This way doctors can be empowered to use genomic data to provide more targeted prevention and care to patients.

Underpinning all of this is a world class data and analytics capability, which our top UK universities already have. We just need to put it to work in a new public health strategy. The vision statement of this strategy is simply "Better information – better health!"

My final idea relates to passports. Leaving the EU means we will need a replacement British passport. If we get it right, our new passports could have an electronic ID which allows UK citizens to access thousands of new digital services provided by the UK government (as opposed to just one – immigration). Estonia is a great model for digital government for us to learn from in this regard.

ID: 1783-11 - Category: Food

A New Type of Navy - Using Battery Boats to Solve Climate Change

Summary:

Lack of sunshine or wind close to energy demand locations is a key limitation on the viability of renewable energy at scale. However, with enhancing battery technology, electricity could be moved by ship and train, like oil and gas is currently, enabling deserts to power the world with solar energy and averting the threat of climate change.

Policy:

The global threat of climate change requires a rapid decarbonisation of the worldwide economy. While electric cars promise a major reduction in emissions, they also require massive increases in the size of electricity grids to provide power.

Many countries will struggle to deliver such massive grids with renewable energy due to their lack of sunlight or wind and space for renewable energy power plants.

There are large swathes of the world where reliable solar could be generated, but at the moment there is deemed to be no way of moving that power to demand countries efficiently and cost-effectively, since power lines involve too many losses over long distances.

With the enhancement of battery technology, however, we should no longer need to rely on power lines to move electricity but instead move it as we do oil and gas; in long trains of petrol tankers and in massive ships.

I therefore propose a two-fold policy to enable a massive increase in renewable electricity.

The first stage is to create massive solar power plants in the deserts of the world. Due to the shortage of rare earth minerals needed for photovoltaic cells, these plants should use concentrated solar heat to power steam turbines.

These solar power plants could be hundreds of square kilometres in size with very little environmental impact, as they would be in arid desert areas (a worldwide geographic analysis would need to be conducted to identify suitable locations, including analysis of water availability for cooling and proximity to train lines or oceans/seas to enable power distribution).

To move the electricity around the world to high-demand countries such as the UK, the second stage would involve laying power cables onto off-shore terminals where oil tankers that had been converted to massive battery ships would charge up.

Those ships would then sail to their destinations, anchor offshore (by staying offshore, the boats can be much larger and therefore carry more power than if they have to dock at port) and feed their stored power onto the grid. Once they were almost empty, they would set sail back to the desert solar plant to refuel.

As they would be carrying so much battery power, they would all be converted to running on electricity, massively reducing the cost of shipping fuel and also reducing emissions.

In countries such as Australia with large electricity demand and deserts, battery trains would operate to take power to cities and then sit in large goods yards storing power until it was needed, then releasing it to the grid and returning to the desert to recharge. Those countries would also have offshore terminals to export excess power abroad.

Given that battery storage will be a key component of future clean energy grids anyway, these battery boats and trains would provide a dual role; both moving energy as is currently done with oil, meaning a country with no sun or wind could be powered by the sun and wind somewhere else in the globe, and also providing storage to allow for flexibility in domestic energy production.

The ability to move coal, oil and gas from its source location anywhere in the world to be used as fuel was key to driving the economic growth of the past two centuries, but it also caused climate change.

We now have the opportunity to use the same approach of moving energy from one location to another that proved so successful, but to do so in a way that averts the threat of climate change, cleans our air, and provides cheap and reliable power to spur clean economic growth for the next two hundred years and beyond.

ID: 1688-11 - Category: Food

Sustainable solutions to the challenges created by coronavirus for the harvesting of UK seasonal crops.

The Covid-19 pandemic has afforded the opportunity to find new solutions to fruit and vegetable harvesting problems posed by immigrant labour supply shortages and the restrictions on labour movement around the U.K. Sustainable solutions to these problems need to address the issues of reliance on migrant labour from abroad, difficulties of the movement of harvest workers around the country and the need for a reliable and readily available sources of workers from year to year. Two possible sources of such labour could form the basis of a solution to these problems:-

Low risk prisoners and young offenders

One potential source of labour for the harvesting of fruit and vegetables could be low risk prisoners and young offenders (LRPAYO). This source of labour could form the basis of a solution which not only help solve the issue of a consistent and available labour supply, but also help and promote the rehabilitation of offenders by offering work opportunities which facilitate re-engage with a working environment and society.

The first main objective of the Prison Reform Trust is reducing unnecessary imprisonment and promoting community solutions to crime. Giving LRPAYO the opportunity of harvesting work neatly fits with this aim and would more broadly help in the rehabilitation of offenders. From a locational and supply perspective, prisons and young offender institutions potentially have a consistent, year on year, supply of labour in the same location. Given these institutions are geographically spread across the country; it would be feasible to deploy the labour force from these institutions to coincide with local harvesting requirements. Harvesting work pays significantly more than offenders could otherwise earn while in prison or an institution which would act as a motivator for those on the scheme. Given the nature of harvesting work, i.e. outside, in the open air and involving physical work, this might well be beneficial for offenders recovering from addiction or mental health issues. Research has shown that exercise is an effective treatment for mental health issues and can serve as a fundamental component to recovery from addiction. Harvesting work would also serve as a platform for the development of transferable employability skills such as timekeeping, communication and teamwork as well as building self-confidence and resilience.

Effectively this work could form the basis of proven work experience which demonstrated to a potential employer that the ex-prisoner or young offender is capable of engaging within a work environment, particularly if accompanied by an employer /scheme reference. Potential criticisms of this scheme might be the charge that prisoners are being used as a source of cheap / forced labour. This criticism is rebutted by the argument that engagement in the scheme from prisoners would be entirely voluntary, with the prison social work/ probation service engaged in identifying potential recruits to the scheme from the prison / young offender's institutions, but those identified and having the opportunity to engage having the option whether to take part. There is a long tradition of community service sentences being given to offenders as an alternative to prison, and in some sense this would be an extension of that policy.

There is also the risk that those LRPAYO engaged in the scheme might abscond or otherwise cause difficulty whilst engaged in the work. While this risk can never be eliminated, it would be mitigated to a large degree by the close involvement of the prison, probation and prison social work service in such a scheme. In the longer term it might be possible to more fully integrate this scheme into the wider parole system, with perhaps prisoners being released on parole having completed a successful period of engagement with this scheme?

Schoolchildren

Older schoolchildren could form the basis of a workforce to assist with harvesting of fruit and vegetables. The first reaction to this suggestion might be one of concern of child labour and exploitation. In fact children have a long tradition of helping with the harvest. In large parts of Scotland one of the annual school holidays is still referred to as the “tattie” (potato) holiday. For many decades the 2 week “tattie” holiday was a period when children between the ages of 12 and 17 had an annual holiday to help with the harvesting of potatoes. This tradition largely died out as a result of developments in mechanisation which allowed farmers to gather potatoes by machinery. The tradition however still thrives in parts of Scotland.

Recent societal changes in relation to children’s wellbeing would point to the potential benefits of a revival and renewal of children helping with harvesting. Childhood obesity, lack of opportunity to exercise, levels of child poverty, children’s increased “screen time” at the expense of social interaction and physical activity are all factors which would be potentially alleviated by this scheme. In terms of harvesting this proposal has similar advantages to the deployment of prisoners in that a ready source of labour is available in the required location at the required time, although some adjustment to the timing of holidays might be required in different parts of the country.

Recent media coverage of the work of Marcus Radford in relation to school meals during holiday periods points to the need to support families during school holidays. It would be potentially hugely rewarding to give elderly children the opportunity to engage in this work and give them a sense of pride in helping their families as well as themselves. It would help resolve the problem of a midday meals if food was provided on the farm during the working day. Criticism of this being child exploitation is refuted by the scheme being entirely voluntary for children. Much harvesting work is of minimal risk and can be done by older children. The history of this tradition has shown consistently large take up of the scheme amongst older children. In terms of the practicalities of its operation there is a living memory of how it traditionally operates amongst very large number of people still living in the Scottish countryside.

ID: 1552-11 - Category: Food

the global uses of drone to fill glaring gaps in resources.

The use of drones are classified into two categories and each of the fields can be exploited to capitalize fully on its potential i.e.

1)Drone use in combating COVID 19 pandemic;

2)Drone use Supportive activities. The use and their details are provided in the following sections: 1.Drone use cases in combating COVID 19:

a.Spraying disinfectants

i.Drones designed to spray disinfectants have been remodeled with pesticides on agricultural lands. While the verdict is still out on the effectiveness of using drones to spray pesticides, nevertheless, it is an important use case of drones that are widely being deployed by countries.

ii. Drone companies in countries such as China have teamed with Agricultural research institutes to make effective use of drones for spraying disinfectants. China, South Korea, UAE, Israel, and India have deployed drones to spray these disinfectants in their respective urban and rural spaces. The primary recipients of drone based disinfectant operations have largely been Government offices, hospitals, public places.

b. Monitoring body temperature:

i. Drones mounted with thermal cameras have been deployed by state authorities across the world to detect body temperatures of people in public places. Some drones are fitted with AI-enabled cameras which enable to the identification of any abnormalities in body temperature.

ii. A team of researchers from the University of South Western Australia has reportedly made a breakthrough wherein the drones fitted with specialized cameras can detect coughing, sneezing, detect heart and respiratory rates of people and monitor their body temperatures. Countries such as China, Saudi Arabia, Jordan, Israel and Bulgaria have deployed drones to monitor people's body temperature.

c. Medical and food supplies delivery :

i. there are some essential human activities which necessitates people to venture out. For instance, for their daily needs, people move out of their homes to purchase food and medical supplies (for COVID and non-COVID patients).

ii. Advantage of deploying drones for food and medical supplies transport during COVID 19 becomes particularly important given the fact that there is a significant drop in air traffic congestion. Transportation of medical supplies, medical equipment and even blood samples could be pursued through drones.

iii. A company named Antwork has flown medical samples and quarantine supplies from People's Hospital, Xinchang county to Disease control center in Xinchang county. The company is also considering expanding its operations in Hangzhou and Wuhan provinces of China. Chinese e-commerce company JD has used drones to supply medical equipment to hospitals located in remote areas of Wuhan.

iv. In case of China, reports suggests that robotics have been extensively used inside hospitals to cater to these needs of COVID infected patients. Robotics have been deployed to deliver food to patients in COVID infected wards.

v.Zipline, a drone company has already proven and validated drone based medical supplies deliveries in Rwanda, Africa. The company is currently engaging in talks with US Government to seek permission to begin operations in Untied States. Similarly, a Canadian company Drone Delivery Canada has also begun negotiating with the Government of Canada for transportation of pharmaceutical products in suburban and rural areas of Canada.

2.Drones use Supportive activities:

a.Surveillance and ensuring lockdown:

i. police forces have deployed drones to expand the coverage of their surveillance with faster speed. Drones are uniquely positioned to not only pick up signs of lockdown violations on the streets but also to ensure that people are adhering to social distancing rules on rooftops.

ii.One of the unique advantages of deploying drones to ensure surveillance and lockdown is that it precludes police officers performing such duties from getting infected by COVID 19, particularly those operating in declared containment zones. iii.Countries such as Israel, China, USA, Malaysia, Kazakhstan, Italy, France, Jordan, Belgium, Greece, etc. have deployed drones to ensure lockdown in public places. In case of Israel, drones are regularly sent in places wherein people have been quarantined. Such quarantined people are required to come near their windows to provide visual confirmation that they are inside their houses. Drones have also been used to disperse crowd and ensure that people are practicing the social distancing norms. a sudden drop in crime statistics in Israel could be attributed to extensive deployment of drones by the state of Israel. China too has deployed its drones extensively to monitor congested areas and disperse crowd in its cities and other areas.

b.Public Broadcast :

i.While drones continue to be effectively deployed to surveillance and ensure lockdown, its effectiveness substantially increases when it is fitted with speakers. Drones with mounted speakers have frequently been used in countries such as China, Israel, France, Spain, India etc. to disperse crowd in public places.

ii. Drones deployed for public broadcast can be effectively used for not only dispersing crowd

but to also relay area specific messages pertaining to COVID 19 to educate and raise awareness among inhabitants. In scenarios wherein some people are found to be not wearing masks, drones with mounted speakers are able to relay messages encouraging people to wear masks. In case of countries such as Malaysia, Qatar, Kuwait, drones with fitted speakers have been used to relay messages in multiple languages.

c. Survey mapping :

i. Drones have also been found to play a critical role in activities like survey mapping. For instance, while planning construction of hospitals and critical care facilities drones could be used to play an important role in surveying areas. In case of China, the country has made use of satellite technology to survey areas.

ii. According to reports, several empty fields in countries such as China, US and Germany have been converted into makeshift hospitals. Drones have played a critical role in survey mapping of such areas to construct hospital efficiently and with minimal human involvement.

iii. Further drones fitted with lightings have been used to illuminate areas which have been designated for construction activities. Drones were used for one such hospital construction in Wuhan, wherein 6 drones hovering 50 meters above ground could illuminate an area of 6000 sq meters and remain illuminated for 10 hours with a single charge.

ID: 2109-11 - Category: Food

The combination of direct provision with policy level decision-making in one forum.

The Food Insecurity Network in Dundee, Scotland, was developed at the start of the Covid-19 pandemic in response to the immediate and urgent need to provide food to local people. It is a city-wide network of 24 community food projects, senior managers from Dundee City Council and the city's volunteer network. Since the start of the pandemic, the Network has met weekly to keep track of local issues and tailor local responses to ensure that local people's needs are identified and addressed. The inclusion of senior managers from the Council means that addressing need has not been limited to direct provision; necessary policy changes are also identified and discussed as local issues arise. The combination of direct provision with policy level decision-making in one forum is what makes this Network unique. In the worst week in April 2020, the Food Insecurity Network fed 4,700 people. The grounded nature of the response means that the Network soon identified that people needed more than the provision of food –

it became clear that households were unaware of available financial support, and either unsure how or unable to access mental health support. The Network therefore extended its reach, working with other organisations across the city to provide financial advice and mental health support. The Network is currently also exploring ways to work with community food gardens as both a means to address lack of fresh fruit and vegetables, and as a mechanism to support mental health. We propose that this model of practice provides a potential new model for local governance. It has had a baptism of fire – responding to a crisis that no-one knew was coming and that local governments across the country were wholly unprepared for – successfully building relationships and alliances to ensure a coordinated, effective response that ensured dignified access to food while supporting people’s financial stability and mental health. It transformed traditional policy structures to ensure that both immediate and long-term needs were identified and addressed through respectful, dignified responses that centred people’s lived experiences within the decision-making forum. Now is the time to capitalise on this experience, to capture the learning and understand how this participatory, coherent and sustainable model of practice can be implemented in other contexts and enable us to build a social support system that respects people’s dignity while responding to real need.

ID: 1848-11 - Category: Food

how to fix healthcare in the US

The broken healthcare system is a common problem in society today. The debate about healthcare issues in the United States and how to fix a broken system has been going on for the past several decades now, with no effective solution to the problem in near sight. It is a significant critical issue that requires serious attention because people get sick every day and emergency situations confront medical facilities at alarming rates. The government has turned its sights on the people, hoping that the healthcare problem will solve itself with the 20th century bureaucracy. The policies the government has put in place have only enriched the political healthcare stakeholders such as the insurance and pharmaceutical companies who see healthcare as a means to enrich themselves. For the economy to get back on its feet, and to improve the standard of healthy living in the country, the healthcare mess must undergo radical surgery.

Healthcare costs in America are some of the highest globally. While other countries are providing free healthcare to their citizens, the United States still grapples with ineffective service provision where one has to pay for healthcare at a cost very high. In order to fix this problem, the government needs to implement such measures as establishing a Universal

Healthcare System. This will guarantee universal coverage that provides equitable healthcare to all US citizens. The unified system would mean that more money goes into care, and less into administrative costs (Brown, 2018). The government should also hire more primary caregivers and doctors who focus on preventive ways of curbing health problems. It should also close most medical facilities and hospitals and reassign doctors to home-and-community-based healthcare tasks that help people get well and stay healthy. This is a cost-effective program that will ease the burden of healthcare and reduce costs.

Administrative complications and regulatory significance have also created a backward force in the effort to get quality and quick medical services due to the bureaucratic procedures involved. The government needs to simplify processes for prior authorization, for instance, as in the case of Covid-19 vaccine approval by the FDA, for quick response to emergency and delicate situations. Hospitals and other medical facilities should also regulate their schedules as well to free up some hours weekly in order to allow doctors and primary caregivers to focus on patients, instead of attending to administrative functions only. This will enhance healthcare provision to all and not just some with the money.

The government should also allow professionals in the field of medical health, such as physicians, to be on the frontline to lead American healthcare and transform the delivery of care, instead of the traditional legal players who do not conform to; better care, better health, and lower costs. This will improve the care system as management by physicians will enhance the evaluation and enactment of policy changes that will improve the lives of their patients, as well as the well-being of the caregivers themselves. Such policy changes as, going where the patient is, will improve convenience and satisfaction, as well as, enhancing the flexibility of the doctors to attend to as many patients as possible. In retrospect, getting a doctor to the patient is a lot cheaper than having an ambulance come two days later, in cases of medical emergencies. Because the physicians are on the lead of the health sector management, they will acquire and use the necessary advanced technologies to improve service delivery.

Access to social determinants of health such as proper food and clean water is another area that needs to be looked into keenly. In order for the government to improve healthcare and to also reduce the per-patient medical costs, it is imperative, therefore, to provide nutritious

foods, free of charge, for all Americans living with medical conditions like diabetes, that tends to fix healthcare for older people. This will create a system where the health of the older generation is cared for and the prevention of such conditions is enhanced through better feeding. By putting American healthcare on a measurement diet, and hence depending on the performance metrics, the focus will be on how to better care for patients and improve healthcare over time. Every household should have access to clean water to ensure that people are prevented from water- deficiency related illnesses.

Medical principles and ethical codes of practice are another healthcare problem that needs attention. Practitioners in the medical field, including physicians and medical equipment companies, as well as nursing homes have engaged in practices that are against the moral code of conduct. Medical practitioners have fraudulently engaged in billing the government's healthcare program such as Medicare for services not rendered (Dyer, 2015). Medical equipment companies also overcharge for the same. These kinds of practices hinder the government from providing quality healthcare for the patients due to limited resources and should stop. Physicians should also shun the idea of referring their patients for tests to a laboratory they own. This is because of the vested financial interest they have. Such practices hamper the government's efforts and promise to its citizens of healthcare provision.

The Healthcare problem in the United States is a direct result of a broken system of healthcare management and the failed policies of the federal government. Increasing the quality of care is no doubt the responsibility of the government. Physicians can lead in establishing measures that are necessary to improve the quality of care because essentially value or quality rendered is determined by how medicine is practiced. Other participants in the healthcare system, such as employers, workers, suppliers of medical resources, as well as patients have a role to play in transforming the healthcare sector.

ID: 806-11 - Category: Food

Rewards for Getting Vaccinated

Britain has population of circa 66.6 million People.

Research by Professor Daniel Freeman, University of Oxford, reported that 72% of British People or circa 48 million People say they are willing to get the COVID-19 Vaccination.

But VACCINE HESITANCY and VACCINE MISTRUST are major problems.

16% of British People or circa 10.6 million People in Britain say they are UNSURE about whether or not to get vaccinated.

12% of British People or circa 8 million People in Britain say they are STRONGLY RESISTANT to getting Vaccinated.

To minimize Deaths occurring due to COVID-19 infection the UK Government needs to vaccinate 25 Million UK Citizens categorized as VULNERABLE, due to their Age or underlying medical conditions.

University of Oxford research about 16% Hesitancy and 12% Strongly Resistant, are just general averages for entire UK Population.

But if you calculate that 12% out of total number of 25 million UK Citizens classified as Vulnerable, equates to 3 MILLION VULNERABLE PEOPLE, who are Strongly Resistant to getting vaccinated, then you see that something needs to be done to persuade and motivate these 3 Million Vulnerable People to get vaccinated.

My suggested solution to overcome problem of Vaccine Hesitancy is for the UK Government to

set up a VACCINATION PRIZE DRAW system. Every person who gets Vaccinated has a CUSTOMER REFERENCE NUMBER, so each Customer Reference Number can become a “VIRTUAL TICKET”.

The UK Government could pick out some Customer Reference Numbers (“ Virtual Tickets”) at random and award various cash prizes ranging from say GB£10,000 or up to GB£100,000.

In a manner similar to the Prize Bond Draw, each Customer Reference Number – Virtual Ticket, could be re-entered into regular monthly draws, so regardless of the Date on which the person actually received their first vaccination jab or their second vaccination jab, their Virtual Ticket will be entered in all future Monthly Draws, until the date of closure of the Vaccination Draw system.

The use of a Vaccination Prize Draw is firstly an effective way to say THANK YOU to those people who have already made effort to get vaccinated, and secondly is an effective way to motivate and encourage the 28% of Vaccine Hesitant People, to actually make effort to get vaccinated, because if they fail to get vaccinated, they will miss out on chance to participate in the Vaccine Prize Draw.

If UK Government fails to persuade the 28% of Vaccine Doubters, to get vaccinated, then UK Economy will suffer loss of many Billions of Pounds, in terms of more Lockdowns, loss of Productivity and paying costs of Employee Salary Support Schemes and Business Supports.

The Cost to UK Government of paying out a total of say GB£50 million in Vaccination Draw Prizes, is a tiny cost, as compared with Number of Avoidable Deaths and the Billions of Pounds which UK Government will lose, if COVID persists in the UK because not enough UK People have opted to get vaccinated.

Sales Taxes or Consumption Taxes such as Value Added Tax, typically generate up between 20% and 33% of all tax revenue for many Governments worldwide.

Governments in several countries such as Taiwan, China, Brazil, Italy, Portugal, Romania, Czech Republic and Latvia started to notice that they were MISSING OUT on collecting up to ONE THIRD of all potential Sales Tax or Value Added Tax Revenues because many Consumers were deliberately choosing to pay Cash when buying Goods or Services in order to avoid paying the Sales Tax or VAT.

In order to avoid missing out on collecting Sales Tax Revenues, many Governments have introduced a "RECEIPT LOTTERY".

The purpose of a RECEIPT LOTTERY is to encourage Consumers to change behaviour by asking the Seller for an official Sales Receipt or VAT Receipt which means the Government can track Sales Tax and VAT Returns, and then Consumer can then enter his or her Receipt Number in to a monthly Draw, through which the Consumer has chance to win a cash prize.

The Receipt Lottery Prize system is proven to drive positive changes in Consumer Behaviour.

Hence, it is my belief that a VACCINATION PRIZE DRAW System can drive change in Consumer Behaviour and help UK Government to overcome Vaccine Hesitancy.

Please note there are already lottery software systems available, which any Government can buy in order to operate a Receipt Lottery based on VAT Receipt Number.

In order to operate a Vaccination Prize Draw, the UK Government does not have to invent any new software, but UK Government could use an existing commercially available Receipt Lottery Software, such as https://www.egame-solutions.com/games_vat.html

But the several advantages of a Vaccination Prize Draw are:

1) It allows UK Government to say THANK YOU to those who got vaccinated early

2) If people go back to get their second vaccination jab, they can be awarded a second virtual ticket, which increases their chance of winning a prize and this will encourage those people who already got their FIRST JAB, to make effort go back and get their SECOND JAB

3) It motivates the Vaccine Doubters, to make effort to get Vaccinated.

4) It can help UK Government to better communicate with “The Unreachables” who are the demographic of Young People aged 15 to 25 that typically are NOT watching TV and who are NOT reading Newspapers, but who are looking at social media for 3 hours per day.

5) Cost of paying out some Prize Money is tiny cost, as compared against Economic Loss if UK Economy is hit by several local or national Lockdowns.

6) Once UK Government has successfully introduced a Vaccination Lottery Draw, the same

system could be used by other UK Government Departments to drive Behaviour Change.

For Example if UK Government wants to promote acceptance of other Vaccines such as the MMR Vaccine or the Winter Flu Vaccine or collecting VAT Revenue.

ID: 733-11 - Category: Food

Activity needs to be incorporated into day-to-day personal development

Activity should be part of all development plans including education, public and private sector work (PDRs), social and welfare support. A BTLE 9-axis accelerometer to measure steps and VeDBA (vector body acceleration) with battery costs <\$1.50 USD and there is no reason why the adult population cannot all be accountable for activity, leveraging today's cheap technology.

GPs are now prescribing activity but, often this is too late. This is not is state control to force exercise. This is the state taking pro-active steps to safeguard the mental and physical wellbeing of the general population. Simple re-purposing of existing infrastructure, adding:

- A secure data vault to the Track and Trace app to monitor active check ins
- Encourage or mandatory wellbeing thresholds to public and private sector PDRs to ensure activity
- Activity as part of universal credit submission and qualification
- Create a govt approved accelerometer subsidised with financial incentives to use it

As we emerge from the pandemic home working will continue as companies have seen increases in efficiency and are saving on logistics overheads. However, the long-term effects of home working are very dangerous and will only manifest when it is too late. It is absolutely IMPERATIVE that we motivate the population as a whole to adopt a healthier and more responsible lifestyle.

The variety of proposals to improve diets, tax sugar, put up barriers to alcohol and tobacco consumption are all laudable but will have limited impact if we have a sedentary population. Introducing activity tracking to the workplace, education and other elements is critical to the nation's overall success, economically and socially.

-ends-

Activity tracker

- IP67 - waterproof
- CR2032 Li-Coin battery cell
- BT4LE data transfer
- 9-axis 3D accelerometer

~\$1.50 (USD)

Track & Trace Website

- Using the current QR code model to develop incentivised activity programs
- Secure data vault to store and share movement of individuals for PDR/state aid qualification
- Develop big-data modelling to manage national activity, fitness and wellbeing

ID: 591-11 - Category: Food

The media are full of the problem of obesity in this country. Diets are everywhere. This problem causes serious medical issues, mental as well as physical, but it also impacts on unemployment and other areas, consequently costing the country a fortune.

Junk food is blamed and, whilst I uphold that a diet of mars bars is not healthy, I do not think only junk food is to blame.

The following applies to all animal produce but let us take as an example a humble chicken. From the moment a chick hatches it is given food studied to make it gain as much weight as possible in the shortest possible time. This food contains all sorts of additives and hormones. The chicken does grow fast and fat. Then what happens is that we eat the chicken and thus we ingest all the additives and hormones that the chicken was fed. So we grow fat and fast too. It happens in ALL animal food and so in all our food.

Could this not be what is causing this mass obesity?

Now we are out of Brexit would be a good time to test this by banning all intensively reared animals.

It would mean that the price of meat would rise but that could be countered with a farming subsidy eventually financed by the saving to the National Health Service. EVERYONE in the land would benefit.

ID: 569-11 - Category: Food

Change our attitude to manufacture, starting with the next generation

Summary of the solution: Covid-19 has revealed the precarious condition of UK manufacturing. We can improve this by long-term investment in our young people, changing their attitude about making goods for the world.

The remedy is not quick (it may take a generation or two), but a start must be made. It has to begin with a realignment of the attitude of the British people to the manufacturing skills.

It can only gather momentum by giving youngsters an excitement about manufacturing. Then we must give them the opportunity to understand how they can play their part.

The excitement

... will come through schools and social media. The schools curriculum must offer to all children an

extended course and qualifications in industrial manufacture. This is entirely different from craft

skills.

Teachers must be retrained to see this as an exciting imperative. (I expect that most teachers have yet

to catch the excitement and challenge of a career in manufacture.)

Specialist teachers may have to be employed.

The courses in manufacture can draw on and interface with most other current school courses in the

sciences, arts and humanities.

There must be class visits to factories and product design offices; talks from industrialists will be a

key part, to win the hearts of dynamic young people. The students can be enthused by hearing:

‘What challenges did we overcome in developing and making this product?’

‘Why do I enjoy this work?’

‘How far ahead are we designing new products?’

‘Quite why did we succeed?’

‘How did we finance it?’

‘How do we manage our workforce?’

The government must put onto the internet – especially social media – material for students with immediate relevance to their courses, but also to link them further and deeper into the world of manufacture.

The government and/or major charities and private companies can sponsor awards and significant publicity for firms who excel in creating attractive and effective material to support teaching these courses.

There can be awards, too, for TV programmes and series that show the challenges and attractions of solving problems in manufacturing.

The Queen's Awards for Enterprise must be trumpeted in every school, with age-appropriate material to enable the students (and teachers) to appreciate and to celebrate the great achievements of the winners. The students can then appreciate what has been required to solve complex problems. They can also see the rewards: employment and the satisfaction of a job well done.

A themed emphasis for schools based on manufacture will also draw the attention and commitment of many young people who currently don't see the relevance of what is presented to them in school. But this isn't just for the disenchanting: this is also for the brightest and best. Some youngsters might be drawn into operating machines, some into sales or purchasing, some into design: there's a niche for everyone. But throughout the approach to our young people – the courses, the media, the teaching – there has to be an insistent demand for quality and a high call to perform well, with imagination, creativity, enthusiasm and care, never assuming that today will be like yesterday. This is no easy option for slackers; this is important fulfilling work for all.

Imagine:

... if you want to be good at sales or purchasing, you had better work hard at your foreign languages.

... If you want to design a product for us, you had better get the relevant sciences and maths

under your belt.

... If you want to drive that vehicle, we have to know that you're a very careful and responsible person. ... if you want to work here, you will have to be flexible, because the markets and the technology are changing all the time.

If you've learnt those lessons, there will be good, challenging alternative manufacturing work for your skills nearby when your employer has to down-size for a while, as has happened to Rolls Royce Aerospace.

The opportunity to take part will come when our most able and ambitious young leaders find that there's real money and fulfilment to be had this way, with a skilled work force available and a favourable wind from government and social attitudes.

Major industrial and social charities should be encouraged to sponsor schools, media channels including TV programmes, and apprenticeships that build, in the minds of young people, the honour and excitement of taking your place in a manufacturing enterprise.

Sixth Form and Technical colleges can be sited in industrial estates, with some classrooms within factory premises, so that their courses can be based on the real and current issues of that factory.

Major tracts of land – much of it from blighted historic industrial activity where we lost our way – must be made available with encouragement from the government. That will be a signal that the UK is going into this seriously, and that you can step forward with confidence. There is plenty of this land: I've seen it in Essex, Middlesbrough. Port Talbot and Belfast. There are, no doubt, comparable sites in all regions, but especially in the North. It will be particularly gratifying to see the North rising again in manufacture for export.

Some say the UK can't compete with low-cost countries. Not true! James Dyson said that he relocated to the Far East not because wages were lower, but because that's where he could find the skills base he needed. Germany, Austria, Switzerland, Italy are not low-cost economies, but we regularly buy their quality goods. There is no cost-reason UK cannot compete well. We just need to change our attitude to manufacturing.

ID: 56-11 - Category: Food

Deal with the problem at its source.

Most of us can name the few main sources of this problem. We can probably also describe the colours and logos they use in their packaging - we see it often enough on the ground when we walk in the countryside for it to be very familiar. They must take some responsibility for how their packaging is disposed of by their customers.

My proposal is two-pronged. Print the address of the food outlet on each item of packaging. This could be taken a step further by including the car registration number for drive through takeaways. Next, empower councils collecting the litter to fine the outlet and/or the customer each time litter is found. Councils' revenues will be boosted, litter will quickly reduce once fast-food outlets' bottom line is hit and our beautiful natural environment will be protected.

ID: 3000-11 - Category: Food

Our obesity policies (education, exercise, ingredient shaming) have all failed to turn the tide on obesity. To reverse this, we need to have realistic, practical and achievable policies that both incentivise and dis-incentivise. The attitude changes during the pandemic give us a once off opportunity to start this process with a 3 point plan:

- (1) Making food preparation and consumption the high point of everyone's day
- (2) Making treats into treats once more
- (3) Offering every fat person the chance to earn cash/rewards for losing

weight

The pandemic has turned normal life on its head. We have all been ready to change attitudes and behaviours and have been receptive to multiple instructions from government. We are perhaps uniquely ready to embrace a very different approach to our health going forward. But we need to act soon. As memories quickly fade, the sense that we need to take more responsibility for our own fitness, to deal with unexpected and life threatening disease, may be overtaken by the previous mind-set that our health is the responsibility of the NHS.

(1) Making food preparation and consumption the high point of everyone's day:

Firstly, we need to start with families and communities, of all shapes and sizes. During the pandemic, meal preparation has been fun as families have taken time as a group, to share preparation and then eating together. We can keep this going if we embed some of those pleasant memories before convenience ultra-processed food reasserts a grip on our kitchens.

One key to this changed behaviour is children and their attitude to helping with preparation and enjoying conversation at the dinner table. The evidence suggest that they have during the last year, even the teenagers:

Researchers found 60% of young people thought more shared family meal times were positive for health and wellbeing. Young people in the study said they wanted to keep having meals together: Guy's and St Thomas's Charity and the Bite Back 2030 from 1,000 14 to 19 year olds.

Are there policy initiatives that will encourage this?

A good example would be the national savings initiative that worked well during and after the second world war: while this promotional film (<https://player.bfi.org.uk/free/film/watch-down-our-street-1942-online>) looks very dated and unacceptable today, there are many socially cooperative attitudes that have been changed by the pandemic. Just as children in the 50's and 60's bought weekly savings stamps at school, children now, post pandemic, are ready for new attitudes to food and meals which can shape our society in the years to come with one simple, bold and achievable policy:

Every child in the country grows an edible green plant each year. • This becomes a joint home and school project (contributes to maths, geography as well as food lessons), is distributed free by supermarkets (super keen to embellish their social credentials).

• Children's television embraces the grow your own food idea with formats, outside broadcast, child participation, competitions. The notion

of seeing your food grow from seed to plate takes root as parents enjoy being part of the enthusiasm.

- Communities make space for communal growing with the children.
- Allotments come back into wide scale use: Figures released on Monday by the National Allotment Society (NAS) reveal that 40% of English councils that responded to a survey reported a “significant uplift” in applications to join waiting lists during April, with a 300% increase in one case – Hyndburn in Lancashire.

(2) Making treats into treats once more.

Food manufacturers (and retailers) have been spectacularly successful in the post war years as the real cost of food has plummeted and today, in the UK, food is less than 10% of total household expenditure, less than half what it was in the fifties.

This decreasing cost has been particularly evident in highly processed food, where production scale and efficiency have made what were once weekly treats into everyday snacks: in the fifties, a family might share a chocolate bar on a Sunday; now this can be readily bought “within an arm’s reach of desire” (Coca Cola chairman’s ambition 1923).

Every street now has a treat emporium – convenience stores with every kind of chocolate, biscuits, crisps, soft drink.....all with their bright packaging and attractive advertising, to be passed multiple times per day.

We cannot turn the clock back to the grey, choice free fifties, but we can for a moment consider whether there were aspects of a previous age that can help us make policy choices in this perhaps more open and receptive post pandemic environment?

With so many of us being fat, government has a simple choice: accept this and pump endlessly more into the NHS or use fiscal measures to influence food expenditure away from the more obvious obesity contributors.

Food manufacturers are right to argue for their businesses but they perhaps also need to be encouraged to find a new role for their products in a world where constant eating is discouraged in pursuit of lower weight and better health.

This proposal is for an extension of VAT (already on many snack foods) to other non-meal categories and a significant increase in that VAT rate over the coming years, with a view to at least doubling the price of these items.

To sweeten what will be a bitter pill, the revenue raised by the VAT could be ring fenced to fund Proposal 3 below.

(3) Offering every fat person the chance to earn cash/rewards for losing

weight

This part of the 3 pronged strategy moves back to incentivise.

“It’s the economy stupid” is not just a good political catch phrase, it’s a good reminder that people / voters are heavily influenced by their wallet.

Policy makers on obesity have relied on education, action of specific “thought to be” bad ingredients and exercise promotion as key tools. Success if achieved has been fleeting e.g. the Olympic Games in London as a driver of grass roots sport.

A cash or near cash incentive could be a powerful incentive to action if it was (a) large enough to motivate and (b) seen as achievable.

Exact figures to be tested but this proposal submits “£500 for 10 kilos” as a start point for consideration:

- Prize would be part cash and part sports equipment, membership, club fees.
- Companies would be asked to partner with the initiative to provide the near cash elements at cost.
- A High Street presence e.g. Boots the Chemist would provide the weight measurement service and governance. They would also adjudicate a given body mass index as a qualification for entry into the scheme.

ID: 3021-11 - Category: Food

Appointment of a Royal Commission to undertake a review and reform of the NHS.

Governments worldwide have taken varying approaches to the COVID-19 pandemic. In the UK, despite the outstanding success of the vaccine programme, there are many areas where the National Health Service has proven to be woefully unprepared. The fact that the UK has one of the highest COVID-19 death rates in the world is undeniable, and both grieving relatives and the British press are now demanding accountability for decisions taken by government to manage the crisis.

Ironically, this situation presents the government with a unique opportunity to address the failings of the NHS by establishing a Royal Commission, involving all major political parties and inviting participation from the devolved UK governments, under the suggested Chair of Lord Sumption (a person of requisite intellectual weight, capable of preventing the Commission from “taking minutes and lasting years”); this removes reform of the NHS from the realm of electoral politics, (previous governments having been reluctant to face any voter backlash that might accompany any significant attempt at true reform).

FUNDING

The Commission must consider how the NHS can be properly funded. The NHS is unable to meet even current standards of care with the money it has been given, let alone make any required improvements, and NHS spending needs to rise to 11% of GDP within 10 years.

The pandemic has highlighted the fundamental health problems created by an increasingly elderly population, along with the urgent need to incorporate social care into the mainstream of the NHS. Chronic staff shortages in both NHS and social care are endemic, and deep health inequalities must be also addressed – but all of this requires funding. While the past 10 years' dismal per capita GDP growth is likely to continue, given the economic impact of COVID-19, successive UK governments have managed healthcare on the premise of an unspoken agreement with the public that expenditure (in the form of the NHS) must never diminish. All future funding should henceforth be ring-fenced in a special Health Tax to replace National Insurance (and cannot be treated as fungible money by the Treasury). All other items of government expenditure must be covered from either general taxation or government borrowing.

PREVENTION BEFORE CURE

A major focus must be “Prevention before Cure”. Mr Hancock’s Feb 2021 White Paper on the Future of Health and Care is unlikely to obtain the necessary “buy-in” for success, and it is vital that adults take more responsibility for their own health, thereby avoiding the need to visit their GP in the first place. The NHS has been struggling with a horrifying rise in numbers of obesity, heart disease and diabetes patients since long before the appearance of COVID-19, and all three conditions have proved a significant factor in our extraordinarily high death rates. In Britain, 64% of adults are overweight, including 28% who are obese (WHO, March 2021); between April and December 2020, COVID-19 killed 1979 people in the UK with no underlying health conditions, while for people with underlying health conditions, there were 45,770 deaths (ONS data). Many dangerous health conditions are simply caused by bad diets, alcohol and tobacco – it is indisputable that the food we eat and the lifestyle we lead is making us fatter.

The Commission needs to:

- a) study how other countries are improving their population’s health; and
- b) consider how we can use the tax system to improve our health, e.g. taxes on sugar, tax offsets for gym memberships, etc.

It is, however, vital to ensure that measures to reduce obesity do not become an “attack” on the poorer members of society, there being a proven correlation between increasing BMI and low family income.

REORGANISATION/STAFFING

The NHS is regarded by the British public as a “world class” healthcare system, but their opinion is not shared by the outside world. It is imperative that we learn from other countries – France, Singapore, and Japan, for example, all demonstrate better health outcomes. Britain’s survival rates for cancer and cardiovascular disease remain alarmingly low and our current system is

clearly not working in the best interests of the patient. The key to a successful outcome, particularly with cancer, is speed of diagnosis and treatment, and very often it is the length of time involved between seeing a GP, referral to a consultant, tests, diagnosis and hospital treatment that proves fatal. It is not the treatment that fails, but the scale of the bureaucracy required to obtain treatment. The potential for delay can only be exacerbated by the possible continuation of remote GP consultations (introduced via pandemic lockdown restrictions), wherein many diagnostic signals can be missed. The system requires significant change, but the Commission should not lose sight of the potential dangers here.

The NHS front-line hospital staff are its greatest asset and the key to delivering high quality care. However, operational staff shortages in both the NHS and social care are endemic, and action is urgently needed to tackle a vicious cycle of shortages, increased pressure on remaining staff and resulting stress/burnout, all sharply exacerbated by the Covid-19 pandemic.

It is evident that more healthcare staff need to be recruited and trained domestically to create a sustainable workforce (e.g. there are currently 40,000 nursing vacancies). The NHS, however, has 1.3 million full-time staff and is the largest employer in Europe, whereas Germany's health service has far fewer employees but many more doctors. The Commission therefore needs to recommend an appropriate split between front-line operational staff and the administrative/managerial staff supporting them. It should also review the impact of part-time working on staffing rates, and the subsequent cost to the service.

CONCLUSION

Appointment of a Royal Commission to make recommendations for NHS reform in the following three most important areas:

- Funding requirements:
 - o Supporting an aging population (prolonged medical care)
 - o Merging physical and mental health care with social care
 - o Rising cost of new drugs/equipment
- Prevention before cure, i.e., individuals taking more responsibility for their own health
- Reorganisation/Staffing

ID: 1106-11 - Category: Food

Utilize the Nightingale Hospitals to clear the NHS care backlog caused by Covid-19

The BMA recently reported on the continued disruptive impact of the Covid-19 pandemic on NHS care. They concluded that “data indicates that the shutdown of most non-COVID-19 services in the first wave, combined with drastic changes in patient behaviour, mean the NHS is now facing a large backlog of non-COVID-19 care, storing up greater problems for the future”. Between April and November 2020 there were an estimated 2.57 million less elective procedures and 18 million less outpatient attendances. It will take years to clear a back log of

this magnitude.

Also due to Covid-19, large scale temporary Nightingale Hospitals have been built at 7 locations in England, 2 in Wales and 1 in Scotland. It therefore creates the opportunity for these temporary hospitals to be utilised to help clear the backlog of NHS care cases post-pandemic.

By setting up outpatient clinics within the Nightingale Hospitals, the NHS can increase capacity and make progress on the backlog of cases which will over shadow the NHS in the coming months and years.

ID: 783-11 - Category: Food

Revitalising agriculture

Introduction - The pandemic has focused minds on health including healthy eating, and the parallel challenges of the new trading arrangements with the EU and beyond means that UK agriculture now more than ever needs to be flexible and dynamic.

The government's figures put the median average of farm holders in the UK in 2016 at 60 years old. That's one year older than in 2013.

Whilst it isn't the only factor, the inheritance taxation of farms is contributing to this with Agricultural Property Relief giving farmers an incentive to "die in harness".

Problem - too many farms are stagnating in the hands of older semi-retired farmers.

Fix - This can be taken away by looking at the New Zealand model where the relief for

agriculture is on capital gains taxation rather than inheritance tax. This relief would be targeted to encourage handing over to younger generations earlier, revitalising the industry. It would not be available for development sales.

There are hold over reliefs for capital gains tax already, but the advisors assisting farmers tend to steer them away from them.

This should not cost the Treasury money, but if it does, I believe that would be offset by allowing more farms to be in the hands of younger, innovative and most importantly active farmers.

There have been many initiatives looking at this issue, but capital grants can not hope to give younger farmers the clout needed in the land market whilst older farmers “bed block”.

Subsidies are often blamed and the “slipper farmer” regulations show that the problem is acknowledged. The scope for reform through that system is limited, especially given the list of other policy goals it is intended to deal with already.

However I believe the simplest and most far reaching solution, and the most effective, is to look at the tax system. Everything else can follow, the incremental and marginal efforts already in place will have a far bigger impact if allied with tackling the central issue in this manner.

ID: 465-11 - Category: Food

Covid vaccine recipient safe selection process

According to the ONS, around 30,000 people were contracting old Covid (or symptomatic to old Covid) each day since March 2020 when the R rate was 1.0. At times the R rate fell but now it has risen due to the new Covid variant. The average infection rate is therefore between 25,000

and 35,000 per day over the last 300 days (March 2020-January 2021).

This infection history indicates between 7.5 million and 10.5 million people will already be carrying Covid anti-bodies. This means that between 7.5m and 10.5m people do not urgently need the Covid vaccine. Many of these people will be in the Governments critical groups.

I propose that all people in the four critical groups should be offered an anti-body test to see if they do indeed need the vaccination. I believe the Abbot test was extremely accurate in identifying Covid anti-bodies. Those people exhibiting strong anti-bodies should be taken off the vaccination schedules to make space for more needy recipients.

If this program is adopted it will allow the finite number of vaccination doses to protect a higher proportion of the critical groups

A R Meakin

ID: 225-11 - Category: Food

Reducing CO2 emissions with sustainable, home grown biofuel

Reducing CO2 emissions with sustainable, home grown biofuel

Drax Power Station in Yorkshire, currently generates 6% of the all U.K. electricity from biomass in the form of wood pellets. More than 5 million tonnes, is imported annually, from the USA and Canada. Shipping this quantity of wood pellets across the Atlantic, in a continuous stream in bulk carriers, is simply not sustainable. We could and should be, producing our own biomass here in the U.K. and ensuring that it is truly carbon neutral.

I propose the planting the equivalent of a New 21st Century Forest, to produce this biomass. This new forest would not be a conventional one in a specific place, rather spread out across the country. The trees planted, would not replace the conventional conifers planted in upland areas, but be native species including willow, which is fast growing and can be planted in poor quality flood plain areas, alongside rivers and streams. Willow grows 60cm a year and could be harvested as a biofuel crop, every five or six years. The willow being pollarded, the stumps remaining to regenerate themselves. Done in rotation, there would always be sufficient cover for wildlife to flourish.

Government subsidies would encourage farmers, with methane emitting beef cattle, to reduce their herds and replant some of their less productive land with biofuel crops. This new bio crop industry would generate new jobs here in the UK and help ensure we meet our our target to reduce CO2 emissions.

ID: 2182-11 - Category: Food

Drastically improve overall health and enable the NHS to survive.

Publicise the fact that obesity is a major factor with Covid and many other diseases.

An extensive national campaign could cover schools, hospitals, G.P sugeries, T.V & Radio, the Press,Social Media, Gyms, Universities etc.

When half the world is undernourished this country consumes in excess.

If adults have a junk food diet they are far more likely to produce children with birth defects or latent diseases.

The U.K has one of the highest incidence of fetal alcohol syndrome which is totally preventable but incurable.

If these facts were known widely then perhaps change may start.

All public facilities should only provide healthy, nutritious food.

Supermarkets would not be allowed to promote junk food and drink.

A high tax would be placed on fast food and drink and alcohol to pay for all this publicity and help fund the NHS.

Only simple healthy cooking should be shown on T.V and other media. This would be carefully chosen to show how easy it is to produce very economical meals.

Children could be taught keep fit exercises at school, which they are encouraged to continue for life without the need for expensive equipment or team games.

The anti obesity BITE BACK campaign would be given more publicity.

Much mental ill health could be treated with good nutrition.

If obesity and all the associated ill health continues then the NHS will eventually be bankrupt.

Meanwhile children and adults with inherited diseases have to join an ever growing queue.

I think many healthcare staff and public bodies would be delighted to take this opportunity to turn around the health of the UK before we receive any more pandemics.

ID: 1550-11 - Category: Food

A different perspective on solving climate change, learning from global vaccine development

Climate change will challenge this country and exert global pressures, which too will impact. A key challenge and opportunity would be to initiate the leadership, development and part financing of a multi sector international team. This team would be challenged to find novel ways of capturing and redesigning CO2 into an environmentally safe product. Opportunity Covid has brought together many disparate yet visionary people to solve problems for the collective good. For example quick solutions to ventilator shortage and the finding of "old" drugs to mitigate covid effects. We have learnt and become world leaders in vaccine development and roll out. When the call went out to help, our country turned its flexible hand and switched gear into problem solving, building upon the bedrock of talents already within our people.

Climate change will challenge this country, flooding and drought for example, and it will exert

global pressures that too will impact: famine, flooding and translocation of peoples. It presents an opportunity to be a global leader in a global problem that can be signed up easily by all countries (not all financially). It would have no call on less developed countries being exhorted to move away from the energy production it chooses currently. This could be a collective of world countries all taking part to resolve this global issue.

This is the idea of how to make it happen.

It would require leadership and a technologically supportive base, funding, people and a starting point.

Leadership and Base - let it be the UK. Building on from visionary investment in vaccine development and production and other technologies.

Funding. In an agreement brokered by the UK, funding to be sourced through international G8 or the Paris Agreement collective.

People. Pull together an elite multi disciplinary global wide team to work together based within the UK. The mission; to develop three approaches to the problem of excess CO₂ in the earths atmosphere and the consequential heating up of the planet. These approaches would be the capture, collection and redesigning of CO₂.

To give an example of CO₂ capture I suggest the team look firstly an idea of "novel brushes / nets / feathers" attached to aeroplane wings that can sweep and collect CO₂ in the air. It may sound crazy but aircraft travel is a global resource and any plane could be fitted to theoretically clean the air, if workable technology were developed. I believe industrial chimneys due have a scrubber system to capture excess CO₂. There may well be other current CO₂ capture systems that could be built upon.

To give an example of CO₂ collection, the aim would be to develop a novel brush /net /feather to capture CO₂. These technologies would be designed to fit onto aircraft. These "brushes/nets/feathers could be part and parcel of every plane and "turned around" in the same way as soiled materials are removed, and in the same way as fresh food is placed on board the replacement clean novel brushes/net/feathers would be re-sited.

To give an example of CO2 redesigning. The brushes etc would need to go through some small system again in airports or services ancillary to airfreight to convert into a secondary product for use on site or within each country. Perhaps condensing in a corrugated way to form another product.

This would build upon the science and innovation ability shown already in this country and in other nations. It would undoubtedly further our aspiration to be world leaders in problem solving and technology. It could if successful solve emerging problems of extreme weather events, flooding of land and bring the nations of the world together.

It is positive, resilient and innovative.

ID: 1524-11 - Category: Food

Vat on Food

Example: Go to a pet shop and buy loose bird seed and no vat added. If that bird seed comes in a sealed bag that has been bagged elsewhere then vat is added to that bird seed purchase.

This is a ludicrous concept as it's still bird seed. Food, for human consumption, in the UK is classed as an essential item and not a luxury so it doesn't have vat added to it, yet bird food is classed as a luxury.

It's not about bird seed but the same concept. All fresh food that has not been processed should be vat free and remain vat free to ensure the essentials for human life is as cheap as sensible.

Any food that is processed should have vat on it. To save the confusion this could be a flat rate

of vat or a sliding rate depending on the level of processing.

Examples: apples that are sold loose no vat, apples in a sealed poly bag 1% vat added, apples in a sealed bag on a paper tray 2% vat. Fresh loose swede no vat, swede wrapped in plastic 1% vat added, frozen swede 2% vat added. Potatoes loose no vat, poly bagged 1%, frozen 2%, in a ready meal 3%

The greater the level of processing the greater the vat added making fresh food the better option, for us, our resources, the planet, pollution, farming, packaging & landfill.

This should also cover the amount of salt, refined sugar and fats that our in processed foods. The higher the level of these ingredients the higher level of the vat added to that product. This is for better health of our population.

This should also include all takeaway food and restaurant food unless its made fresh. Salt, refined sugar and fats should have vat added when sold at wholesale. Salt is the difficult as its not heavily processed and is used as a preservative.

I have no idea how much adding 1 or 2 or 3% onto these highly processed goods would cost on the weekly shop or how much money it would generate for the treasury. Individually it would not be a big increase. Average food shop per week per person is £25, £100 for a family 4 so an extra £3 a week on the food bill £156 per year, but this depends on what you class as food. There would be a choice buy fresh and unpackaged, no vat buy processed and packaged vat added higher shopping bill - consumers choice.

Like anything you can't take without giving back. No vat on food as its essential but we pay vat

on our utility bills. Is it not essential that we keep warm, wash ourselves in hot water, use lighting, watch tv and use computers? There is 5% vat on these utility bills!

Bring in vat on processed and prepackaged foods for obvious reasons that should easily be accepted by the public but at the same time reduce the vat added to utility bills but these shouldn't have vat on them anyway.

I have written before about the way the mortgage interest rate is used to curb spending when inflation is rising but this has the potential to make people homeless but only picks on people who have mortgages while the rest of the population keep spending with no care. Having vat on processed and packaged foods can be increased at a time for inflation control as its a non essential choice. You don't have to buy a ready meal you can just buy all the fresh items and make a meal, we won't go hungry.

Vat on business. For small businesses this is a real bind, its like having a member of staff that doesn't contribute to the running of the business but has to be paid a wage even before any of the business overheads have been paid. Small business can have a large turnover but doesn't mean it can make money. The answer is that what ever you charge as a price than that should include a portion of vat which is paid. A business has fixed over heads which have to be paid. If it footfall drops these over heads still have to be paid along with the vat but the price to the customer is fixed. The next month footfall increases, overheads remain the same, the business sees extra money to cover the previous months shortfall but then as vat is charged as a percentage the business gets a higher vat bill removing that months benefit of increased footfall. HMRC is the beneficiary of the increased turnover and not the business.

Present vat registration turnover level is £85,000. You need this amount to employ just 4 members of staff. This could be the boss, secretary and 2 staff. £85,000 take 20% vat off it of £17,000 then the real turnover required is £102,000 to ensure costs of £85,000 are still covered or it drops to £68,000 and the loss of someone's job yet the business is busy and requires 4 people but can only afford to pay 3!

I can't give a solution to this, except technology maybe the solution. Things have to change as the world is changing and so is business. Vat on small business is an out dated concept.

Leisure/SPORT businesses should not pay vat even more so if they supply facilities that children can access. As the nation gets fatter and has no level of fitness, as we come out of lock down and have to restart, deal with mental health issues and get the nation moving, then sport and fitness should be a priority. This should be a long term change as good physical & mental health is essential for a healthy society.

ID: 712-11 - Category: Food

A Step by Step Guide How to Help the NHS

Executive Summary

According to the NHS website, obesity is “generally caused by eating too much and moving too little.” This seems very simplistic, as does the solution of ‘eat less’ and ‘move more.’ The diagnosis and prognosis are clear. The initiative focuses on getting people to become more active.

Few adults engage in the recommended levels of physical activity, which is a leading cause of public health burdens such as obesity. Financial incentives can promote physical activity and ensure the UK eases the strain on the NHS. A step-count, linked to a financial incentive, will help alter people’s behaviours and ensure that the UK is better equipped to focus on the fight against coronavirus and other leading causes of death.

Initiative

The UK has become acutely aware of how targeted taxation of goods that have negative externalities - such as smoking and alcohol - can change deep-rooted habits and disincentivise consumption. Such fiscal strategy has the added benefit of raising vital funds to treat the diseases that the very goods themselves exacerbate. Tobacco alone accounts for approximately £12bn in direct tax revenue. However, the British Government must consider a more incentivised programme of taxation whereby individuals prosper by making lifestyle choices that we know benefit both them and the wider society.

Obesity is an issue that is firmly on the government's radar, though their strategies of targeting it have largely focused on banning advertisements for junk food and BOGOF offers. Likewise, sugar taxes and other policies aimed at taxing unhealthy foods have drawn criticism for unfairly targeting lower socio-economic backgrounds as well as being politically unpopular.

The coronavirus has placed a huge strain on people's well-being and mental health throughout the pandemic. Instead of focusing on raising tax revenues to help the NHS fight against obesity, the focus should be on preventing and reversing obesity. Incentivising the population to exercise will benefit individuals physically and mentally as well as alleviating the strain obesity puts on the NHS. Regular exercise is one of the single most important things one can do to improve mental health. Furthermore, regular exercise will help change the nation's mind-set towards everyday life. It is medically proven that people who regularly undertake physical activity have: up to a 35% lower risk of coronary heart disease; up to a 30% lower risk of depression, and up to a 50% lower risk of type 2 diabetes.

A new way to incentivise people into exercising more is to link benefits to positive behaviours. If the Government provided an opt-in system that people could submit verified step counts to, on a daily basis, that was ultimately linked to an increase in an individual's personal allowance (or cash benefit for those below the basic rate threshold), then people may feel incentivised to increase their daily activity and make small changes to their lifestyle.

For example, the government could decide that for every day an individual did 10,000 steps then they would receive a 50p back on their highest rate of tax paid. The incentive would follow the progressive nature of the UK's current income tax structure. This means that for the following tax bands an individual completing the daily step goal would receive back:

- No income – Personal Allowance: 50p
- Basic rate: $(50p \times 20\%) = 40p$
- Higher rate: $(50p \times 40\%) = 30p$

By setting the benchmarks as 50p x highest rate of tax, there is inverse correlation between income and the amount of money that you can earn from this scheme. Thereby, this should incentivise those from the lowest socioeconomic backgrounds, where obesity is most prevalent. If, for each of the tax bands, the daily uptake was 2 million (totalling approx. 10% of the population), this would cost the government £712m per year. Obesity in the UK currently costs the government, annually, around £6bn.

Numerous studies by the BMJ have highlighted that there is a direct link between socioeconomic status and obesity, which is why it is important to design a system that is weighted to both target and benefit those most at risk in society.

The above initiative is open to some challenges such as: the cost, the length of time it should be run for and the suitability of the scheme to all individuals. The suggested top incentive amount of 50p a day may be deemed too costly by some and would be open to review. However, the COVID-19 pandemic has hit people's finances and a scheme that benefits people's mental health and benefits the poorest in society would be welcome by many. The above proposal could have a time limit in place, for example, to run until the end of 2021. It would be wise to trial it on a small – regional – scale so that its efficacy can be evaluated before a full,

national roll out. The aim of the initiative is not just to incentivise people to exercise but also about changing behaviours; running the scheme for this length would allow for this shift in the national psyche when it comes to exercise and hopefully lead to long-lasting change and benefits which will continue long after the scheme, itself, ceases. Finally, some people challenge the fact that certain groups in society may not be able to take part. There should be provisions that allow people who use a wheelchair to have their counts tapered by a similar metric to the 10,000 steps.

The primary aim of the initiative is to shine a light on the benefits that exercise can offer. If British conversations change from talking about the weather, to asking someone whether they've done their 10,000 steps then that can only be a cause for celebration.

In a post-coronavirus world, there is an argument that governments should be looking to maximise tax revenues – not indulge in further spending. However, by committing to financially incentivising the population to exercise, the government will, paradoxically, make a net financial gain. In short: spend today to save tomorrow.

ID: 701-11 - Category: Food

Vaccination Waitlist app

Create app or add to NHS covid app. Allow registration sharing location and age etc. Vaccination centres operate waitlist release when there is spare capacity due to no shows or other reasons. Send out alerts for user to accept last minute vaccination. Algorithm will calculate distance from vaccination centre and position in list by age and underlying conditions. Alert will be sent with invite to take last minute place.

ID: 2279-11 - Category: Food

Scrap Factory Farming

Covid-19 has simultaneously identified the dangers of factory farming whilst providing the opportunity to eradicate it. With the consequences of a pandemic fresh in our mind, perhaps for the first time ever, we may have the political will to scrap factory farming for good.

I say the political will, as opposed to the public pressure, as I do not believe the British public willingly support factory farms. As a nation of renowned animal lovers, we are generally opposed to the unnecessary suffering and cruelty rife in factory farm facilities. Unfortunately, this suffering is kept behind closed doors and the public are sold lies of 'happy' hens, cows, and pigs living fulfilling lives in green pastures. We pay for these lies, whilst supermarkets push the prices of animal products down to maximise their profit margins - starving farmers of their livelihoods and forcing an increase in intensive farming.

This cannot continue and, considering the risks associated with factory farming identified by experts, the Government has an obligation to listen to the science and scrap factory farming in the interest of public health. This, alongside the changes following Brexit enabling reform in our agricultural system, provides the perfect opportunity to transition away from factory farming and towards a system that is safer for not just people, but also animals and the planet.

Environmentally, there are many concerns associated with factory farms including carbon emissions and pollution spoiling the natural environment. Waste from these facilities leaks into soil and rivers, destroying the ecosystems necessary for our survival. The animal feed required to maintain such an intensive system is contributing to deforestation abroad and David Attenborough has confirmed that 'the planet cannot support billions of meat-eaters'. Furthermore, transitioning away from these intensive facilities would go a long way to helping us meet our 2050 net zero goal. Freed up land could be 'rewilded' to further capture carbon from the atmosphere and reduce global warming.

Not only would scrapping factory farming reduce the risk of a further deadly pandemic and preserve the planet we live on, but it would help to reduce antibiotic resistance that the World Health Organisation warns will kill 10 million people a year by 2050. The cramped and unhygienic conditions in factory farms are a petri dish for bacterial infections. Consequently, antibiotics are routinely used to prevent outbreaks of illness in these facilities. This kind of overuse and misuse of antibiotics is a leading cause of antibiotic resistance which has seen the emergence of 'superbugs' that are increasingly untreatable, resulting in the unnecessary loss of life. Lives could be saved by eradicating the factory farm facilities that necessitate blanket

antibiotic overuse.

Finally, England prides themselves on their animal welfare but the harsh reality is that we are failing the animals in our care. The Animal Welfare Act highlights the freedoms that every animal should be entitled to, including the freedom from pain, injury or disease; and freedom to express normal behaviours. These are routinely denied to animals in factory farms where animals are crammed into small, unhygienic spaces, for example, hens with just over an A4 piece of paper worth of space each. Pigs are neutered and mutilated (tails docked) without anaesthetic and mother sows will spend on average 12 weeks a year in farrowing crates – unable to even turn around. Many animals sustain injuries that go unnoticed and suffer stress from the cramped, artificial conditions. These factors additionally inhibit the animals' immune systems, making them more susceptible to the spread of diseases.

England has the opportunity to take the initiative and demonstrate leadership with progressive 21st Century policy that will inevitably inspire change elsewhere. Scrapping factory farming will save lives, protect the planet, and reduce suffering to animals. We have everything to gain, and nothing to lose.

ID: 1634-11 - Category: Food

Let the market, not governments, work out how "build back better"

Most attempts at affecting climate change by governments have and will continue to fail because most market regulation to date has been framed in terms of "solutions" dreamt up by well-meaning committees and functionaries but crippled by industry lobbyists and vested interests (like for example carbon trading) rather than giving the *problem* to the market and letting the market devise the best solutions.

There is however an alternative approach, which - paradoxically - is already employed in the nuclear sector of the electricity generation market (which is one of the biggest carbon emitting sectors). The nuclear power model is very simply that you are not allowed to even start to make money from selling electricity produced by nuclear power until you have demonstrated to the regulator exactly how you will clear up your mess.

I.e. It is quite simply to say to the "polluter" (be that radioactive waste or carbon dioxide) you aren't allowed to make money from burning coal or selling petrol (or nuclear fission) until you demonstrate to me (the regulator) how you are going to ensure that your activities result in net zero pollutants being released into the environment.

So if we applied the nuclear model to the oil industry we'd say to say BP you are not allowed to sell petrol until you can demonstrate exactly how it will remove a tonne of carbon dioxide from the atmosphere for every tonne of carbon dioxide it's products produce. So BP stops selling petrol until it solves the problem .

Given this scenario I suspect I'm not alone in thinking that rather than spending millions on dis-information, lobbyists, false science etc... to cripple or delay the implementation of imposed solutions as they normally would, BP will come up with a workable solution in VERY short order! Not only that but the solutions they come up with will be those that put the minimum burden on the company whilst achieving the net zero bar.

Exactly the same will apply to gas companies, coal mines and any industry that emits carbon (or methane in the case of agriculture).

So in a nutshell give the problem of solving the net zero carbon issue to the people that will have the biggest incentive to solve the problem - and don't let them trade until their solution is acceptable - i.e. give them the problem and let them and the market find the best solutions rather than trying to impose half baked solutions and challenge the market to find ways of circumventing them.

All markets are regulated - it's just that some are well regulated to achieve the public good desired and some are not. Giving the problem to the people with the biggest incentive to solve it and the regulator the power to ensure the desired outcomes will ensure the best solutions for all concerned.

ID: 1198-11 - Category: Food

Hi-tech glasshouse fruit and vegetable production

The pandemic has raised and highlighted the following issues:

- food supply anxiety
- the dangers in over reliance on imported food to the UK
- the obesity crisis
- economic inequality as some areas of deprivation are hit hardest by COVID

But it has also shown the amazing results that can be achieved when scientists, business and government work together, as on the development and production of the vaccine.

As a step towards fixing some of the issues above, we might consider investment in Dutch style, hi-tech, glass house fruit and vegetable production. The Dutch have become so successful at this that they are now major food exporters - could we not also achieve this?

The UK is relatively well off in terms of producing its own meat, dairy, eggs and fish and reasonably strong on grains. However it is weakest on fruit, vegetables, and salad crops such as tomatoes, chillies, peppers, cucumbers, lettuce, strawberries etc.

- Glass house sites could be developed in areas of higher deprivation as part of the levelling up agenda.

- This would involve investment in glass houses, heating systems, cultivation system, watering systems

and lighting systems.

- Scientists and business could liaise on researching and maximising results.

- Good quality apprenticeships could be offered to young people in what would be a very specialist career

role.

- These techniques involve less water and fewer pesticides than conventional methods and are thus good

for the environment.

- The environment would also benefit from the shorter journey from producer to consumer.

- Healthy fruit, vegetable and salad crops could be made more readily available and actively promoted to

communities to improve diet and therefore health.

ID: 898-11 - Category: Food

Encourage Marine Permaculture to Rejuvenate Fishing Communities and Improve Marine Ecology

Several important challenges which seem to be in competition with each other may be addressed at once. UK coastal towns which have historically relied on fishing have suffered greatly in recent decades, both due to decreasing fish stocks making fishing less profitable, and to the offshoring of the processing of fish.

At the same time over fishing has significantly reduced fish stocks, having a knock on impact on marine ecology. The loss of marine ecology, particularly fish spawning grounds such kelp forests, further reduces the fish stocks.

At the same time we are facing a potentially catastrophic climate change crisis, and despite our best efforts it seems unlikely we will fully decarbonize our economy in time to prevent the world going past the tipping point.

A further, smaller challenge is that due to the current low oil prices and the near depletion of North Sea oil reserves there is an unprecedented increase in the decommissioning of offshore oil and gas rigs. This is an immense financial burden on the asset owners, and the requirement to remove the foundation removes the artificial reefs that these foundations have become over many years in the sea.

My proposal is that government policy is put in place to fast track licensing and encourage the development of large scale offshore marine permaculture. Marine Permaculture is the growing of large scale seaweed forests, with a wide variety of benefits. In deep sea areas the kelp can be grown from seeded nets anchored to at a depth of 10m-15m, supported by the pumping of cold, nutrient rich water from deep sea areas.

Kelp/seaweed forests grow extremely quickly and can be harvested for use for human consumption and animal feed. When used as animal feed it will have a significantly lower carbon footprint than soy (the most used animal feed which the leading cause deforestation of

the Amazon). The seaweed/kelp will need to be harvested using ships (similar to fishing vessels) and will need onshore processing to be suitable for its end use. Kelp forests create sheltered, nutrient rich spaces which are exceptional fish spawning and developing areas.

This combination of kelp for consumption and as a fish spawning ground has the potential to introduce a huge new industry to historic fishing communities, whilst also making fishing more profitable by increasing fish stocks.

The secondary benefit of growing kelp is that it draws down large quantities of carbon whilst growing, with each dry ton of kelp sequestering a ton of carbon. Although the carbon in the kelp used for consumption will remain in the system, excess kelp which falls from the kelp forest will drop to the sea bed, with the carbon being stored in deep sea areas (and therefore being removed from the carbon cycle for the mid to near future).

The extension of this, is that large scale offshore kelp farming would require power supply and pipelines to draw cold, nutrient rich water from deep sea areas, and would benefit for offshore bases for operations. This is where the use of offshore oil and gas platforms could become useful. If the existing top sides are decommissioned and replaced with lighter, smaller platforms, supporting accommodation and small renewable energy set-ups, the life time of the subsea structures can be extended (due to lower loading) and the required power supply for pumping can be created.

The use of kelp for feed, the growing of kelp from midwater platforms, the reuse of oil and gas structures and the use of marine protected areas (especially kelp forests) for rejuvenating fish stocks is all accepted science or in practice elsewhere in the world.

In terms of policy, it would require the joined up legislation to support licensing of the reuse of large areas of the north sea (and associated interface with other north sea users), the licensing

for pumping cold nutrient rich water to the surface (which is a natural process being reduced by warming seas), the licensing to permit Oil and Gas companies to leave assets in the water even if no longer pumping fossil fuels (not currently legal) and the seed money to spearhead commercial trials to minimise the delay in the starting of a new industry.

Despite the challenges, if the funding and support is considered by for a range of benefits - including mitigating climate change and bio diversity, improving UK food security, rejuvenating fishing communities and reducing the financial burden UK north sea Oil and Gas companies - then this could be an excellent opportunity for the UK.

ID: 174-11 - Category: Food

Regulations and Red Tape

I have spent 15 years working in heavily regulated industries (Medical Devices and Personal Protective Equipment). Recent updates to these regulations have highlighted that whilst going some way to protecting the consumer they go a whole lot further creating challenges, financial burden to, and even the closure of some businesses.

I believe post-Brexit is the ideal opportunity for the United Kingdom to lead the way in global regulatory alignment (harmonisation) similar to that seen within the ISO structure applied to standardisation. We should not be making up another set of rules and regulations but try to drive a global alignment to make business more flexible and reactive getting products to market.

Too many times do we encounter regulatory issues where a single product must adhere to European regulations, US Regulations, Chinese regulations...the list goes on and on all different. It's senseless when that same product, with the same intended use and made up of the same components parts is subject to a plethora of different requirements.