



WE Party Conference

Kettering 7 – 9 September 2018

Title: A policy on Health and Social Care

Proposed by: WE Steering Committee

Proposer: Athena Stevens

Type of motion: Policy

Motion text:

1 The Women's Equality Party:

- 2 ● *Noting* that the Party resolved, at its Conference in 2016, to add a seventh objective to
3 provide for equality in healthcare;
4 ● *Acknowledging* the work achieved by the working group since then;
5 ● *Noting also* that social care is failing and WE need to adopt policies on this issue as a matter
6 of priority,

7 resolves:

8 1. To adopt the Equality in health policy document as amended in response to consultation with
9 members and as provided to conference..

10 2. For conference to elect a Policy spokesperson and a Movement Builder on Healthcare.

11 3. That the adoption of Equality in Health requires the development of social care policies to be
12 incorporated in it that should:

- 13 ● match investment in physical infrastructure with investment in social infrastructure;
14 ● adopt a long-term gender-sensitive evidence-based strategy of investment in social care on
15 the basis that it results in significant savings in other areas, not least the NHS;
16 ● reinstate critical frontline services for people with disabilities, and review future needs;
17 ● incorporate the design and funding of a workforce strategy.

18 Conference directs the Policy Committee to establish a Social Care working group to develop a
19 wider social care policy that will be approved by members via electronic decision-making in 2019
20 (as set out in the WE Constitution under Article 4.11.1 when decision-making by members is
21 required between Party Conferences) and incorporated into our Equality in Health policies.

22 4. To amend the Constitution of the Women's Equality Party to reflect these changes.



23 Specifically:

- 24 • to add a seventh Core Objective to paragraph 2.2.2 of the Constitution that reads 'WE will
25 pursue equal health care and equal social care.'
- 26 • to amend clause 7.6.1 (i) and 7.6.1 (ii) from 'six' policy spokespeople and 'six' policy
27 movement builders to 'seven' in each case.

Motion rationale:

- 27 1. At the WE Conference in 2016 a resolution was adopted to take on board a seventh policy goal
28 on equal healthcare. Since that time, and as a consequence of that resolution, a policy has been
29 developed by specialist healthcare experts within the Policy Committee.
- 30 2. Following the format for other policy areas, we need now to elect a Healthcare Policy
31 Spokesperson, and a Healthcare Movement Builder to the Policy Committee.
- 32 3. Another resolution adopted at the 2016 Party Conference noted with regret the impact of funding
33 cuts on essential local services supporting disabled children, adults, and carers in the community.
34 That these cuts disproportionately affected women because a greater proportion of disabled people
35 were women (54.4%), more family carers were women (72%), and most professionals working in
36 the care sector were women (80% plus). Public spending on adult social care is set to fall to less 37
38 than 1 percent of GDP. We have to find a way to plug the immediate funding gap, currently
39 estimated at £2.6 billion.
- 39 4. Funding cuts have left local authorities with no possibility of further "efficiency" savings. Rather,
40 critical frontline services are being withdrawn and/or reduced in many areas in the country. Many of
41 these services are irreplaceable in terms of support for vulnerable families and individuals as
42 talented, experienced care professionals leave the care sector.
- 43 5. Cuts to social care do not save money in the long term, since more families and individuals
44 reach a crisis point without early support, requiring more expensive care and/or hospital admission
45 later. Simply put, it is a false economy. We must, therefore, agree a longer-term investment plan.
46 We will explore proposals made by Andrew Dilnot, chair of the long-term care commission, to
47 consider the suitability of a cap of £35k on what individuals pay towards care in their lifetime;
48 protection for savings and assets up to £100k; an urgent review of national eligibility criteria for
49 state support; and an assurance that all those with care and support needs should be eligible
50 immediately. We must also review carers' allowance and allow flexibility for carers who work and
51 study.
- 52 6. Investing in social care promotes the independence and quality of life of disabled children and
53 adults, enables family carers to pursue other goals, including employment opportunities, combats
54 isolation, relieves pressure on health and emergency services, and promotes jobs that are
55 predominantly held by women.
- 56 7. We must design and fund a workforce strategy. Nuffield estimates that, in order to meet demand
57 and if current healthcare and demographic trends continue, by 2025 another 275,000 people will be
58 needed to work in the social care sector. In the last twelve months 34% of qualified care workers



59 left their jobs. Of those left, 37% have no qualification. In total, a third of care workers come from
60 the EU and their future is uncertain.

References:

[Frequently asked questions - Women's Equality - link to 2016 resolutions](#)

<https://futurecarecapital.org.uk/mind-care-gap-frontline-health-care/>

<http://www.womensequality.org.uk/manifesto>

<http://webarchive.nationalarchives.gov.uk/20130221121534/http://www.dilnotcommission.dh.gov.uk/our-report/>

<https://oacp.org.uk/wp-content/uploads/2017/04/HoC9thReportASC.pdf>