

Briefing on the 2024 party conferences

The 2024 party conference season welcomed new cohorts of MPs following this summer's general election. All three main UK parties sought to reaffirm their visions for the future. After 14 consecutive party conferences with a Conservative government, this year saw change across the board:

- The Liberal Democrats celebrated their historic 72 seat win.
- Labour kick started their 'change begins' campaign.
- The Conservatives focused on their leadership contest as they 'review and rebuild' after their general election losses.

This briefing sets out the key announcements made by the parties, as well as the main discussion points from our roundtables. NHS Providers is a politically neutral organisation and attends each of the main party conferences to maintain and develop relationships with key influencers and, highlight the achievements and concerns of our members. We hosted roundtables at each conference, with discussions focused on prevention, productivity and tackling health inequalities.

Key policy announcements

Liberal Democrat party conference

Health and care speeches and announcements

In [her speech to conference](#), Daisy Cooper MP, deputy leader and then health spokesperson, told conference of her experience of being rushed to hospital with Crohn's disease, and being told that even if she recovered, she may never work again: "The NHS didn't just save my life, the people who make the NHS what it is gave me my life back."

She also said that:

- The party will not "blindly defend" the NHS because it is an institution, but because it is the manifestation of a liberal idea that the NHS should be free at the point of use and based on need not ability to pay.
- The health service had been left in a terrible state by the Conservative government, with broken promises on delivering health and care services.

- The Secretary of State for Health and Social Care should take up her party's ideas or put forward their own. If they don't see ambition or urgency, the Liberal Democrats will hold Labour's "feet to the fire".

The party also [accepted a motion](#) reaffirming the Liberal Democrats' commitment to the NHS, with amendments adding pledges on mental health and hospice care funding.

In [his speech to conference](#), party leader Sir Ed Davey spoke of his experience as a carer and reaffirmed his commitment to the NHS.

He also:

- Reaffirmed that the party will continue to champion the NHS and fight to fix it, noting that the Secretary of State had gained 72 new pen pals dedicated to the health service.
- Called for long-term thinking and investment, particularly from Treasury who are programmed to "save money now, even though it will cost more in the future".
- Urged Labour to be more positive, and act to show the ambition and urgency that is needed.
- Called for commitment to community services to get people care quickly and more locally, so fewer people end up in hospital.

See our [response to Sir Ed Davey's speech](#).

Labour party conference

Health and care announcements

In his [speech to conference](#) Secretary of State for Health and Social Care, Wes Streeting MP, announced:

- Top clinicians will be placed in hospitals to rollout reforms to treat more patients and cut waiting lists, starting with 20 target hospitals with the highest levels of people off work sick.
- A fair pay agreement for social care professionals as the first step to building a national care service.
- A commitment to build up local services and harness private sector capacity to get patients the right care, in the right place, at the right time.

Other key speeches and announcements

In her [speech to conference](#) Chancellor of the Exchequer, Rachel Reeves MP, announced:

- Government will publish plans next month for a new industrial strategy for Britain.

- Beginning the rollout of free breakfast clubs in primary school from April 2025.
- Appointing a Covid Corruption Commissioner.
- That there will not be an increase in the basic higher or additional rates of income tax, national insurance or VAT in the Autumn Budget.

In his [speech to conference](#) Prime Minister Sir Keir Starmer MP announced:

- The Hillsborough law will be introduced to protect and support victims of public service failures.
- Housing schemes for veterans, young leavers and domestic abuse victims as part of new planning and house building initiatives.
- Great British Energy operations will be based in Aberdeen, Scotland.

See our comments on the Labour party conference:

- [Response to the Prime Minister's speech.](#)
- [Response to the Secretary of State for Health and Social Care's speech.](#)

Conservative party conference

Leadership race

This year the Conservative party conference hosted phase two of the leadership race. Current Leader of the Opposition, Rishi Sunak MP, and his shadow cabinet did not make any policy announcements as the party awaits the election of a new leader to drive the future direction of the party. The four leadership candidates addressed delegates and took questions from Chris Hope, GB News and members of the party over the course of the conference.

Tom Tugendhat, MP for Tonbridge

Tom Tugendhat said his first action as leader would be to end Conservative party infighting and rebuild trust with the public.

On health, he said he would reduce net migration by focussing on training workers, using the example of training more nurses through apprenticeship qualifications so they have less debt and more hands-on experience. He also committed to putting a cap on migration numbers for each department, ending disparities across government. Tugendhat also referenced the health sector as next on Labour's list of VAT targets following announcement of the private school fees policy.

Kemi Badenoch, MP for North West Essex

Kemi Badenoch said she will base her leadership of the party on Conservative first principles – family, personal responsibility and freedom. She wants to bring “confident conservatism” back to politics.

Badenoch indicated she intends to keep the NHS free at the point of use. She also made clear her desire to treat the NHS as a public service and to depoliticise conversations about the reform needed to address issues facing the service.

Robert Jenrick, MP for Newark

On what he will do to bring the Conservative party back together, Robert Jenrick said they must change what the party offers to the public and voters. Jenrick said he would treat the NHS like a public service and not “like a religion”. He will focus on productivity as opposed to the amount of money being put into it.

He also set out his intent to leave the ECHR and replace it with a British bill of rights. Jenrick also pushed for the leadership campaign to be wrapped up sooner to allow a new opposition to make comments on Labour’s budget on 30 October.

James Cleverly, MP for Braintree

James Cleverly made clear his mission as leader of the Conservatives will be to reunite the party and hold the Labour government to account. He also stated his leadership will rely on experts across policy areas, promising less than his predecessors but ensuring they are delivered to build back trust in the party.

On the NHS, Cleverly said he wants to ensure the NHS has a sustainable future and continues to be free at the point of use. His plans for the NHS will involve shifting focus and money towards prevention rather than treatment and there will be tough reforms to ensure it survives.

NHS Providers events

Liberal Democrat conference

Attended by senior health and social care stakeholders, and chaired by Denis Campbell, health policy editor for the Guardian.

Sir Julian Hartley, chief executive of NHS Providers, opened the roundtable discussion on prevention, productivity, and tackling health inequalities, noting the increasing disparity in healthcare outcomes

and the associated cost to the NHS. He noted that people living in the most deprived areas are now expected to live 20 years in worse health compared to those in the least deprived areas. It has been estimated that health inequalities cost the NHS £5.5 billion annually and NHS treatment costs would be 15% lower if health inequalities were removed. It is projected that by 2040, one in five adults will be living with a major illness and 80% of these individuals will be within the most deprived areas.

Attendees agreed that greater resource was required to tackle health inequalities, particularly noting the difficulty in recruiting healthcare staff in disadvantaged areas, where contracting and demand on services are not fairly reflected in remuneration, and where people were unable to access services either due to a lack of digital literacy or sufficient resources for technology. There was also agreement about the need for increased support for social care, resulting in both delayed discharge into the community and worse outcomes more generally.

Labour conference

Attended by senior health and social care stakeholders, and addressed by Karin Smyth MP, Minister of State for Health (Secondary Care). Sir Julian Hartley chaired the roundtable discussion.

Isabel Lawicka, director of policy and strategy, NHS Providers, opened the discussion by highlighting the current efforts trusts are making to tackle health inequalities, for example, inequalities in the NHS workforce, and undertaking data analysis to better understand trends in unequal outcomes. She also outlined the barriers to further progress including operational pressures, resourcing, and the need for clear national backing of the health inequality agenda.

Attendees discussed various approaches to tackling health inequalities, including investment in community and social services, a need for patient-led prevention, reallocation of resources to adequately serve areas facing high deprivation, and digital investment across the NHS. It was agreed there is opportunity to work closely with local voluntary, community and social enterprise (VCSE) organisations as a way to bolster efforts to address health inequalities. The need to address workforce inequality was also discussed by attendees, noting the benefits of placing medical schools in deprived areas for both local economies and NHS workforce shortages.

Attendees also talked about opportunities to address health inequalities through system working, with ICBs best placed to allocate resources in the areas needed for the local population. Ineffective use of resources was noted as a particular issue for primary care, with high deprivation areas seeing more people but treating less – an indication that the service is not being used efficiently. The need to

reduce waste across the health service was also a discussion point for attendees, with emphasis on harnessing technology, redesigning services to suit population need, further engagement with medical sciences, and more transparency across the sector.

Other topics raised included the findings of the Darzi investigation and why it is vital addressing health inequalities is embedded throughout the ten-year plan for the NHS. The group agreed a cross-government approach is necessary to address the social determinants of health inequalities, as well as a national framework that can be adapted at local levels.

Conservative conference

Attended by senior health and social care stakeholders and addressed by Dr Ben Spencer MP, Shadow Health and Social Care Minister. Chris Smyth, Whitehall editor, The Times chaired the roundtable discussion.

Sir Julian Hartley opened the discussion by outlining the current health inequalities picture, the work trusts have done to measure inequalities and their role as anchor institutions to address the key determinants of unequal outcomes. He also prompted colleagues to consider the future challenges that will come with an ageing population and patients suffering from multiple conditions and what should be done to prepare for this.

Attendees discussed the most effective and efficient ways of tackling health inequalities. Some explored the idea of employment as a way to alleviate the social determinants of health inequalities, while others saw the benefit of government-led public health initiatives adapted at the local level to address varying population needs. Most agreed with harnessing the capabilities of VCSE organisations and their ability to address social and health related issues holistically and direct patients to community and social services.

Attendees also discussed the structure of primary care services being reliant on private contracts, and the challenges presented by areas of high deprivation being less business friendly to operate in while simultaneously facing higher demand for services. It was widely agreed the primary care sector needs longer term government commitment to investment, reform and prevention plans to address social determinants of health inequalities. Some attendees championed the ethos of spending more money for better outcomes over reallocating resources that may impact other areas of healthcare systems.