

**Health Campaigns Together
Committee Meeting
Saturday 21 May 2016 11am to 3 pm
Unite, Moreland Street, London EC1**

Minutes

1 Those present

Keith Venables (acting Chair, KONP), Matt Dykes (TUC), Alex Scott-Samuel (Politics of Health Group), Jean Hardiman Smith (Socialist Health Association), Tony O'Sullivan (Save Lewisham Hospital Campaign), Louise Irvine (National Health Action Party), Yannis Gourtsoyannis (BMA Junior Doctors' Committee), Vivien Giladi (Socialist Health Association), Mike Roberts (Socialist Health Association), John Furse (999 Call for the NHS), Jim Grealy (Save Our Hospitals Hammersmith and Charing Cross), Merrill Hammer (Save Our Hospitals Hammersmith and Charing Cross), John Lister (London Health Emergency), Nicholas Csergo (Momentum NHS), Steven Carne (999 Call for the NHS), Deborah Harrington (999 Call for the NHS), Peter Roderick (NHS Bill Campaign), Alan Taman (Doctors for the NHS, Health Campaigns Together, minute taker).

2 Minutes from the last meeting

One correction was made; Merrill Hammer had sent her apologies. Amendment noted. The amended minutes were accepted as an accurate record of the meeting.

3 Apologies

Apologies were received from Claire Gerada, Sacha Ismail, Kas Witana, Rehana Azam, John Lipetz, Vicky Penner and Linda Miller.

4 Ongoing struggles

John Lister gave his report (Appendix A). HCT had managed to achieve a great deal in getting people to pull together despite having only minimal resources. The HCT newspaper was being distributed steadily. Further resources on privatisation were planned, including a Europe-wide database on privatisation and a website to access it. Further inclusion of resources on the HCT site itself was welcomed. A piece on the European referendum had been added recently. A letter on social care had been prepared and sent out to a range of organisations and individuals to establish whether there was a basis for a wider campaign; no replies had yet been received. An appeal for information had been made to supporting campaigns, and this has started to come in and will be uploaded to the site. Further information was invited from those present.

The need to ensure that infrastructure kept pace with further development was emphasised.

TUC

Matt Dykes then addressed the meeting. He assured the meeting that he met with HCT representatives regularly (John Lister, Tony O'Sullivan, Keith Venables). This had been very positive and had yielded several resources. The TUC was keen to focus on the funding crisis. It was about to launch a series of web-based resources on under-funding and its effects on the workforce. As a target for this campaign, the percentage of GDP that the UK should be spending on healthcare had

been chosen. If this matched EU levels, it would yield £30-40 billion in extra funds for the NHS: enough to fill Stevens' predicted gap in funding.

Matt was asked about the TUC's position on privatisation; the TUC supported a national integrated health and social care system and public ownership, tax funded, and did not want to see any privatisation. Social care was so fragmented that calls for re-nationalisation would not be made by the TUC, but it would encourage local authorities to bring back social care wherever possible, and it would campaign against private-equity backed social care.

Under-funding is a way of breaking up the NHS. This was beginning to be experienced by the public and this message needed to be conveyed as part of a clear campaign.

AGREED That HCT would support the TUC's campaign on under-funding.

The TUC's position on the EU was to remain. The TUC had briefed strongly on the NHS and Brexit because the NHS was being used by the exit lobby to strengthen its case.

Junior Doctors' dispute

Yannis Gourtsoyannis addressed the meeting on the junior doctors' dispute, updating on the course of the strikes. There had been no patient-safety issues. The joint demonstration of the junior doctors and the teachers' union had been very successful. Negotiations with government were brokered by the Royal Colleges. ACAS oversaw the negotiations. A settlement had been agreed and endorsed by the Chair of the Junior Doctors' Committee, but not by the committee itself, and there will be a referendum to all junior doctors in June. Results will be announced on 7 July. Yannis was sceptical that the contract would be accepted by the membership, around the issues of cost neutrality and weekend working. The contract as it stands is definitely better than it was a few months ago.

The Junior Doctors' conference had agreed that the junior doctors should be building stronger links with the other health unions. They had also agreed to lobby the BMA on joining HCT and to collaborate with other unions on organising a joint meeting. This meant junior doctors' representatives could more readily approach other unions.

Yannis agreed that leaks from meetings to the media were a problem but had not been as damaging as they could have been. Some steps to redress inequality were in the new settlement but Yannis felt this did not go far enough and this remained unresolved. He remained concerned that it will be easier for trusts to reduce weekend payments, which would affect recruitment therefore safety. Junior doctors now had a mandate to approach other unions and HCT which the BMA Council could not politically overturn. It was important to keep the current level of politicisation alive if possible because of the countering propaganda that misrepresented the dispute as being 'just about the money', and there were signs that other branches of the profession were becoming politicised. Passing on the lessons of the dispute to other NHS staff groups and unions was critical.

The meeting congratulated the junior doctors on their progress so far.

AGREED that Yannis and Keith Venables produce a briefing as soon as possible on the dispute. Alan Taman to assist.

ACTION: YG, KV, AT.

Nursing bursary

Yannis described the forthcoming large 'Bursary or bust' demonstration in London on 4 June. HCT will be represented and the HCT banner will be taken to this. The event should be promoted through campaign networks.

Conferences

John Lister reported on a meeting in Leeds planned for late June, with a view to planning a regional meeting in the autumn. A conference in the South-West had been proposed, either in Exeter or Plymouth, in the autumn.

The Durham Miners' Gala was taking place on 10 July. This attracts hundreds of thousands of people. **AGREED** to take the HCT banner to display at the Miners' Gala, Durham and organise a HCT stall.

Political process

Keith Venables outlined the progress of setting up an advisory group for Labour via Joe Ryle, assistant to John McDonnell. A definitive list had been agreed (Appendix B).

Tony O'Sullivan outlined Appendix B in further detail. Direct input directly informed by campaign experience was the pleasing result, with 12 categories of advisor stipulated for the Advisory Group. Each of two or three named people leading each specialist group would in turn have a wider consulting sub-group with which to confer.

The first meeting should be to determine the key issues. This was to ensure the McDonnell team realised the wealth of information and experience available to them, especially using the wider sub-groups to yield information. Serious information and well thought out ideas should be presented at an early stage to ensure the McDonnell team were informed and that any easy disingenuous positions are challenged methodically in an honest conversation. The work of the group was seen as an important part of Labour's determination to broaden its consultation on policy matters. Treasury reform was also an overarching intention for Labour.

Each of the group leaders would be responsible for convening their sub-group. The number of group leaders and their identities were stipulated as a pre-requisite for meeting by Labour. The overall motivation for the group was to ensure that a dialogue was taking place, using evidence to win a political argument, while remaining aware of the broader politics.

The meeting thanked Tony and Keith for the work they had done on this. Keith reported that John McDonnell's office wanted Keith and Tony to continue to coordinate.

ACTION

KV is to write to Jeremy Corbyn, John McDonnell and Heidi Alexander to arrange the first meeting.

TS to convene first pre-meeting of the group.

KV and TS to support leads of reference groups.

CLP motion

In Sacha Ismail's absence, Nicholas Csergo pointed out that the amended CLP motion was now on the Momentum NHS website and advised people to check this for detail. Alex pointed out that Momentum plan to launch a joint campaign on NHS. Keith to contact them about this.

5 Future plans

Mayoral system/LGA Group

Mike Roberts mentioned the importance of the emerging mayoral system and the need to develop relationships with them. The need to engage with the Local Government Authority Labour Group or the LGA itself was also noted.

Vivien Giladi agreed to investigate whether fruitful relationships with members on the London Assembly would be possible.

ACTION: VG.

Alex Scott-Samuel suggested that looking at the Health Inequalities strategy for London may be a way forward.

Mike Roberts agreed to set up a meeting with the lead LGA person on the appropriate Wellbeing Board or their deputy. He was also aware of Dr Tony Beddowes, one of the leading people for the Welsh Assembly.

ACTION: MR. *Jean Hardiman Smith* further **agreed** to liaise with MR about similar work undertaken in Cheshire. MR, VG and KHS to report back to next meeting.

STPs

John Lister outlined the importance of these as a way of forcing privatisation and closure of services nation wide at an alarming pace, by constructing decision-making bodies which circumvented CCGs and trusts completely and allowing NHS England to sign off plans without any consultation either to formulate plans or enact them. There is also a process of stealth cuts and closures innate to the STP process. This would blight hospitals through staff shortages, forcing closure on safety grounds.

Nowhere is safe from closure; this would be driven forwards using a process which avoids consultation. The lack of consultation should be the focus for building public awareness, aiming to get the information out to the public in time so that local plans can be stopped. The fight on consultation is critical and needs to be fought for as an imposed external pressure since the STP plans do not contain any. This is the biggest reorganisation of the NHS so far. Hospitals and services would disappear, including many down-grades where hospitals did not actually close.

CCGs have to agree to any change and plans can be halted by persuading CCGs not to support them. Local campaigns have been very effective and can work. STP areas are geographically cutting across political boundaries so the argument that they somehow represent greater local democracy is flawed and needs challenging. There is no evidence to support the view that alternative services will be provided as hospitals close.

CLPs need to start informing local councillors, who generally do not know much about the NHS; this is where the building needs to take place: campaign organisations have a direct role to play in this.

John Lister put the idea forward of holding an autumn conference on STPs.

AGREED: To discuss this further.

The need to pool and collate information on STPs from all the groups was stressed, and HCT was proposed as a vehicle to do this. HCT had a role in gathering information and disseminating to local

groups and health service unions who were facing hospital closures but were not fully aware of how STP would operate and felt isolated. It was also stated that HCT could have a central role in facilitating local referenda, by providing information and advice to local groups, and in informing local councillors, many of whom did not know much about the NHS. However, it was pointed out that there is a need to avoid repetition of effort and duplication of resources but encourage local group action by coordinating what is already being produced as well as producing what is currently needed but is currently missing. HCT also had a legitimate role in assisting newly established groups in their local struggle.

AGREED: That HCT prepare a briefing pack for local groups on STP and its effects, and for local councillors advising them on what to do to combat these.

ACTION: Keith Venables to coordinate briefing production; John Lister, Alan Taman, Louise Irvine, Tony O'Sullivan, Jim Grealy and Merrill Hammer to liaise to produce briefings.

AGREED: That a HCT blog is started on the HCT site to highlight key issues, John Lister to edit.

The meeting ended at 3.05pm; several items were carried over to the next agenda.

6 Date of next meeting

Saturday 2 July, London venue and times to be confirmed.

KV

AT

27/05/16

Appendix A: Progress Report

Dear colleagues

I am writing with a new update on the progress of Health Campaigns Together since our successful activists' conference in London on January 30. I apologise for the length of the letter: we have a lot to cover, and one topic in particular needs to be covered in some detail.

Newspaper

We have now published a second issue of our newspaper *Health Campaigns Together*, available in print as a tabloid, and free to access or download online. With enough support we hope to launch this as a quarterly, and possibly more frequent if there is enough interest to justify it. Please get your orders in at <http://www.healthcampaignstogether.com/newspaper.php> (price is per bundle per issue).

STPs and Footprints

This issue has an update on the fresh massive top-down reorganisation being imposed upon the NHS in England with no political mandate or community support. The 44 "footprint" areas are supposed to draw up 1-year and 5-year plans – by the end of next month, to include plans to address local deficits and put struggling NHS and foundation trusts into financial balance.

It's already clear that this will mean a fresh offensive to "reconfigure" and scale down hospital provision in many localities, based on specious and cynical claims that alternative services can be provided "in the community", while public health, social care and community health services are all being cut back, and the evidence that many of the schemes can work at all is vanishingly small or non-existent.

So this is the outline of the campaigning issues to come in the second part of 2016 and into 2017: it means a life or death fight to keep local services open – and it's a test of the strength of local community support.

We are urging local campaigns not only to take copies of the newspaper to spread the news we have, but to contact us at healthcampaignstogether@gmail.com with details of what's happening to health services in YOUR area and what campaigners are doing to fight back.

If your local campaign is not already affiliated to Health Campaigns Together, please do so and help us coordinate a national fightback that can put local politicians on the spot over cuts in their patch. The Cameron government has repeatedly shown itself vulnerable to concerted opposition from within its own ranks on unpopular policies – notably on forcing all schools to become academies. We need to put the same kind of pressure on to force retreats over funding and privatisation in the NHS. **Some campaigners have now got together with 38 Degrees to launch a petition challenging the cutbacks from the STP plans. Please support it and share it widely:**

<https://you.38degrees.org.uk/petitions/stop-the-plans-to-dismantle-our-nhs>

Junior doctors' dispute

From the beginning HCT has been solidly behind the Junior Doctors in their battle to defend the safety of patients and staff and the quality of their training by resisting Jeremy Hunt's imposition of an unsafe and unfair contract.

Now we hear that the Junior Doctors' conference has adopted a motion which, along with urging the BMA to make stronger links with the trade union movement, also urges the JDC "to lobby the BMA for it to consider joining Health Campaigns Together".

We realise that this will be controversial with some doctors, and we cannot be sure what the outcome will be. We would obviously be honoured to welcome their support: but we will continue to support them, no matter what the outcome of this may be.

They are fighting for the very soul of the NHS: and Hunt has resorted to the most desperate fabrications in his attempt to justify his contract – lies which have steadily unravelled, while the Junior Doctors have remained solid in their dispute. The resumed talks are still in progress as this is written. We wish them well.

NHS Bursaries

HCT has supported the continuing campaign against Tory government plans to axe the bursaries that make it possible for many students to complete courses to qualify as nurses, therapists and other health professions.

Again there are links on our website, supporting the trade union and professional bodies' lobby of Parliament on May 25 and the Bursaries or Bust demonstration on June 4.

Fighting privatisation

Following a Day of Action against Commercialisation and Privatisation of health care in Europe in April, the HCT website has now added a new section bringing together resources on fighting privatisation, and will have links to a new web resource being developed by the European Public Sector Unions (with 8 million members).

Again we invite supporting organisations to suggest additional information and resources we can link to, to make sure campaigners have easy access to sound information.

After the NHS Bill: briefing Labour

Following the ludicrous filibustering that effectively blocked the Second Reading in Parliament of the NHS Reinstatement Bill drawn up by Prof Allyson Pollock and Peter Roderick, and moved by Green Party MP Caroline Lucas, which had been supported by Unite the Union, the BMA and by many HCT affiliated campaigners, there has been anger at the failure of most Labour MPs to support it.

In response to this, Shadow Chancellor John McDonnell has met with campaigners, as a result of which Health Campaigns Together was given a key role in helping to agree a more manageable list of 7 people representing different areas of expertise and input.

An agreed list has eventually been drawn up through the expert efforts of Dr Tony O'Sullivan of HCT (and co-chair of KONP). We now await the first meeting to test out how effective the process may be at helping to develop Labour policy. Thanks are due to Tony for undertaking such a difficult task, and we wish the new reference panel well.

European Referendum

As the Referendum date of June 23 draws closer, the TUC unions have responded to some of the concerns raised by public sector union members with an explanation of why the TUC is urging a vote to remain in the EU – while resisting treaties such as TTIP and CETA and their the imposition on health care.

The unions are concerned at the way in which the NHS is being used as an issue by the Leave campaign, notably by [David Owen in the Guardian](#) last month. At the request of the TUC we have linked to their [Briefing](#) on the issue, while inviting HCT supporters to let us have their views. We have also added a link to the [EPSU Briefing](#) on the dangers of CETA and TTIP.

The debate goes on: whichever side wins, we will be faced by a neoliberal Tory government intent on reducing the share of GDP spent on health, and undermining the NHS – so our fight must carry on.

Social care

One concern that has emerged at our conference and in almost every discussion on the future of the NHS is the brutal central government cuts, and local government privatisation and fragmentation that have reduced Social Care to an inadequate minimal service, available in almost every area only to those with the most extreme needs.

A number of us, including myself and Dr Brian Fisher, a South London GP and member of the SHA, are keen to investigate the possibility of launching a campaign for improved and expanded social care, under the wider banner of Health Campaigns Together.

An initial letter inviting potential supporters to a meeting is being issued as this letter is prepared. We will report back on progress, and always keep in mind that social care services are essential for the continuing support of patients to minimise their reliance on health care and hospitals.

Thankyou UNISON Health

At UNISON's invitation, I ran a stall distributing the second issue of Health Campaigns Together newspaper, and flyers seeking affiliations from branches, for the 3 days of the UNISON Health conference in Brighton. There was a lot of interest from branches all over the country.

Let's hope all of these branches follow up and affiliate: and here's an open invitation for Unite, GMB

and other union branches to affiliate to Health Campaigns Together, to make the organisation strong enough to carry through the task of uniting the fightback and protecting local services.

Local details

Here's one more reminder: please keep us posted on your local issues and campaigns, if need be send us the complex plans and proposals you are struggling to analyse, and let's share information across our growing network. **We need to celebrate your victories, learn from your mistakes and defeats, and build a movement strong enough to challenge governments.**

With strong information on local campaigning, we can improve the newspaper and expand its circulation. Help us do that. Send your stories, ideas, cuttings, leaflets to me johnlister@healthemergency.org.uk, or to Alan Taman at healthcampaignstogether@gmail.com and we can begin to put another issue together.

Get your orders in now and as soon as we have enough, we can move to produce issue 3.

Donations

Thankyou to those individuals who have already sent donations to Health Campaigns Together online via <http://www.healthcampaignstogether.com/joinus.php>. We do need the funds, and we are hoping that the bureaucracy of setting up a specific Health Campaigns Together bank account will soon be complete. **Online payments go straight into the account we are using.**

In the meantime, if you want to donate by cheque, please make it out to Health Emergency, and sent **c/o Keep Our NHS Public, Flat 11, Galileo Apartments, 48 Featherstone Street, London, EC1Y 8RT.**

With very best wishes

A handwritten signature in black ink that reads "J Lister". The signature is written in a cursive style with a long horizontal line underneath it.

John Lister

Appendix B: Health Advisory Group to the Labour Leadership

We are entering a dialogue with the McDonnell team and the Labour Party leadership in order to win Labour to adopt and fight for a policy of re-establishing a publicly owned, funded and provided NHS; to introduce legislation for these aims along the lines of the NHS Bill; to expose and fight privatisation at every level; and to actively support campaigning to save the NHS, including health

The advisory group if successful will underpin the arguments and provide the clarity of thinking required to develop this clear policy on the NHS.

From now, the different reference groups should communicate with each other to establish a degree of prioritisation so that key messages are underscored:

- The leads for each area should themselves discuss how to influence the discussion with the LP leadership, eg by pulling together health & social policy research evidence and advice to support the overall direction of advice;
- It would be useful to draw up a short paper on the priority areas within the remit of the reference group, eg health & social policy research, campaigning data and information, clinical issues;
- Consider in what areas we would need to pull together evidence and advice;
- Who else would be useful to ask to help in that?
- The group leads may consider that there are 2,3,5 or more others that could usefully contribute;
- Discuss and decide how to involve others best, eg by email discussion or meetings;
- Work on a short presentation for the first meeting and be prepared to share this with other group leads in advance of the first meeting to coordinate the approach:
 - summarise the issues and prioritise them
 - choose a key policy issue to be done in support of the overall aims, to underpin the arguments and to promote clarity of thinking
- Be prepared to provide input from the reference group to this advisory forum over the next 1-2 years, in order to inform Health policy development of LP Leadership.

Tony O'Sullivan