

**Health Campaigns Together
Committee Meeting
Saturday 23 April 2016 11am to 2.15pm
Unite, Theobald's Road, London WC1
Minutes**

1 Those present

Keith Venables (acting Chair, KONP), Clare Gerada (BMA GPs), Steve Smith (Big Up the NHS), Kas Witana (Sheffield Save Our NHS), Sacha Ismail (Momentum NHS), Oliver Kirby (Bring Back the NHS), Linda Miller (Sussex Defend the NHS), Vivien Giladi (Socialist Health Association), John Lipetz (KONP), Tony O'Sullivan (NHS Reinstatement Bill Campaign), Louise Irvine (Save Lewisham Hospital), Sue Richards (Islington KONP), Vicky Penner (38 Degrees), Charlotte Paterson (Protect Our NHS Bristol), Jo Land (999 Call for the NHS), Deborah Harrington (National Health Action Party), Eric Watts (Doctors for the NHS), Nicholas Csergo (Momentum NHS), Anita Downs (Unite), Madeleine Dickens (Sussex Defend the NHS), Yannis Gourtsoyannis (BMA Junior Doctors), Mike Roberts, Alan Taman (HCT, minute taker)

2 Apologies

Apologies were received from John Lister, Paul Evans, David Wrigley, Laurie Laybourne-Taylor, Elizabeth Cotton.

3 Bring Back Our NHS

Clare Gerada outlined the main points described in the scoping/planning paper submitted (Appendix A) and the need for funding for the scoping. £4,000 was suggested, £250,000 for the event itself. HCT support for Bring Back the NHS – as a separate campaigning group affiliated to HCT – to examine scoping further and return with a detailed scoping paper was requested. This was put to the vote. 11 voted* in favour, no one against. **CARRIED**

4 Role of HCT

Keith Venables described the formation of HCT as a collaborative, national organisation comprising representatives of different campaigning organisations and HCT's activities so far. The success of HCT to date was attributed to the involvement of all the health unions, a willingness to listen to each other, accept differences without rancour, and find common ground where there were differences. The focus so far had been to organise and hold a major conference in January, and develop the newspaper. Representatives gave a brief description of each group.

5 Supporting struggles

Keith Venables summarised the junior doctors' struggle and asked what kinds of support had been effective. Points made included: engaging the media via interesting angles; highlighting the human cost of the dispute on the junior doctors; groups reaching other health workers, hospital CEOs and the public; counter-publicity (eg likely to be treated by a consultant during strike days); sharing ideas for good action via the HCT website; joining the demonstration outside the Royal College of Physicians between 8.30 am and 10 am on Tuesday 26 April; and joining the London joint NUT/Junior Doctors' march on Tuesday 26 April.

* Groups are allowed to have one named representative vote at HCT meetings, except for KONP which has two. More than one member from each group can be present and may speak.

AGREED that Keith Venables and Yannis Gourtsoyannis compile a briefing paper on supporting struggles, to be circulated to HCT members.

6 Influencing the Labour Party

Keith Venables described the request from Joe Ryle (John Mc Donnell's assistant; 21 April) for HCT to put together an advisory group comprising no more than seven people to advise Labour on the NHS. Tony O'Sullivan described the meeting held at the Houses of Parliament with John McDonnell and Heidi Alexander which preceded this (13 April), and outlined the proposal to assign categories to the seven-person group (Appendix B) with some suggestions as to who might best represent each category and/or support those on the advisory group itself (which need not necessarily have the same people on it at all times).

The proposed categories for the advisory group, its purpose, and the political reasons behind it were discussed.

ACCEPTED: the seven categories were accepted nem con as interim categories to proceed with, but subject to some flexibility.

AGREED: A broad consensus was reached. Tony O'Sullivan was asked to liaise with individuals to determine their role in the 'policy research' and 'campaign research' categories, which is not confined to members of HCT member-organisations. Allyson Pollock and Peter Roderick to be approached about the 'NHS Bill' category. Momentum NHS to represent the 'Labour Movement/NHS' category. Clare Gerada and Yannis Gourtsoyannis to liaise with other clinicians as to who should represent the 'clinicians' category. 999 For the NHS will determine who should represent the 'local activist network' category. Keep Our NHS Public will work with other national campaigning groups to determine who should represent the 'National NHS campaign knowledge' category. Tony is to coordinate this process overall.

Keith Venables to ring Joe Ryle on the Monday following the meeting (25 April) and outline what had been achieved.

7 Motions to Labour (and other CLPs) and trade unions

Keith Venables introduced the model motion (Appendix C) which was then described and discussed in further detail. Sacha Ismail agreed that a shorter version of the model motion should be drawn up. He also outlined the process for drafting a contemporary motion, to be submitted to Labour Conference, which would reflect the substance of the model motion.

8 Sustainability and transformation

Local actions on STP were taking place and these needed to happen on a wider scale.

ACTION: Keith Venables to work on a briefing for groups nationally. HCT groups invited to send material to Keith.

To be discussed at a future meeting.

9 Communications and rapid response unit

Alan Taman summarised where HCT had reached in terms of communications. Progress on the website, printed material (the HCT newspaper, leaflet) and e-mail had been made, and contacts for national press were already good. Further work was needed on social-media development and building liaisons

with local press. John Lister would be staffing a HCT stall at the Unison conference in Brighton and had recently had success with campaigning groups in Yorkshire. How quickly and extensively this could take place hinged on further funding. A bid for funding had been submitted to Unison, UNITE and the GMB which was for just over £1,000 pcm for 12 months in total. A bank account had been set up to facilitate this. So far no response has been received. The rapid response unit, suggested at a previous meeting, was a good idea and warranted further exploration.

Groups present were urged to consider donating to HCT, and the mechanism for joining via the HCT website, and paying a fee on joining (suggested at £50), was stressed.

ACTION: Alan Taman to send out national press release focusing on STP. Payment details to be passed to Clare Gerada and Yannis Gourtsoyannis to allow them to approach BMA members.

10 Constitution, election, finances

Keith Venables invited HCT members to work with him on developing HCT as a more formal organisation. A joint bid for funding had been submitted to the health unions (see previous item).

11 Avoiding taxes

Local group report on tax avoidance described success with local public demonstration linking this with NHS budgeting. The role of G4S in bidding for NHS work, given its tax avoidance record, was raised.

12 Date of next meeting

Saturday 21 May. The need to hold a longer meeting was mentioned. Switching to a venue (Unite, near the Angel, London) which allowed a longer meeting would be considered.

Keith Venables

AT

28/04/16

Appendix A: Bring Back the NHS

A paper looking at the concept of a major NHS campaigning event

Purpose of this document

This paper was commissioned by Health Campaigns Together. It will set out the case for a major NHS campaigning event, consider what would be needed to deliver such an event, and suggest next steps.

The case for an event

It is likely that the British population have little understanding of the problems facing the NHS and the recent history of changes to its funding and organisation. NHS campaigning groups, unions, some political parties, and other groups aim to educate people as well as mobilise them in action to overturn damaging changes to the health service. Often, these efforts are hindered by an unresponsive or hostile media, the complexity of the subject matter, and the low status the NHS's true discontents are afforded in the political narrative, among other factors. As in many other campaigning areas, showpiece events may be effective in raising the profile of causes, helping close the 'awareness gap' by attracting media attention and providing campaigning groups with a focal point for their activities in the moment and after the event.

In 2015, a small group of NHS campaigners and other concerned citizens organised an event called *Bring Back the NHS*, which aimed to provide such a platform before the general election of that year. The event was held on Friday, 24th April in Central Hall, Westminster, London. Hosted by Ian McKellen, it featured a range of speakers from within the health service and beyond, including Danny Boyle, Charlotte Church, and Sir Paul Nurse, the president of the Royal Society. The event described itself as having brought together a group united:

“...by a love and passion for the work of the NHS as well as a severe concern for its present and future state. The NHS does not just need protecting in its current form, it needs to be brought back to its founding principles.”

The event was delivered within a month, by a team of volunteers, and cost around £15,000, of which the majority was spent on renting the venue. It attracted over 1,200 attendees, trended in the top five on Twitter that evening, and was covered by some foreign broadcasters. National media attention was not forthcoming due to the general election. It is the view of this paper that a larger event, outside of an election period, and with a greater number of more high profile names would garner significant media attention, and that such an event is feasible.

Specifically: the hypothesis of this paper is that a major campaigning event could, if effectively delivered, garner significant media attention, providing a boost in profile for issues facing the NHS that could be used by campaigners as a means to reach and mobilise a wider audience.

The type of event

The size of such an event and the coverage it could attract would be constrained by a number of factors, including the organisational lead time, the financial and human resources at its organisers' disposal, the attractiveness of the programme, and the effectiveness of marketing, political, and post-event promotion strategies.

In the case of cost, a finite budget would mean organisers would have to choose an optimal position among three related cost 'axes':

Venue and other event delivery costs: including the size of venue; staffing requirements for the running of the event; the amount of stage and lighting materials; the requirements of musical acts and other performances; loss on tickets; recording equipment to capture the event; among others. The size of the venue, the profile of performers and speakers and the general spectacle of the event would, along with marketing and promotion, be the greatest factors in determining the level of attention it will receive on the day and beyond.

Regional events: it is desirable to have simultaneous events held throughout England (and, potentially, across the rest of the UK and in Northern Ireland), but this would impose extra logistical and marketing costs and may divert organisational resource, attendees, and attention from a London event. The net effect of this, once considering the additional profile created, is unknown, and requires significant investigation. This investigation would inform both the decision to have regional events and what format they would take.

Marketing: marketing costs include advertising for ticket sales, attracting attention prior to and during the event, and promoting it and its messages in the following weeks, month, and, even, years. There is no feasible limit to the amount of marketing that could be commissioned and so a budget must be set that considers resource constraints as well as ideal levels of marketing to achieve objectives.

It is this paper's conclusion that, in light of these constraints, the optimal event would be held at a major venue in London, such as the O2 Arena, include regional sister events, and be held at a politically advantageous time far enough in the future in order to allow enough room for effective organisation. Finally, it cannot be stressed enough that the success of such an event – the profile it receives – is almost entirely dependent upon the public profile of those who would speak and/or perform.

Requirements for delivering such an event

The event would require a dedicated, paid delivery team that implemented a comprehensive organisational plan. This plan should cover eight main areas:

Delivery team: detailing the role requirements of a team leader, deputy leader, a treasurer, and creative, event, marketing, media, political strategy, and regional officers corresponding to the following bullet points.

Finance plan: a full costing of all following areas and a fundraising plan, including risks and scenario planning.

Creative direction: building and directing the event programme; identifying, booking, liaising and supporting speakers and other performers; working with the event logistics team to deliver the programme; ensuring all measures are in place to capture the event.

Event logistics: identifying and booking venue; liaising with venue; working with the creative team to deliver the creative requirements of the event, including stage and venue presentation; stage management; security; management of the press and VIPs.

Marketing, ticketing and legacy: developing a marketing strategy to ensure adequate event attendance; the level of profile achieved would then have to be sustained through the delivery of a well-resourced legacy strategy that would promote the event and its outputs into the future

Media and legacy: developing media relationships, both online and off, and delivering significant national and international media coverage through the execution of a comprehensive media strategy in concert with the legacy plan¹.

Messaging and political strategy: networking with campaigning groups, unions, political groups, and other key stakeholders as part of a messaging and political strategy for the event and its aftermath in order to maximise its impact and reach. In particular, this strategy would have to consider the effects upon the perception of the event resulting from those individuals and groups associated with it. It is essential that development of the messaging and political strategy of the event is independent from groups while considering their input.

Regions: it is likely that regional events would have to be delivered by local dedicated teams, each delivering their own plan and liaising with the core team through regional officers. The budgetary position of each event and the level of devolution would have to be considered.

Exploratory and planning phase

The creation of such a plan is beyond the scope of this paper. It is the view of this paper that the sizeable work required to deliver such an event can only be fully understood and planned for after an exploratory and planning phase, at the end of which a fully costed plan would be presented to Health Campaigns Together. This team would consist of four or five members who would provide four or five hours of their time a week to build the plan and begin networking with those key stakeholders needed to deliver it. This process would take ten weeks, at the end of which the full plan would be presented to Health Campaigns Together for their scrutiny. This would require a budget of up to £4,000².

If the process began at the beginning of May, the completion of the event delivery plan could coincide with a Health Campaigns Together event in mid-July that could be used as both a focal point in which to scrutinise the plan and a starting point for building the support and resources for the future event.

¹ In the case of digital media, *Bring Back the NHS* already has an online presence, including a Facebook page with 308 likes, a YouTube page with 60 subscribers and 26,644 views across the event videos, a website, and a Twitter profile with 310 followers and an established hashtag in #BringBacktheNHS. These resources could be used by a new event, building off this established brand value. See bringbackthenhs.org.

² Assuming five team members each giving five hours of their time a week, at £15 per hour, over ten weeks – 5 x 5 x 15 x 10 = £3,750

Next steps

This paper is sent to Health Campaigns Together (HCT)

HCT consult on this document

If the creation of an exploratory team is approved, fundraising will be required

Team is initiated and given ten weeks to produce an event delivery plan

Contacts

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Appendix B: Discussion paper on advising Labour

HEALTH CAMPAIGNS TOGETHER

We are invited to form an advisory group at John McDonnell's request. This is an important opportunity to have an ongoing dialogue with the shadow health team and JMcD's team. They have suggested an advisory group of no more than seven places in meetings.

What kind of advice does Labour need? The answer to this question informs how we propose the advisory group.

- Labour needs to be up to date and informed on health and social policy research, including economic and health inequalities data;
- It needs to know about the impact of Tory/NHSE policy changes and reconfigurations on local services and populations;
- It needs to be up to date on the clinical impact on the NHS and to be advised on up to date clinical;
- It needs to engage with the drafters of the NHS Bill and the well-thought out rationale behind the draft
- It needs to be informed about work in the labour movement in health unions on the NHS;

I see seven areas of input that would be beneficial in aiding Labour to develop appropriate NHS, health and social care policy. I suggest that one or two leads for each should work with other key persons with relevant expertise in each category could work as a mini-team keeping in touch with each other between meetings.

Attendance at meetings would be by one rep, with cover for continuity and collaboration between meetings.

Additional points

Many people have been involved at every level of NHS work and could bring knowledge and expertise to several categories.

It is important that the advisory group has an informed overview, with mechanisms of ensuring they are informed, by networking;

John McDonnell's team has asked that GPs and junior doctors feed into this process.

It is important (a) that there is a balance of gender and (b) to avoid a London dominated grouping

I propose these categories for a 7-place forum and I make suggestions:

- * policy research: Colin Leys, you, and maybe David McCoy or Alex Scott-Samuels.
- * campaign research: John Lister, Paul Evans ...
- * NHS Bill: Allyson and Peter
- * National NHS campaign knowledge: KONP as the longest lasting national body
- * Local activist network: NAN/999 to agree between them
- * Clinicians: Clare Gerada, Jacky Davis, Yannis Gourtsoyannis, David wrigley etc
- * Labour movement NHS: Rachel Maskell (not asked her), Louise Irvine (Drs in Unite/BMA Council), Momentum NHS

Tony O'Sullivan

Appendix C: Draft Labour Motion

Labour must act now to save the NHS from privatisation. For a publicly owned, run and provided health service

We note that

- The NHS is fast being cut back, dismantled and privatised, providing fewer and fewer services and increasingly functioning as a logo for private contractors - with ever more cash channelled into marketplace administrative costs and private profit.
- The BMA, Unite and NHS campaigns support the NHS (Reinstatement) Bill as a first step in stopping this onslaught.
- That some Labour MPs, including the current health front bench, have failed to support the Bill, staying silent or arguing against “further top-down reorganisation”. The Tories talked it out in March with little opposition.
- The NHS is constantly being reorganised by the Tories' demolition-drive - most recently through the disastrous, pro-privatisation “Five Year Forward View” plan, through fragmentation and privatisation-driving “health devolution”, and now through 44 area “Transformation Footprints” involving huge cuts.

We believe that

- To the fatal, accelerating reorganisations currently being imposed on the NHS, Labour should counterpose a life-saving reorganisation, in alliance with health workers, to reinstate a genuine public health service. Essential to this is explicit and active support for the junior doctors', student NHS bursary and other health workers' struggles.

We call on the party nationally to

1. Expose, oppose and fight to reverse the ongoing dismantling of the NHS through privatisation, outsourcing and marketisation, closures, and cuts to funding and provision - campaigning nationally and mobilising local parties across the country.
2. Commit to renationalise the NHS and build a top-quality public health service for the 21st century - universal; comprehensive; publicly owned, run and provided with no purchaser/provider split or internal market; free and fully publicly funded through general taxation; with a democratic system of governance. That must include ending PFI and dealing with PFI debts. We must also end the chaos and profiteering in *social care* by making it a public service, publicly owned, run and provided, free and funded through general taxation.
3. Work with the Campaign for the NHS Reinstatement Bill to bring legislation for these goals to Parliament in the next year.
4. Launch a national petition to stop NHS privatisation, reinstate a public health service and support health workers' rights and struggles; work with the BMA and TUC to organise a national NHS demonstration; encourage all MPs to support the junior doctors, visit picket lines, wear badges.

We resolve to

1. Create a working group to drive local NHS campaigning; make links with health workers; circulate updates and materials from NHS campaigns.