**KONP Annual General Meeting – agenda and motions**

*This document includes motions and documents submitted for inclusion by midnight on Wednesday 5 June 2019.*

*Amendments to these motions can be submitted until midnight on Wednesday 12 June. These can be sent to National Secretary John Puntis at* [*john.puntis@yahoo.co.uk*](mailto:john.puntis@yahoo.co.uk)*, or to National Administrator Max Leak at* [*nationaladmin@keepournhspublic.com*](mailto:nationaladmin@keepournhspublic.com)*. An updated version of this document including any proposed amendments – as well as some further officers’ reports and discussion documents that are not intended to be voted on - will be circulated before the AGM.*

*All decisions about motions and amendments will be made at the AGM.*

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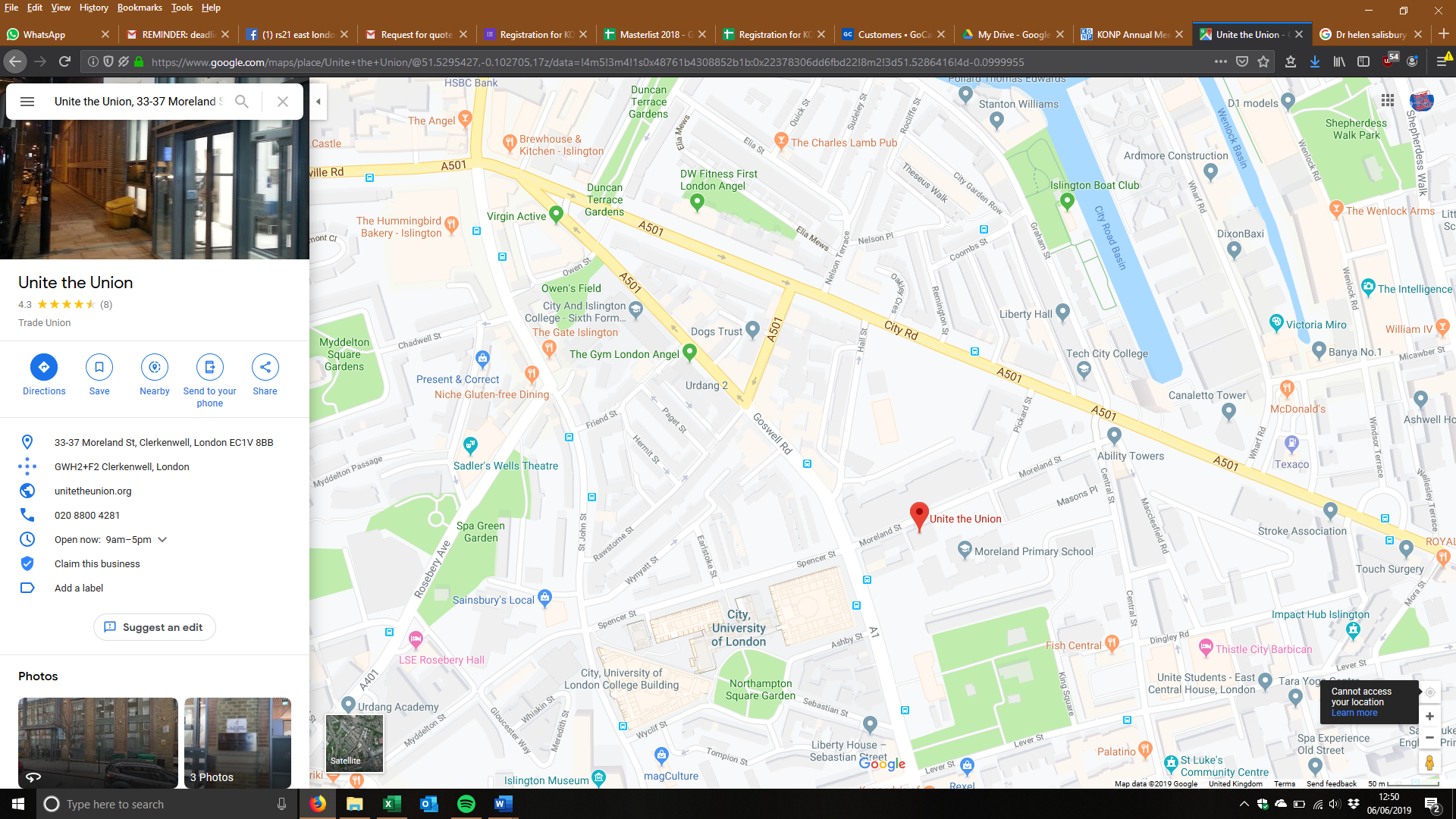
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# **Agenda and meeting details**

**Venue: Saturday 15 June at the London Regional Office of Unite the Union, at 33-37 Moreland Street, EC1V 8BB. The nearest Tube stop is Angel.**



**Running order:**

**09:30** – Registration. Please be aware that there is a registration fee (either £5 or £15) and that you must be a registered member of KONP to attend the AGM.

**10:30 – 11:45** – Welcome & Annual General Meeting (AGM) – motions, elections and officers’ reports.

**11.45 – 12.45** – Privatisation (With Dr John Lister and Cat Hobbs)

**12:45 – 13:45** – Lunch

**13:45 – 14:30** – Integration? – What kind of NHS services do we want? (With Dr Helen Salisbury)

**14:30 – 15:30** –  Hostile environment in the NHS: migrant charges (with James Skinner and Dr Sophie Williams)

**Speakers at KONP Annual Meeting 15th June 2019**

**PRIVATISATION**

**John Lister, Editor of Health Campaigns Together and co-chair of KONP**

John is a writer and academic who has campaigned against NHS cutbacks and privatisation for over 30 years, setting up London Health Emergency in 1984. He has taught journalism and health policy at Coventry University and has been a board member of the International Association of Health Policy. John is a founder member of Keep Our NHS Public (2005) and editor of Health Campaigns Together – newspaper and website. John helped found HCT in October 2015.

**Cat Hobbs, Founder and director of We Own It**

Cat launched it in the UK in 2013. We Own It is a voice for public ownership across public services, from railways to water, from council services to the NHS. The organisation has won victories, helping to stop the privatisation of the Land Registry and NHS Professionals, and campaigning successfully to bring the probation service and the East Coast railway line into public ownership. Cat has appeared on Radio 4, BBC News, Sky News and in the Mirror, the Guardian and the FT. We Own It's latest report '[When We Own It](https://weownit.org.uk/sites/default/files/attachments/When%20We%20Own%20It%20-%20A%20model%20for%20public%20ownership%20in%20the%2021st%20century.pdf)' puts forward a model for public ownership in the 21st century.  [Here's the story behind why she set up We Own It.](https://weownit.org.uk/about-us/whats-story" \t "_blank)

**INTEGRATION? – WHAT KIND OF NHS SERVICES DO WE WANT?**

**Helen Salisbury, Oxford GP; BMJ columnist**

Helen is a GP in Oxford where she also teaches medical students and trains junior doctors. She has twice been a parliamentary candidate for the National Health Action Party and serves on their National Executive Committee. She writes a weekly column for the British Medical Journal and also answers readers' medical queries for a women's magazine. She is particularly concerned about continuity of care within General Practice and its importance for patients and doctors.

**HOSTILE ENVIRONMENT IN THE NHS – MIGRANT CHARGES**

**James Skinner, Access to Healthcare Campaigner at Medact.**

James is a Nurse and campaigner who works alongside Docs Not Cops and Migrants Organise on the Patients Not Passports campaign calling for an end to charging for the NHS. Before that he worked in A&E and spent many years working on community-led planning in North London.

**Sophie Williams, Docs Not Cops**

Sophie is a doctor practicing in London and campaigns with Docs Not Cops against racism and xenophobia in the NHS.

# **Report – John Puntis, National Secretary**

The KONP constitution describes the role of the secretary in the following terms:

* to ensure that accurate minutes of meetings of both the EC and the SG are taken and circulated to all members of the SG
* to prepare and circulate agenda for meetings in collaboration with the Chair
* to deal with correspondence and ensure relevant information is circulated to KONP groups and members
* to work with the Executive Committee to share roles and responsibilities to ensure the smooth running of the organisation and the effective implementation of its plans and policies.

Prior to meetings I draw up the agenda and then discuss with the Chair, before circulating to EC/SG, together with relevant documents for discussion. Since the 2018 AGM, I have attended all SG meetings and all the monthly EC meetings in London, both to participate in discussions and to take minutes. My aim has been to produce accurate and comprehensive minutes as quickly as possible, highlighting agreed action points so that these can easily be reviewed at subsequent EC meetings to make sure all are actioned. Minutes for SG and EC are subsequently made available to the SG via the KONP website (EC minutes following approval, and SG minutes initially in draft form). I also make room bookings with Unite, confirming their availability for London SG, AGM, and EC meetings.

Other actions I have taken to assist in the smooth and effective running of the organisation have included:

* answering queries from KONP members
* preparing reports on: working with trade unions; public liability for KONP groups; how campaigners can interrogate risk registers (all available on the website)
* prepared a leaflet on Wholly Owned Subsidiaries for campaigners
* undertaken an investigation into NHSE’s ‘17 Evidence Based Interventions’ programme, soliciting responses from NHSE, National Institute of Health and Care Excellence, Royal College of Physicians and the Academy of Medical Royal Colleges. This is currently summarised as a draft report explaining the background, deficiencies and likely consequences of the ’17 EBI’ programme, and giving pointers for campaigning against rationing and restrictive treatment access policies
* lodging a complaint with the Advertising Standards Authority about a flyer from Babylon GP at Hand
* assisting in organisation of a northern ‘Health Campaigns Together’ conference to be held in Leeds on both health and social care

**KONP AGM June 2019 Co-chair national report**

In a separate paper to the AGM, there is a review of KONP’s campaigning work in 2018 – substantially the same content as that posted to the website and shared in January 2019. In addition, there are some other points to make.

**Thanks to KONP members and supporters**

To all KONP campaigners up and down the country for a long year of hard work, with no sign of let up. The record of your achievements in the last year are captured in the review of our work 2018 – a year of non-stop campaigning’ (see agenda papers) and 2018 – January to December roundup – both posted on the KONP website in January 2019.

**Thanks to KONP Executive Committee members**

It has been a great team to work with for the last two years. Everyone has made a major contribution to KONP’s work, in addition of course to the local work we are all doing – a big thank you to all. John Puntis has been a wonderful Secretary to KONP and the EC, quietly working away to ensure the meetings allow for political discussion to take place, the agendas have continuity and relevance, and everything is reliably done and on time. John Lister, co-chair and editor of HCT is amazingly productive and edits the paper and HCT website single-handed. It is a triumph that the paper is in its fourth year. Now he is instrumental in launching, with Paul Evans of NHS Support Federation, a current NHS news platform with daily feeds, and a fortnightly newsletter – all searchable at www.lowdownnhs.info. Terry Tallis has continued the work with our KONP Patrons and is pushing us to make better use of them. Sue Richards is always a political advisor to rely on, was a key part of the ACO judicial review team and has recently appeared for KONP at the Health Select Committee. Carol Ackroyd has given great leadership to push for KONP to produce articles and leaflets to address key issues and has often written them herself. Keith Venables has worked with Terry to start advisory briefings for supporters on how to campaign politically with MPs and councillors, and with Pete Gillard has led the HCT TU work group, with constant work keeping in touch with trade union contacts. Pete has managed our Facebook page and group – and has helped build up the page following to over 11k – whilst taking on NHSE and the Shropshire political world in his spare time, with Shropshire Defend Our NHS. Jacky Davis is dogged, witty and successful in promoting KONP and the NHS on Twitter. She has now expanded our followers to 41.2k and rising – helped by our national team joining in more to keep up the stream of tweets. Jacky is on BMA Council and is working hard with allies there to steer the BMA in a more positive direction. And finally, a ‘thankyou’ to Wendy Savage our lifetime honorary president. Her work was honoured last May 2018, winning the prestigious award for ‘Outstanding Contribution to health and healthcare in the UK’ at a ceremony held by the British Medical Journal.

Terry Tallis (leading on KONP patrons) and Jacky Davis (KONP Twitter and BMA Council) are standing down from the EC this year. But with a huge sigh of relief, I can confirm that they both remain committed to continuing their special contributions to KONP. Huge thanks to them for all they have done.

**Thanks to our National team**

You will see from the reports from Tom Griffiths, Campaigns Officer (joined KONP June 2018), Samantha Wathen, Press & Media Officer (joined KONP April 2018) and Max Leak, National administrator (joined KONP March 2019) all the work and commitment they have shown in the relatively short time they have been in our national team. They have made a huge contribution to the growth of our organisation in terms of social media, press and media coverage and membership growth. Helen, Hannah Flynn, Website joined us end-April 2019 and has made a great contribution

to improving our website in terms of clarity of presentation, clearer navigation routes and watching for content being up to date. Our thanks also to Helen Cagnoni, KONP Accounts who has helped us manage our financial affairs for several years. All our team are part time and give generously to our work.

**2019 KONP executive committee election**

We have just held our third election for the KONP national executive. Despite a lot of effort to encourage people to nominate themselves to stand for the ten positions, in the end we had 10 applications for the 10 posts. Appointments to the EC will be officially announced by the Election Committee at the national steering group in July.

Challenges

We have both political and organisational challenges facing us in 2019 beyond this AGM.

Politically, parliament is in deadlock on Brexit and there is little space for serious development on other topics. A huge threat looms in the shape of risk to the NHS in future trade deals. However, there is also instability for MPs in their constituency seats and they know that an election may be anytime between now and June 2022. They know that come an election, the issues of austerity, poverty, mental health, the hostile environment, the NHS will come more to the fore. So it is a time of opportunity for KONP too, to campaign and pressurise.

Organisationally, we remain at a disadvantage with a resource deficit set against our tasks that is daunting. We have built a stronger, more able small national team. We need to build even more capacity and if achieved we would be even more successful.

**Funding is therefore a key issue and I hope the steering group and new executive will address this.**

Tony O’Sullivan Co-chair

**Review of 2018 Co-chair Report – Tony O’Sullivan**

As we take a look back at KONP’s campaigning work in 2018 – alongside Health Campaigns Together and our allies – it is both impressive and daunting to see just how much work has been required, how so many brilliant campaigners have delivered, and with such positive impact. Here we look at the year with important themes in mind. A linked post looks at events and activity by month: [2018 – January to December roundup](https://keepournhspublic.com/news/2018-campaigning-month-by-month/).

**Campaigning in every way**

We have done some great work with allies who share the commitment to defending health and social care as essential public services – People’s Assembly, the TUC, We Own It. KONP itself has great partners affiliated to us such as the NHS Support Federation, Doctors for the NHS, Socialist Health Association and the online ourNHS. **Our staunchest support politically, financially and in offering use of rooms has been Unite the Union: sincere thanks to Unite.**

Our over 70 groups have campaigned in every way. We have reported on our website, in our monthly newsletters and in the paper of Health Campaigns Together of which we are key affiliates:

* KONP and others make an important educational contribution to NHS and social care campaigning. Painstaking local research, being well-informed nationally and locally, allows our members to ask challenging questions;
* we do so in local forums – scrutiny committees and town halls, trust and CCG board meetings and STP boards (if held in public!);
* we have briefed and lobbied councillors and scrutiny committees with real impact (to name just a few – Oxfordshire, Shropshire, North East and Tyneside, Huddersfield, Lewisham, Greenwich, Bishop Auckland, North Yorkshire (HCT January 2019 p4) and Dorset (HCT January p9);
* we have instigated or supported a range of judicial reviews;
* we have demonstrated, held street stalls, leafleted and engaged the public, launched petitions, and held pickets and rallies;
* we have engaged with parliamentary processes, appearing at the Health Select Committee, briefing and lobbying MPs and have regular meetings with Shadow Secretary of State, Jon Ashworth;
* we have lobbied and rallied for the NHS Reinstatement Bill and we have pursued legal routes to challenge through judicial review;
* we have built our social media and launched our new video series.

And we have celebrated the essence of the NHS in thanks to our NHS staff and the essential services they still manage to provide under intense stress.

**A moment for positive reflection**

We need to step back from the pressures and worries that can be intimidating as we face the apparently unstoppable momentum of those powers that are moving against the public NHS – pause and look at what we have achieved. We have in some cases stopped the seemingly unstoppable, we have slowed down the pace or destruction, seen some barriers weakened or partially dismantled and we have given hope to many new campaigners joining our ranks. As we digest the [NHS Long Term Plan](https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/) and uncover the dangers behind the public spin used by NHS England and government, we can have confidence that KONP, Health Campaigns Together and our allies are up to this task.

**Important themes in 2018**

Though not new, some health-related issues came through very powerfully during 2018, including issues of institutional racism, mental health, partnership working between trade unionists, the TUC and campaigners, and it is worth looking at the epic legal challenge mounted  through the year by the judicial review team (#JR4NHS) against NHS England and the government’s accountable care organisation (ACO) contract. Finally, the latest events around the NHS Reinstatement Bill is summarised.

**Racism and health**

It became ever clearer during 2018 just how inseparable the themes of prejudice and vulnerability are from access to a safe and universally accessible health service. The impact racism and institutional racism have had and is having on so many people is profound.

In **April** the [Windrush scandal blew up](https://keepournhspublic.com/racism/happy-birthday-windrush-generation-the-immigrants-who-built-our-nhs/) and Home Secretary Amber Rudd had to resign having inherited the impact of Theresa May’s hostile environment since she was at the Home Office.

In the NHS, one of many victims of this disgraceful set of policies, with institutional racism embedded in them, was Albert Thompson. In the same month, press exposure finally forced [the government to concede that Mr Thompson would be entitled to cancer treatment after months of delay](https://keepournhspublic.com/news/albert-thompson-to-receive-cancer-treatment-he-needs/).

ID checks on NHS patients and charging – checks on patients who are temporarily here, visitors for work or on holiday, undocumented migrants and undocumented anyone else whose appearance leads to an ID challenge – is now instituted NHS policy. In **August** North East London KONP groups and allies announced a campaign against the charging of patients who could not prove their NHS entitlement and against the overall hostile environment. Barts NHS Trust had been running a pilot with the Home Office. The trust board was highly embarrassed by the campaigners’ presence and the challenge to them in **September**. [The trust made some concessions](https://keepournhspublic.com/racism/hostile-environment-barts/) but NHSE policy continues, enshrined in law and is embedded in the NHS Long Term Plan of 7 January 2019.

In **August**, a dramatic Appeal Court [legal decision allowed the reinstatement of Dr Hadiza Bawa-Garba on the Medical Register](https://keepournhspublic.com/junior-doctors/newsletter-september-2018/). This overturned the High Court’s decision to endorse the GMC in striking her off – a drastic career-ending action disproportionately taken against BAME doctors. The case had been crowdfunded by individual doctors campaigning on Dr Bawa-Garba’s behalf. Her nightmare had lasted nearly three years.

In **December** Lewisham Campaigners received information in response to their Freedom of Information (FOI) request from the local trust for numbers of pregnant women – there are approximately 9000 births per year at the trust – who have been charged for their NHS care and screened for their eligibility. For the 2017/18 financial year the number of ‘women [who] were charged for their maternity care’ was 541 and ‘a further 1100 women had their entitlement to free NHS care assessed and were deemed eligible for free NHS care’. *This has shocked local campaigners and is clearly an important campaign issue for KONP to take up nationwide and with politicians.*

**Mental health**

The importance and life-saving essence of safe and good mental health services have been highlighted this year – too often through tragedy. In **February**, Lewisham Mayor and Council responded very positively to the public testimony of children, parents and staff, to the three local MPs, a public statement from Jon Ashworth and diligent work of Lewisham campaigners in briefing councillors, the scrutiny panel and MPs on the dangers of cuts to child and adolescent mental health services (CAMHS). The Council reversed a previous decision to cut (CAMHS) by £150k. This welcome decision was a victory for [Save Lewisham Hospital Campaign](http://www.savelewishamhospital.com/?s=CAMHS+cuts+reversed), local Unite members in CAMHS and Lewisham families.

We chose mental health as a key issue to work together on, affecting so acutely as it does both families, the population as a whole and trade unionist health workers under intense pressure. In **November** Keep Our NHS Public welcomed the powerful TUC report ‘[Breaking Point: the crisis in mental health funding](https://keepournhspublic.com/news/tuc-report-on-mental-health/)’. We have posted regularly on this issue during the year. [Search ‘mental health’ on our site.]

**Trade unions and health**

The core job of trade unions is to defend their members’ quality of life, terms and conditions and level of pay. But through these years of austerity dramatically affecting work conditions and pay, increasingly attacks on public services undermine their members’ families’ health, social care and education. Unions and campaigners have increasingly come together. Some 9 national unions are now affiliated to Health Campaigns Together. The jointly organised demonstration for the NHS’ 70th Birthday **#NHS70**by HCT, the TUC, KONP and People’s Assembly on 30 June was a memorable event. Before and after that week, actions of unions supported by campaigners had met with significant success (eg see reports in [HCT July issue](https://www.healthcampaignstogether.com/pdf/HCTNo11.pdf), pp2-3). Following the birthday demonstration 30 June, HCT and KONP met with the TUC and with People’s Assembly in **August** agreeing to ongoing joint work – in including the subco issue (wholly owned subsidiary companies) and mental health (see above).

**Legal challenge to ‘accountable care’**

The legal and political battle of the year on the NHS has surely been the **#JR4NHS**battle fought by campaigners against Accountable Care Organisations and the contract that threatens to open the financial and general management of the entire NHS structure to competitive tender. Several other JRs have taken place, including 999’s #Justice4NHS judicial review challenging the cost-capping funding method of the ACO contract.

**January** also saw an early victory through the **judicial review challenge to the legality of NHS England’s Accountable Care Contract (ACO)** mounted by our ‘Famous Five’ (Allyson Pollock, Sue Richards, Colin Hutchinson – all three members of KONP – and Graham Winyard, joined by Professor Stephen Hawking) won early victories, not in court but through the threat of legal scrutiny. The government and NHS England had to accept that [they had to hold a national public consultation on ACOs, and that no ACO contract will be signed until that had happened](https://keepournhspublic.com/good-news/jr4nhs-wins-important-concession-a-national-public-consultation-on-acos/). First blood to our team. Jeremy Hunt had fully intended to have the first ACOs up and running from 1 April by enabling his ACO contract through secondary regulations, bypassing parliamentary and public scrutiny.

This was followed in **February**by another victory when the attempt by the Department of Health and NHS England to demand punitive and uncapped costs, should our claimants lose the JR, was [judged not to be in the public interest](https://keepournhspublic.com/news/judicial-review-for-nhs-justice-overrules-hunt-and-nhs-england-on-costs/).

At the end of February, [three of the ACO JR team and KONP co-chair Dr Tony O’Sullivan appeared in front of the Health and Social Care Select Committee](https://keepournhspublic.com/stp/commons-health-select-committee-on-acos/) chaired by Dr Sarah Wollaston MP. It was a fractious encounter, in which some key points our panel made were ridiculed by certain committee members, only for the committee to put our points as questions to future panels and Simon Stevens: for example, they tried to ridicule Allyson Pollock’s insistence that primary legal change was needed or NHSE and government intentions to push through the ACO contract as it was then would be illegal. Later the committee asked Simon Stevens what primary legal changes to the 2012 Health & Social Care Act he would ask for to facilitate his policies.

Very sadly, the JR team and the [NHS soon lost their powerful ally Professor Stephen Hawking](https://keepournhspublic.com/news/the-nhs-loses-its-powerful-ally-professor-stephen-hawking-has-died/) who died in the early hours of 14 **March**. The team went ahead with the [ACO JR at the High Court hearing](https://keepournhspublic.com/acos-acss/update-following-judicial-review-23-24-may-challenging-acps/) 23/24 **May**. KONP was outside the Royal Courts and inside the court room in force to show our support.

**Health & Social Care Select Committee Report**

The Select Committee’s [report on integrated care](https://keepournhspublic.com/news/select-committee-report-on-integrated-care-and-acos/)(previously called ACOs) was published in **June** and the influence of campaigners, the ACO judicial review and our testimony was there to be seen – the report recommending that primary legislation was needed and that ACO bodies should be statutory public bodies. In our statement we said:

*‘While we welcome certain conclusions of the HSCC, the overall message defends NHS England (NHSE) and the Department of Health & Social Care (DHSC) in their policy direction of introducing accountable care organisations that are dangerous in bringing in models of care based on the deskilling of a workforce designed to give cheaper, underfunded care in the community.’*

In **July**, Judge Justice Green published his findings in favour of the Government and NHSE [but his ruling made clear that the challenge had been in the public interest](https://keepournhspublic.com/privatisation/jr4nhs-political-victory-legal-setback-but-great-news-on-costs/). He rejected the punitive costs claim from the defence and protected the team from 35% of costs. He could rule the ACO (now known as ‘integrated care provider’ – ICP) contract to be illegal when, under pressure, the government had conceded there had to be a public consultation, with the implicit possibility that the contract would be altered. We remember that a public consultation on the ACO (ICP) contract had only been conceded by government because it knew it would leave itself open to the contract being declared illegal without such consultation.

Campaigners had forced concessions, embarrassed the government and NHSE into changing terminology from ACO to ‘integrated care provider’, had altered the whole terms of debate and had materially defended the NHS.

The 999 JR challenge to ACOs from a different angle won the right to appeal against a cursory hearing and a rapid dismissal at a Leeds High Court hearing in April. [London KONP supported the appeal at the High Court 20 November](https://keepournhspublic.com/news/newsletter-december-2018/). In **December** the Appeal judges subsequently upheld the government and NHSE position on ACOs and the across-the-piece cost-capped budget allocation. 999 lodged an appeal to the Supreme Court in 2019.

**NHS Reinstatement Bill**

Eleanor Smith Labour MP for Wolverhampton became the third MP, following Caroline Lucas 2015/16 and Margaret Greenwood 2017, to sponsor this totemic piece of draft legislation, which embodies the legal principles to win back the NHS. The four-year campaign to keep the [NHS Reinstatement Bill](http://www.nhsbillnow.org/) on the parliamentary timetable reached an important milestone in **July** with a discussion between the Shadow Front Bench Labour team, including Jon Ashworth (Shadow Secretary of State for Health), Eleanor Smith MP, the authors of the bill, Allyson Pollock and Peter Roderick, and leading campaigners from KONP, Health Campaigns Together and the Socialist Health Association.

The outcome was a [public statement from Jon Ashworth](https://keepournhspublic.com/nhs-bill/labour-commits-to-legislation-to-reinstate-the-nhs/) and a commitment from the Labour Party to work with Eleanor Smith and the NHS Bill authors to agree a text for her private members’ bill; and for the LP to prepare primary legislation, in collaboration with Allyson Pollock and Peter Roderick and people and organisations at the meeting, in readiness for putting forward in a new parliament. Eleanor Smith presented the long title of her 10 Minute Rule private members’ bill in parliament on 13 **July**. It was tabled on the agenda for the second reading 26 **October** but no time allocation was given. We organised a rally outside Parliament on the day to mark the Bill’s appearance and to accompany the handing in of the 34,000-signature petition against the ICP contract to the Department of Health. It remains part of this parliamentary session’s business until a new election or until the summer of 2019. Brexit has held back progress on this and other business.

**Jon Ashworth** has written for the HCT newspaper and given [conference and other public speeches](https://keepournhspublic.com/labour-party/ashworth-conference-speech/) committing to ending privatisation, restoring the NHS to a publicly funded and provided service and bringing back the tradition of Aneurin Bevan.

It is Bevan’s vision that we need to hold to and fight for. The NHS will not be won back without courage and steadfast unity across health campaigners and political allies.

**Tony O’Sullivan, co-chair KONP**

**Campaigns Officer Report – Tom Griffiths**

Colleagues. The focus of this year has been to overhaul our online, website and social media presence and use them more effectively to reach a wider audience, grow the organisation and raise more funds.

**Since I started our mailing list has increased almost 5 fold, and we have recruited almost 150 new paying members.**

We now also have a far more attractive website which is also much simpler and easier for us to use and manage. The switch over to the ‘Go Cardless’ system has made both taking and managing payments far easier and efficient.

We have also massively increased our social media reach, which has been aided, by **an increase in video output**, with the ‘What you need to know’ videos, a Windrush video, videos of meetings and media appearances, a recent video to help promote the ‘Donald Trump: Hands off our NHS!’ petition and the video to launch our Mental Health campaign (which will include a series of shorter videos to follow).

**The monthly newsletter has received an overhaul and is now a more attractive and more widely read resource.**

We have also been more of a presence on other demonstrations and union events and we have co-ordinated from the office an increase of KONP stalls at union conferences.

Our news output on the website as also increased with **94 news stories since June 2018** until now (versus 63 stories in the same period 2017-2018). Our news stories also have a much wider reach and have been successful in driving a **marked increase of traffic to the site**.

This will put us in good stead to continue to grow KONP in the year ahead and to focus more on campaigning events. The most important of which is the upcoming **Mental Health Crisis Summit**, which I urge you all to book tickets to here: <https://www.eventbrite.co.uk/e/mental-health-crisis-summit-tickets-61871782166>

Solidarity – Tom Griffiths

**Press Officer report – Samantha Wathen**

It’s been a big year for KONP on the press front.

This report must start with reference to coverage secured in the last couple of weeks. On 5th of June KONP was approached by the petitioning website Change.org who wanted to know if we would partner with them to produce a petition against Donald Trump gaining access to the NHS in a trade deal. We agreed and I asked Sonia Adesara if she would like to be our figurehead who has been brilliant!

Due to the petition’s runaway success I have been able to actively secure Sonia a comment piece in The Huffington Post, get Tony our co-chair an opinion piece in the Independent (IndyVoices) and through a press release we obtained coverage in 3 national newspapers in a day. Tony also participated in a radio interview and Sonia did a brilliant televised interview with Kate Andrews from the IEA on Sky News. John Lister has also been interviewed for a piece in the BMJ on an American trade deal. I will periodically be pitching opinion pieces to a range of outlets as this can work really well in furthering our collective message.

The 70th birthday celebrations seem a world away now, but they were good for publicity. I obtained some good television coverage on Sky News and I have established personal contact with Olivia Kinsley, presenter and journalist which will be a good asset going forward. Similarly, with LBC who interviewed Louise Irvine.

We helped publicise Liverpool Women’s Hospital demonstration nationally in September and secured an article in the Independent. The march was a massive success so it was nice to be able to generate some publicity from our end. In September thanks to Greg Dropkin’s research and input we had an article published on NICE and withdrawn treatments in Open Democracy which did very well.

We are now using a *MailChimp* account for press releases. This provides valuable analytics on areas such as who has opened mail and allows personalisation of emails which all helps in relationship building with members of the press.

As you will be aware part of my role is also to write articles for our website on topical themes. I have written pieces on average once a fortnight. At my suggestion we have also made a successful application to link with *GoogleNews* which mean our individual stories now appear on the main google news search feed bringing more traffic to our website.

The KONP Instagram has doubled it’s following since our last AGM. It is currently at over 400 followers and I try to post images regularly. I would like to thank all those who have sent me media to publicise and encourage you to please do keep sending it to me via email. It is important to post on Instagram regularly and we need new content to work with. I want to reiterate that if anyone has any pictures or short video (a minute or less), of local campaigning that they would like publicising then please email me and I will add it to our feed.

Earlier this month I was lucky enough gain a place on some press training in London with NEON which has provided me with some inside information/contacts’ and a springboard from which to hopefully propel us further.

Through independent research I have been able to add another 150 contacts to our list across all publications and I have also created a document to send out to all broadcast media at the same time as the print-based press releases advertising our list of spokespersons with their associated information. I have already had a positive response from BBC’s Newsnight producer who say’s they will “no doubt use us in the future.” This is a contact I will continue to actively pursue.

In March we joined Marion McAlpine at her exhibition *How come we didn’t know?* in parliament. Sadly, John McDonnell was not able to attend due to Brexit commitments, but I managed to forge relationships with both a journalist from The Sun (largely unexplored territory) and the editor of the Health Service Journal, Alastair McLellan who would like to work with us more closely going forward.

We have contributed to articles in both the British Medical Journal and Health Service Journal over the last few months, these contributions are different to the mainstream national press, but still important and I think a balance between different sorts of outlets is important in distributing our message. Similarly, I have recently written an article for Public Sector Focus magazine that is distributed to over 50,000 public sector workers and employees. In writing this I have had conversations with the editor who would like to use content from KONP on a semi-regular basis. If you have an idea for a timely article on behalf of KONP then please drop me a line.

In March I worked with colleagues at Oxford KONP to secure coverage of the campaign against outsourcing of a cancer scanning service in the Guardian, providing information and quotes to assist with their reporting.

Last week we made the front page of the Scottish daily mail when our Co-Chair Tony contributed to a story about drug rationing in the NHS, and Scottish journalists are always on the lookout for relevant content. If anyone can help with this please let me know.

Finally, thanks to all of you for your continued support and to those of you who are sending me stories, local press releases and visual media to use for Instagram. The efforts of each and every one of you is hugely appreciated.

In solidarity, Samantha

# **Report – Max Leak, National Administrator**

I began the part-time National Administrator role in March of this year, and have had a busy time since then.

I entered the job after a period of some weeks in which the role had been vacant. This meant there was a backlog of piled-up everyday tasks (mailing orders, processing requests to join, processing regular subs payments and renewals, etc.) which needed doing.

Other than these, my first major job was to administer the upcoming Executive Committee election, certifying the eligibility to take part of every KONP full-affiliate group. This was a tricky process for several reasons – my own inexperience of KONP’s admin systems, the scale of the election exercise, and the somewhat complex election rules. Although there will not, in the event, be a contested election (due to there being no more candidates than there are positions), the groundwork done for the election is nonetheless coming in handy. We now have a functional and up-to-date list of KONP’s full-affiliate groups, and have mapped membership around the country in ways that are already proving useful. It was also a good chance for me personally to get to grips with KONP’s membership and its geographical distribution.

There are several important tasks ahead, mainly around improving KONP’s databases and formalising/simplifying its membership processes. I’m currently working with colleagues to overhaul and update the online “Local groups” page, and resolving some discrepancies in our membership information.

In the long run, my priority is to simplify and cut down the administrative workload by making some key parts of the job (like membership admin) both more automated and more regularised; this will let the staff spend more time supporting members in the real front-line campaigning activity which is what KONP exists to do. I plan to strengthen the useful functions that our admin provides to campaigning members (such as mapping local allies).

It’s a real pleasure to be on board at KONP – I’m learning a huge amount about health and campaigning, and looking forward to seeing how much more we can do together as an organisation in the future!

**KONP AGM 2018: Treasurer’s report on finances in 2018**

**2018 (2017)**

* End of year balance **£36.4k** (£28.8k)
* End of year change **+£7.6k**
* Income in year **£54k**  (£59.8k)
* **Income change in-year -£5.8k**
* **Expenditure in-year £46k** (£41.4k)
* **Expenditure change in-year +£4.6k** (£11k)

***We have the following outcomes:***

* Overall financial stability with no debts
* Maintained our ‘fighting fund’ reserves for salary costs
* We have taken on our Campaigns Officer from June 2018
* We have the basis for a measured expansion of our team
* Now we have more staff we need more regular income

***Financial implications for our KONP staff resource*: £**

Current KONP team works 10 days (80hrs) per week £ 1,300

Annual equivalent £ 67,000

Staff pay for 2017 £30k

Staff pay for 2018 £39k

Projected for 2019 £67k

* We have reserves that underwrite this demand for one year.
* We need to increase our fundraising by at least £20k per year or we would run out after approx. 18 months.
* We could do with more staff time, not less.

***What you can do:***

* Get friends to take out a monthly standing order (using Gocardless)
* Ask your local union branch or Trades Council to affiliate and donate – health is important to everyone
* Ask your local Labour or Green Party branch to affiliate – even some Lib Dems might

Please think about value of a stronger national team and how it can help local activism.

# **Motion from the Save Lewisham Hospital Campaign**

We welcome KONP’s work on the hostile environment and migrant charges for healthcare over the last year and congratulate local groups for their excellent campaigning alongside Docs Not Cops, Medact, Doctors of the World, Maternity Action, Citizens UK and others.

At least 600,000 people including 120,000 children are now excluded from NHS treatment. This vicious policy has effectively ended the founding principle of the NHS since 1948 that it will deliver universal healthcare.

One of the most vulnerable groups are women denied free NHS maternity care, endangering the lives of mothers and children.

Trusts, such as our own trust in Lewisham, are bribed to report patients who are unable to pay charges to the Home Office in order to recoup 50% in blood money. These patients include pregnant women.

We call on KONP to:

* Step up this campaigning work by encouraging local groups to strongly take up this issue
* Build strong links at a national level with organisations working in this area
* Encourage local groups to brief and encourage local Councils to challenge Trusts in their area as part of the scrutiny process.

Proposed: Louise Irvine, Lewisham GP, Chair - Save Lewisham Hospital Campaign

Seconded: Olivia O’Sullivan, Secretary - Save Lewisham Hospital Campaign

# **Motion from Eileen Smith (Greenwich KONP)**

In view at the speed at the change in the NHS and the urgency of our campaigning, I believe there is a need for more communication between the Steering Group and the Executive.

Time is of the essence, so it is important for the Steering Group to make decisions about campaigning to enable the Executive to expedite their instructions.

There for I propose we resume monthly meetings of the Steering Group.

Proposed by: Eileen Smith (Greenwich KONP)

Seconded: Frances Hook (Chair – Greenwich KONP)

5th June 2019.

**Motion from Ken Kirk (Sussex Defend the NHS)**

Resolution for AGM, KONP/HCT should consider a campaign/event/demonstration to coincide with Brexit, 31st October, with the theme of “No NHS in trade deals”.

Proposed by: Ken Kirk (Sussex Defend the NHS)

Will need to be seconded on the day.

**Motion from Louise Irvine**

General practice is in deep crisis and in many areas is collapsing. Over the past decade funding for General Practice has fallen in real terms; there are fewer GPs; and many practices have been forced to close. In the past year half a million patients have been forced to change practice due to practice closures and mergers, many forced to travel much further to access care. Patients are unable to get appointments to see a GP for many weeks, and are even less likely to see a GP that they know and who knows them personally. Other areas are seeing the growth of mega practices that are developing a corporate and impersonal model of general practice which is very different from and which undermines the traditional model of community based, personal and continuing care from a known GP and practice team. Practice closures are creating serious access barriers for many patients who cannot easily travel further.

It is essential that KONP campaigns to defend the traditional General Practice model that delivers continuity of care because we know that is better for people’s health. KONP must demand that General Practice be adequately funded and staffed and should oppose moves to expand the large scale corporate model of General Practice, insisting instead on a return to local GP services accountable to local people and responsive to their needs. General practice needs multidisciplinary team skills that patients benefit from when available, but these must not replace the dangerous vacancies in GPs. To that end this AGM instructs the EC to work with the SG to develop our charter for General Practice that can be used as a campaigning tool by local groups and national KONP to defend General Practice as the cornerstone of the universal NHS.

Proposed: Louise Irvine (Lewisham GP, Chair - Save Lewisham Hospital Campaign

Seconded: Tony O’Sullivan (Co-Chair of KONP)

# **Motion from John Puntis**

The past year has seen ongoing austerity and underfunding of the NHS, onward privatisation with the move towards huge network contracts for pathology and specialist imaging and moves towards trusts setting up SubCos. NHS England’s Long Term Plan carries within it threats of further privatisations through the Integrated Care Provider contracts and they insist on contracting as their policy. Added to this is the hostile environment and charging of migrants. KONP has campaigned on every front nationally and locally. From Parliament’s Select Committee to the Royal Courts, from town hall scrutiny panels to lobbying of MPs and the shadow secretary of state, from local street campaigning to national demonstrations, and joint working with other organisations and the TUC with support for trade union actions and successes in opposing outsourcing and SubCos. We have produced propaganda and written for the website, and increasingly have managed to get media coverage and we have sought always to be as well informed in our presentation and arguments as possible.

We note that there have been significant successes in the past year and this AGM affirms the general direction of travel. One such notable development has been forcing Government to attempt to deny they are on the road to privatisation and NHS England to claim they are minimising the damage of privatisation. We remain implacably opposed to privatisation and contracting and are committed to the full renationalisation of the NHS. We have chosen to campaign on specific areas that are part of the journey to winning back a fully public NHS.

We have developed important organisational links over the past year with the TUC on mental health, with social care and support campaigners, with We Own It and with Docs Not Cops, Medact and linked groups. These links are powerful and important.

This AGM endorses this approach and asks KONP to continue to work in this way with strategic allies and on strategically important specific campaigns.

Proposed: John Puntis – National Secretary

Seconded: John Lister – London Health Emergency

# **Minutes from KONP Annual General Meeting 2018**

*Held Saturday 16 June 2018, Unite the Union, Moreland Street, London.*

The meeting was opened by John Lister. Officer’s reports, motions and presentations by speakers are available on the KONP website under AGM 2018.

**Tony O’Sullivan, Co-chair report:** pointed to the range of leaflets available, encouraging people to take away and use (on migrant charges, GP at hand, HCT newspaper, etc.). Dramatic 12 months for the NHS. Congratulations to Wendy Savage for award from BMJ. KONP groups have increased from 65 to 79, and increase in affiliates. Greater use of social media, took action on last years motions, updating of website. Worked with ‘We Own It’ to overturn plan for privatisation of NHS Professionals. Prof. Stephen Hawking debate high profile, then joining of JR4NHS. Meetings with Jon Ashworth have been productive. Terry Tallis has set up group of patrons. Pamphlet produced on ACO, then engagement with Health and Social Care Select Committee and subsequently some backtracking by government. February 3rd demonstration over NHS both national and local. Work over racism, visa problems, Dr Baba Gawa, Albert Thompson and Windrush. Racism and NHS pamphlet now on website. NHS Bill 13th July and rally outside parliament. Significant successes up and down the country through campaigning groups. Thanks to staff – Bri English; Helen Cagnoni accounts; Samantha Wathen, press and media officer; Tom Griffiths joined us recently as organiser; thanks to Alan Taman who was our press officer up to Sept2017; thanks to Vicky Penner who took over from Alan Taman (Oct-Mar ‘18);

**John Lister: HCT report.** Important union affiliations. Local campaigns doing most of the work, most of these are KONP. HCT run on voluntary basis. Made STP a toxic brand; campaigning has done the same for ACO so they have to keep changing the name. Building strong alliances locally and putting pressure on politicians. HCT newspaper has appeared quarterly and now has a circulation above 10,000. It is a campaigning tool with space in paper for reports from local groups.

**Secretary’s report, John Puntis.** (see website)

**Treasurer, Jacky Davis:** money has been raised for more staff. Grant applications, crowd funding etc. raised £22k. Non-recurrent money, so need to think about how to fund staff in the future. Recruit new members; if they could make regular financial contribution of £5/month that would solve our financial problems. Need to see some steady growth. BMA – council election saw a number of KONP activists elected and now have a chair sympathetic to our ideas.

**Press officer, Samantha Wathen:** built up KONP in Swindon. Developed links with press; regular contact with journalist from Independent. Website continues to develop as a valuable resource. Linking in to Google news feed. KONP Instagram account now has 250 followers; local groups should e.mail pictures to KONP. Video <1 minute also welcome. Try and use local press.

**Discussion**

SR, Isington: BBC fund local democracy reporters. Worth investigating by SW. Funded to produce new stories and then put them somewhere where they can be shared. Some Leicester KONP activities have been reported in this way that would not have happened in the past.

KV, Belper: Bradford Teaching Hospital planning WOS; local campaigners demanding MPs and councillors oppose this. Positive interaction with Jon Ashworth, but divisions in the Labour Party. Need for patience and persistence, and finding ways to constructively engage.

SM, Doncaster: the Social Partnership Forum was established by DoH to bring together NHS organisations and unions. Workforce interest groups looking at workforce development as in 5YF. Unions now supporting this – are the unions now our friend or our enemy? JL: SPF is not a new thing; not time to discuss this today.

TT, Stockport: report on patrons. Aiming to attract people in media who do make positive comments about the NHS. Contact details welcome if anyone has suggestions. Birthday card campaign developed by Stockport. Need to be doing things that attract younger people.

**Motions (see KONP website for AGM papers):**

**1. Social Care.** Proposed by GP, Leeds KONP – need to beef up our response to Social Care as an organisation. Clear that we defend the NHS, but need KONP to flag up an explicit commitment over social care and for campaigns defending social care. This has come out of social care working group in HCT conference, fully involving pensioner’s convention. People’s often have extensive negative experience of social care, often quite different to health care.

Seconded by LS, Oxford: fully funded truly public SC system would save lives. Increase in life expectancy stalled since 2010. Would do a lot for underpaid workers in many parts of the country.

FH, Greenwich: Need to say funded by general taxation. Integrated care is a poisoned chalice. Need to agree what we mean by social care. Charges already being made to elderly people. Need to get this right at national level.

JL, Camden KONP and SHA. Need to prepare legislation in same way as NHS bill.

SR, Leicester: strategically a very important motion. Skills used often involve nursing, therefore a false division between NHS and social care. NPC has a lot of evidence. AGM is not place we make policy. Motion is saying publicly funded SC. Making a statement about the policy we want KONP to adopt. Does say progressive taxation. The SG needs to take this up; we need to think about what our position is about a desirable integrated system.

**2: Integrated Care Systems.**

DW, Doncaster: I’m proud to wear KONP badge. We are all organising locally, going to meetings, petitions, etc. SYSOS political party set up and put forward anti-privatisation mayoral candidate, with 10,000 votes. What can we do to tell councils what they need to do?

NE, Barnsley: in South Yorkshire we are now dealing with the implementation of the STP by an integrated care system. Labour councils sitting on fence. It is run by a company set up by management consultant. We see councillors generally in agreement with direction of travel. We are asking KONP to step up campaign over ICS.

JP, Leeds: whereas I support most of the motion, it is unfair to say that KONP is not opposing ICS, look at work done on ACO/S leaflet and subsequent evidence given to HCSC.

JL, co-chair: some councils in London that are resisting ICS therefore should be ‘few’ councils rather than ‘no’ (this amendment accepted by Doug - JP).

WS, president: just remove KONP from point 1.

VG, North London STP Watch and SHA. Not true that all local councils are happy with what is going on. All five of our councils are opposed to the STP; councillors are not our enemies but people we need to make into friends.

PG, Shropshire: I support the amendment. Labour councils are potential allies and campaigners need to win them over. It is the Tory government cutting the NHS. In Shropshire, 6 councils just issued a joint letter against health cuts in Shropshire. We have worked with them for 4 years to shift this argument; that is the important thing.

DW, reply: The Labour party in local councils is not opposing ICS and need to be told to do so.

Vote: clearly carried; 4 votes against the amended motion.

**MOTION 1 –** **on Social Care, final wording (majority vote in favour; no count)**

We call on KONP to update the core aims in the Constitution to include an explicit commitment to publicly provided, publicly funded and accountable, social care provision which is free at the point of use and appropriately resourced to provide high quality care for all who need it.

Social Care and the NHS have to be seen together, as part of a system of care. The issues affecting both are very similar.

Social care is so underfunded and privatised that it is increasingly inaccessible, poor in quality and dangerously unstable. It is actively damaging the physical and mental health of the elderly and people with disabilities. Companies are teetering on bankruptcy and there is almost no Local Authority provision left to pick up the pieces.

The dire state of social care is also undermining the NHS by failing to look after people in the community, leading to more hospital admissions and delayed discharges. Current calls for the integration of health and social care pose even greater threats to the NHS, potentially hastening the introduction of charges, means testing, co-payments and eventual wholesale privatisation of health care.

We can no longer campaign for a publicly provided, funded and accountable NHS which is free at the point of use without also calling for the same to apply to Social Care.  This will require both local and national Government commitments to bringing private, social care contracts back into public ownership, accountable to the people and properly funded through progressive taxation.

**Motion 2 – Stop/delay the integrated care systems; final wording (majority vote in favour; 4 votes against)**

This AGM recognises that: 1. The developing Integrated Care Systems are rapidly increasing the privatisation of health and care services, support services and commissioning functions; 2. Decisions and policy making in the ICS, at both STP level and in the 'places' (individual CCGs areas) within them, are being led by unaccountable management consultants; 3. KONP currently promotes and supports opposition to the development of ICSs and the privatisation resulting from this latest new direction, however, this AGM is increasingly concerned that:

Despite intensive campaigning at both local and national level as set out in the Chair’s and local reports few Councils are opposing this privatisation of services and systems, councillors seem to be unaware of: a) the creeping privatisation of support services and commissioning functions resulting from the new 'system' level working across both ICS and 'place' areas; b) that the administration of system wide working, including the drafting of policies, is being led by unaccountable management consultants

This AGM therefore commits KONP to:

1: Continue to oppose at national level all future NHS privatisation associated with ICSs in any shape or form.

2: Encourage and support local KONP groups to challenge local councils which support implementation of ICSs.

3: Encourage our network of KONP activists to plan and organise actions which are creative, high profile and attract media attention.

**Wendy Savage: introduced Prof David McCoy,** professor of health policy, Queen Mary University London, **who gave a talk on “Assessing and comparing the NHS to European systems of health care”. (full presentation will be put on KONP website)**

The NHS today is not the NHS of the past. Huge changes in marketisation and in ownership. Health systems exist to deliver services and interventions but are also social, political, cultural and economic institutions. Shape and mediate the experience of birth, ageing and death. Influence the consequences of illness, injury and disability. Bevan talked about freedom from fear. Expression of human rights, role of state, relationship between rich and poor, young and old, sick and well. Expression of political ideology. Provide an economic function (JD Sacchs: Macroeconomics and health: investing in health for economic development). Investing in health can stimulate economy. Export industry for UK PLC – government desperate to commercialise NHS at global level; market. Highly profitable industry in US.

Bob Evans, Canadian economist: Revenue=Expenditure=Incomes. Where money comes from – what it is spent on – who earns the money? Most debates on health care policy focus on R and E but actually are about I. Private capital often left out of analysis,

What should a health system do – need to be clear about this before we start making comparisons? What do we want a health system to prioritise? Not a ‘religion’ but a battleground for competing ideas. WHO Report 2000 – metric for evaluating health care systems: stewardship/governance, creating resources (human and pharmaceutical management), financing – delivering services (service provision, information systems)– fair contribution – responsiveness to people’s non-medical expectations.

see: Kutzin J, 2008. Health financing policy: a guide for decision makers. Health Financing Policy Paper, Division of Country Health Systems. WHO Europe.

Risk sharing and cross-subsidisation. To maximise impact, should be single national pool as recommended by WHO; also allows better planning, cost control and economies of scale.

Financing health care - population/patients – service providers – independent research, monitoring and evaluation (Kings Fund etc. not independent). Importance of a healthy environment.

Typologies provide limited framework – socialised v marketised; private versus public; universal v segmented (1 system for all people, or different subsystems); integrated v fragmented.

Tax based (Beveridge) v social health insurance (Bismarck):

Commonalities: public, socialised financing

progressive

pooling and monopsony (control over purchasing budget) power

Difference: degree of progressivity

degree of public-ness

degree of financial protection

degree of universality

degree of predictability (all less with Bismarck)

WHO rankings: UK number 1, but relatively poor on outcomes (relatively high mortality rates – death potentially preventable from good heath care provision).

In making comparisons, must adjust for variation in the demographic, social, cultural and economic circumstances of nations. Methodological difficulties which hinder making comparisons. Indicators of financial protection for individuals difficult. Measures of efficiency difficult – specific costs not identified.

OECD Health Statistics 2017: % GDP spent on health care. Total health care spend per capita. Kakwani index – index of progressivity of financing – proportion of income spent on health care rich v poor. US and Switzerland most regressive. UK, Italy and Finland most progressive (tax based systems).

Private finance keen for us to move to insurance system.

Comparisons are difficult; easy to pick indicators to fit any argument. Need to counter neoliberal ideology.

Insurance based symptoms depend on being employed; in Greece many people lost their jobs and lost access to healthcare.

**Presentation by Baba Aye, Public Services International: on European campaigns against health privatisation – an international perspective.**

**Activist Presentations** from significant campaigns with discussion of the lessons to be learned:

1. Peter Gillard: Shropshire, Telford and Wrekin Defend Our NHS – campaigning to win.

2. Nora Everett: Campaigning against Integrated Care Systems in South Yorkshire.

3. Vivien Giladi: North London STP Watch – engaging with councillors.

4pm - Close of meeting.

* **John Puntis, KONP National Secretary**