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COUNCILLOR MARK ALLISON

Cabinet Member for Finance
(Labour, Lavender Fields Ward)

merton

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Date: 17 August 2017

Mr Daniel Elkeles
ESTH 2020-2030
Epsom and St Helier University Hospitals NHS Trust
Ferguson House
St Helier Hospital
Wrythe Lane
Surrey SM5 1AA

Dear Epsom and St Helier University NHS Trust,

Re: 2020-2030 engagement.

I am contacting you as Deputy Leader of Merton Council, as well as the Cabinet Member for Finance. In addition to this, I am a local Councillor for Lavender Fields ward.

I am very concerned about the impact of this consultation on the council's and the other members of Merton's partnership, to "bridge the gap" between the west and east of the borough.

The gap in opportunities and outcomes between residents in one part of our borough and the other is perhaps our area's greatest concern. It is a concern shared by all sides, and the aspiration to bridge the gap was introduced when the Conservatives ran Merton council.

By bridging the gap, we will help reduce the greatest demands on the council services and this will have a positive impact on the council in terms of the financial pressures facing us, but also on the quality of service we can provide.

Frankly, one of the biggest obstacles to bridging the gap has been health inequalities, and the approach of our local health service has always been terrible. Almost without exception, the worst service is provided in the parts of our borough that most need it, while the focus has been on better off areas. Just as an example, while the only local care centre to open in the borough is located in one of the most affluent wards, with the highest life expectancy, the only walk-in GP service has been closed in one of the borough's least affluent wards, with the lowest life expectancy.

These choices are symptomatic of a local NHS that does not appear to care at all about bridging the gap.

So it is no surprise that when health services are threatened with closure, on this occasion A&E services, maternity services and so on, the NHS proposals are to take them away from less affluent areas, with lower life expectancy. There has long been a problem in our local NHS that while those most likely to have life limiting illnesses, with the lowest life expectancy, live in the east of the borough, NHS boards have continued to be dominated by those who either live in the west or have practices or business interests in the west. Therefore their interests have always been put ahead of the patients who most need help.

Clearly, this consultation covers an area wider than Merton, but the area affected includes the whole of Merton, as well as Sutton and Epsom, and in this area the least affluent households with the lowest life expectancy and highest propensity to life limiting illnesses are the east of Merton and the wards and super output areas that are closest to St Helier hospital.

For example, within a mile of St Helier there are 3,465 people with 'bad' or 'very bad' health compared to just 1,525 in Belmont and 937 in Epsom. 38% of the super output areas within a mile of St Helier are within the country's 40% most health deprived neighbourhoods for health. Only 13% of the super output areas within a mile of Belmont are, and 0% of the super output areas within a mile of Epsom are.

Similarly, the percentage of neighbourhoods within a mile of each hospital considered to be in the 40% most deprived for income are 50% for St Helier, just 13% for Belmont, and 0% for Epsom.

Clearly, the closure of services at St Helier would have a disproportionate impact on those with the worst health. This was precisely why during an earlier exercise, the Secretary of State torpedoed attempts to remove services from St Helier. Simply, any such reconfiguration should be ruled out due to the clear health inequalities impact that would result.

Just as any such reconfiguration would have a devastating impact on inequalities across health, income and other measures of multiple deprivation, it also needs to be remembered that the area that would be most affected by the loss of services at St Helier – east Merton and north Sutton – is also the area with the highest number of people from an ethnic minority, and those with limiting conditions, such as disabilities.

The NHS would need to take a very careful look at its obligations under the Equalities Act before choosing to remove services from protected groups so flagrantly.

Any loss of services from St Helier will reduce access to services for those closest, who are the most in need of health support. However, the impact will also be felt by many in the east of Merton who use St George's hospital (including most of my constituents). The loss of St Helier's A&E, maternity and other units would lead to a significant increase in demand at St George's, which does not have the capacity to be able to cope without a serious reduction in the quality of service there.

Residents in my ward have considerably worse health needs than residents living close to the proposed Epsom or Belmont sites. After the walk in Wilson Centre closed in April this year we lost a very good health service and we shouldn't have any more services taken away from us.

More than a fifth of those living within a mile of St Helier Hospital have no access to a car.

This engagement should not be taking place while the schools are on summer holidays. Doing so makes it look as though the local NHS is not interested in finding out the extent to which our least affluent areas depend on existing services.

Well over 100 people crammed into the Wilson for an "engagement meeting" to complain when the walk-in centre was closed, and it would be many times that number if those running this engagement had the guts to stand up in front of the public to justify their attempts to widen the gap, not bridge it.

In short, if the intention is truly to "bridge the gap", St Helier hospital should be kept at the current site with a full range services, notably Accident and Emergency services, and a consultant led maternity unit.

If there really is any capital available it should be invested in improving St Helier hospital on, or immediately adjacent to, its current site.

I hope that my views, and the views of my constituents are clear.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M. Allison', written in a cursive style.

Councillor Mark Allison
Deputy Leader and Cabinet Member for Finance