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COUNCILLOR SALLY KENNY

(Labour, Lower Morden Ward)

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06.01.2018

Dear Mr,

I am even more concerned about St Helier Hospital and NHS England than when I last wrote to you in November 2017.

The mass media continually refer to the state of the NHS: the extreme difficulty of bed availability and of ambulances queuing to deliver seriously ill people into A&E. At least 2 people have died. Yet again we are told of the 'Winter Crisis' with lack of beds and very long waits for an ambulance to respond to an emergency call. This is becoming an annual event.

The area surrounding St Helier is densely inhabited and has an aging populace very dependent on St Helier. They need regular medical care at their local hospital. I repeat, 'It is a well-known fact that the health of the population in the vicinity of St Helier is worse than people living in Sutton and Belmont'.

The critical situation with our NHS points to the need for more beds not less. How can St Helier be considered to be downgraded from an acute A&E and consultant led maternity hospital? The need for St Helier's development is huge.

The task before us all is to insist, indeed demand, that the Government provide more funding and adequate facilities to deliver excellent health care for all. If this does not happen, the 'gap' between the wealthy and the less wealthy will grow. Those who can afford to pay will and those who can't will suffer and perhaps die. This is against the underlying principle of the NHS.

St Helier needs to be rebuilt. More beds need to be available to prevent the 'winter crisis' and the loss of life. I implore you to fight for more funding to keep our hospitals 'fit for purpose' to provide excellent healthcare for all. Preventative care is essential to reduce the strain on medical care. St Helier is essential to provide this for the surrounding area.

Yours sincerely

Councillor Sally Kenny MA BEd NPQH

Ms
Chairman
Epsom and St Helier NHS Trust
St Helier Hospital
Wrythe Lane
Carshalton
SM5 1AA

Sally Kenny

25th March 2020

The debate about the future of St Helier has been on-going for over 20 years at a cost of about £50 million. Money I and the majority of people would prefer to have spent on the hospitals. Now we are into another round of consultation.

The area surrounding St Helier has the greatest need, the greatest level of deprivation and the shortest life expectancy in comparison to Belmont, and Surry Downs.

Public Health England states: The seven domains which relate to income deprivation, employment deprivation, health deprivation and disability, education skills and training deprivation, barriers to housing and services, living environment deprivation, and crime are more profound in the areas surrounding St Helier Hospital.

Public Health England 2018:

Ethnic diversity- Sutton 15%, Merton 37%, rising to 40% in 2020.

In the 3 areas surrounding St Helier Hospital:

30% of children live in deprived households.

27% of older people live in deprived households.

26% of children are obese-linked to poverty.

25% of adults either smoke/are obese or both, linked to poverty.

Life expectancy for women in Sutton is 86 years, in Mitcham and Morden it is 76 years. It is slightly lower for men.

Within a mile of St Helier, there are over twice as many people with 'bad' or 'very bad' health compared to those living within a mile of the Belmont site and almost 4 times the number within a mile of Epsom. Removing acute services from St Helier is moving them from an area with bad health to an area with better health. This is against caring people's basic principle of a hospital's purpose.

St Helier has a significantly larger, population with considerably more dependent children, and more elderly people. They are also more reliant on the strong transport links to St Helier Hospital with residents statistically less likely to have access to a car.

Indeed the Public Consultation Document states, on p.7 that in the areas nearest to St Helier the population is between 31 to more than 120 people per hectare, being weighted in the higher population numbers. In the Surrey Downs Area very many more people live in the 30 people per hectare. (1 hectare = 2.71 acres) The figures show the less need.

I found it most worrying that at the recent consultations held at the Holiday Inn Sutton it was presented that Surrey Downs is weighted with older people and this group had their needs. I agree but does it equate to the needs of deprivation and in some cases great deprivation? No it does not. Tragically some presenters of the data appeared to think that it did. At another meeting, held at the Chaucer Centre, the Panel, agreed that perhaps the information relating to deprivation was not clear. This information is being sent to tens of thousands of homes. I ask is this bias?

Constituencies are broken down into areas of a similar size to a polling district. These are, across the country, named Lower Super Output Areas. Lower Super Output Areas are ranked by their level of deprivation. There

are 51 most deprived Lower Super Output Areas in the catchment area of the 3 Trusts. Only one of these is nearest to the site in Belmont. 42 out of these 51 are nearest to St Helier Hospital. Those most ill and living in the most deprived areas, are, statistically, nearest to St Helier Hospital. Therefore, if services move to Belmont, the poorest people in the worst health would be forced to travel the furthest. Is this right?

What is most important to you? The health and wellbeing of residents, particularly those suffering from deprivation, or a hospital build for the convenience of status.

I demand that the issues of deprivation and need are considered much more seriously than they appear to be at the moment

Yours sincerely

A handwritten signature in black ink on a light green rectangular background. The signature reads "Sally Kenny" in a cursive script. The first name "Sally" is written on the left and the last name "Kenny" is written on the right, with a large, stylized flourish extending from the end of "Kenny".

Councillor Sally Kenny. MA, BEd, NPQH