

## COMMUNITY AND WELLBEING COMMITTEE

Thursday 19 March 2020 at 7.30 pm

Council Chamber - Epsom Town Hall

The members listed below are summoned to attend the Community and Wellbeing Committee meeting, on the day and at the time and place stated, to consider the business set out in this agenda.

Councillor Barry Nash (Chair)  
Councillor Hannah Dalton (Vice-Chair)  
Councillor Kate Chinn  
Councillor Christine Cleveland  
Councillor Bernice Froud

Councillor Luke Giles  
Councillor Christine Howells  
Councillor Julie Morris  
Councillor Phil Neale  
Councillor Peter Webb

Yours sincerely



Chief Executive

For further information, please contact Democratic Services, 01372 732122 or [democraticservices@epsom-ewell.gov.uk](mailto:democraticservices@epsom-ewell.gov.uk)

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- You should proceed calmly; do not run and do not use the lifts;
- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move to the assembly point at Dullshot Green and await further instructions; and
- Do not re-enter the building until told that it is safe to do so.

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### Mobile telephones

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### Questions from the Public

Members of the public who live, work, attend an educational establishment or own or lease land in the Borough may submit a written question to, or ask a question verbally at meetings of the Committee on matters within the Committee's Terms of Reference. Please note questions relating to matters listed on a Committee Agenda cannot be asked.

Written questions must be submitted to the Council's Chief Legal Officer, who can be contacted via the following email address: [Democraticservices@epsom-ewell.gov.uk](mailto:Democraticservices@epsom-ewell.gov.uk). The written question must arrive by noon on the tenth working day before the day of the meeting. For example, for a meeting on a Tuesday, the request must therefore arrive by noon on the Tuesday two weeks before the meeting.

## **AGENDA**

### **1. QUESTION TIME**

To take any questions from members of the Public.

**Please note: Members of the Public are requested to inform the Democratic Services Officer before the meeting begins if they wish to ask a verbal question to the Committee.**

### **2. DECLARATIONS OF INTEREST**

Members are asked to declare the existence and nature of any Disclosable Pecuniary Interests in respect of any item of business to be considered at the meeting.

### **3. MINUTES OF THE PREVIOUS MEETING (Pages 5 - 10)**

The Committee is asked to confirm as a true record the Minutes of the Meeting of the Committee held on 21 January 2020 (attached) and to authorise the Chair to sign them.

### **4. VOLUNTARY SECTOR GRANTS AND FUNDING 2020/21 (Pages 11 - 30)**

This report considers the continued future support of voluntary organisations in 2020/21.

### **5. EPSOM & EWELL BIODIVERSITY ACTION PLAN - 2019 ANNUAL UPDATE (Pages 31 - 84)**

A report on progress during 2019 in implementing the Epsom & Ewell Local Biodiversity Action Plan 2010-2020.

### **6. RESPONSE TO PUBLIC CONSULTATION ON IMPROVING HEALTHCARE TOGETHER 2020 TO 2030 (Pages 85 - 164)**

This report considers the consultation response on Improving Healthcare Together 2020-2030 and a Council Position Statement on the consultation.

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**Minutes of the Meeting of the COMMUNITY AND WELLBEING COMMITTEE held  
on 21 January 2020**

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**PRESENT -**

Councillor Barry Nash (Chair); Councillor Hannah Dalton (Vice-Chair); Councillors Arthur Abdulin (as nominated substitute for Councillor Luke Giles), Kate Chinn, Christine Cleveland, Bernice Froud, David Gulland (as nominated substitute for Councillor Julie Morris), Christine Howells, Phil Neale and Peter Webb

In Attendance: Councillor Bernie Muir

Absent: Councillor Luke Giles and Councillor Julie Morris

Officers present: Damian Roberts (Chief Operating Officer), Rod Brown (Head of Housing and Community), Ian Dyer (Head of Operational Services), Russell Blackmur (Business Development Manager), Sam Beak (Leisure Development Manager) (Items 17-21 only), Lilley Kennedy (Community Sports Development Officer) (Items 17-21 only), Rachel Kundasamy (Health and Wellbeing Officer) (Items 17-21 only), Mark Shephard (Head of Property and Regeneration), Teresa Wingfield (Senior Accountant) and Tim Richardson (Committee Administrator)

**17 QUESTION TIME**

No questions had been submitted or were asked by members of the public.

**18 DECLARATIONS OF INTEREST**

The following declaration of interest was made in relation to the business to be considered at the meeting:

Health and Wellbeing Action Plan

Councillor Kate Chinn, Other Interest: In the interests of openness and transparency, Councillor Kate Chinn declared that she was a member of the steering group for Epsom and Ewell Dementia Action Alliance.

**19 MINUTES OF THE PREVIOUS MEETING**

The Minutes of the meeting of the Community and Wellbeing Committee held on 10 October 2019 were agreed as a true record and signed by the Chairman.

## 20 HEALTH AND WELLBEING ACTION PLAN

The Committee received a report setting out Epsom and Ewell Borough Council's Health and Wellbeing Action Plan 2019-2021.

The following matters were considered:

- a) **Action plan objective: increase levels of walking and cycling.** Officers informed the Committee that a number of actions were planned to promote walking and cycling in the Borough, including improved website information, maps and identification of accessible routes. Following a question from a Member, it was noted that Officers would liaise with Surrey County Council Highways to address overgrown vegetation blocking a walking route adjacent to Cheam Road.
- b) **Action plan objective: meeting the needs of those with dementia.** The Committee was informed that in support of objective 8 of the Action Plan, it was intended to provide Officers and Councillors with access to dementia awareness training.

Following consideration, it was resolved:

- (1) **that the Committee approved the Health and Wellbeing Action Plan, set out in Annex 1 of the report.**

## 21 COMMUNITY BOXING PILOT

The Committee received a report setting out a proposal for a Community Boxing Pilot within Epsom & Ewell.

The following matters were considered:

- a) **Involvement of Amateur Boxing Clubs.** The Committee noted that Surbiton Amateur Boxing Club had been selected for involvement with the pilot following its recommendation by England Boxing as an accredited club with capacity to deliver the scheme. Clubs within Epsom & Ewell had been approached, but were not affiliated to England Boxing.

Following consideration, it was resolved:

**That the Committee agreed:**

- (1) **that subject to securing all third party funding and entering into the relevant agreement, to approve the Community Boxing Pilot, as set out in the report;**
- (2) **to delegate to the Head of Housing and Community in consultation with Chair and Vice-chair of the Community and Wellbeing Committee and the Council's Chief Operating Officer any minor operational changes to the pilot.**

## 22 CAPITAL PROGRAMME 2020/21

The Committee received a report summarising the proposed 2020/21 Capital Programme and a provisional programme for 2021-23. The Committee's approval was sought for the programme to be submitted to Council in February 2020.

The following matters were considered:

- a) **Future use of Bourne Hall.** The Committee noted that discussions were underway with Surrey County Council regarding future use of Bourne Hall. Officers hoped that proposals would be presented to the Committee for consideration during the 2020-21 financial year.
- b) **Grant funding for performing arts.** Following an enquiry from a Councillor, it was noted that Officers would look into the availability of grant funding for the Epsom Playhouse in relation to supporting the provision of minority community group performing arts projects.

Following consideration, it was resolved:

**That the Committee:**

- (1) **submitted the Capital Programme for 2020/21 as identified in section 4 and 5 of the report to the Council for approval on 13 February 2020;**
- (2) **confirmed that it supported all of the schemes included in the provisional programme for 2021-23 as identified in section 6 of the report;**
- (3) **noted that:-**
  - a) **schemes subject to external funding from Disabled Facilities Grants would only proceed when funding had been received;**
  - b) **schemes for 2021-23 were provisional pending an annual review of funds available for capital investment.**

## 23 FEES AND CHARGES REPORT 2020/21

The Committee received a report recommending fees and charges for which it is responsible, with the new charges being effective from 1 April 2020.

The following matters were considered:

- a) **Bourne Hall.** Officers informed the Committee that it was proposed to combine peak and off-peak charges into a standard annual charge for room hires, as use of the venue did not follow a seasonal pattern.

- b) **Commercial outdoor fitness classes in parks.** Officers informed the Committee that it was proposed to introduce an annual charge for use of the Borough's parks for outdoor fitness classes. This charge was based on the number of classes held per week by the operator and would cover the cost of administration and make a small contribution to the general upkeep of the Borough's green spaces.

Following consideration, it was resolved:

**That the Committee:**

- (1) **authorised the Chief Finance Officer to vary fees and charges for items generating income under £1,000 per annum and/or for one-off services or items;**

**and, subject to the approval of Council:**

- (2) **agreed the fees and charges for 2020/21 as set out at Annex 1.**

## 24 REVENUE BUDGET REPORT 2020/21

The Committee received a report setting out estimates for income and expenditure on services in 2020/21.

The following matters were considered:

- a) **Outturn for Community & Wellbeing Committee, 2019/20.** The Committee was informed that its outturn for 2019/20 was a probable overspend of £182,000. This was due to an increase in the number of families requiring temporary accommodation.
- b) **Future savings options.** The Committee noted the potential future savings options identified by the report for in-principle approval. These included: Reducing subsidy of operating Ewell Court House (2020/21); Review of Bourne Hall (2021/22 & 2022/23); Locking of parks (2021&22); Reduce subsidy of operating Community & Wellbeing Centre (2023/24).

Following consideration, it was resolved:

**That the Committee:**

- (1) **recommended the 2020/21 service estimates for approval at the budget meeting of Full Council in February 2020.**
- (2) **supported in principle the future savings options as set out in 5.3 of the report for inclusion in the Medium Term Financial Strategy.**

*The meeting began at 7.30 pm and ended at 9.08 pm*

COUNCILLOR BARRY NASH (CHAIR)

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## **VOLUNTARY SECTOR GRANTS AND FUNDING 2020/21**

**Head of Service/Contact:** Rod Brown, Head of Housing & Community

**Urgent Decision?(yes/no)** No

**If yes, reason urgent decision required:**

**Annexes/Appendices (attached):** **Annex 1** – Support for Voluntary Organisations 2020/21  
**Annex 2** – The difference we make in the local community. Citizens Advice Epsom & Ewell

**Other available papers (not attached):**

### **Report summary**

This report considers the continued future support of voluntary organisations in 2020/21.

### **Recommendation (s)**

- (1) That the Community and Wellbeing Committee approves the proposed support for voluntary organisations in 2020/21, as detailed in Annex 1 to this report.**

## **1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 This report links to the Council's Key Priorities "Supporting our Community".

## **2 Background**

- 2.1 The Council provides support to a range of voluntary organisations in Epsom and Ewell in order to maintain and improve the quality of life for residents and in particular, to support some of the more vulnerable sectors in our community.

- 2.2 The Council recognises and fully supports the excellent work the Voluntary Organisations give to Borough residents. The Council wants to ensure that opportunities to encourage proactive networking are explored which will lead to a co-ordinated approach in the future with regards to joint applications for funding.
- 2.3 The Council currently supports the following bodies:
- 2.3.1 Age Concern Epsom & Ewell
  - 2.3.2 Citizens Advice Bureau Epsom & Ewell (CAB)
  - 2.3.3 Central Surrey Voluntary Action (CSVA)
  - 2.3.4 RELATE Mid Surrey
  - 2.3.5 The Sunnybank Trust
- 2.4 The breakdown of grant funding for 2019/2020 is set out in Annex 1. The proposed level of support for 2020/21 is also within the Annex.

### **3 Proposals**

- 3.1 The grant direct funding payments for 2020/21 are as follows:
- 3.1.1 CAB = £74,115
  - 3.1.2 CSVA = £7,989
- 3.2 The level of support proposed for 2020/21 is the same as that provided in 2019/20. It should be noted that the direct grant payments element (detailed in 3.1 above) makes up only £82,104 of the overall package, which is £211,061 for 2020/21. Notional grants (the licence agreement costs) are made to all the voluntary organisations with the exception of Sunnybank Trust. The details of the individual and overall package is set out in Annex 1. The amount shown for the combined notional charge for Rent and Service Charges for 2020/21 reflects the current financial value of this continued commitment from the Council.
- 3.3 New licence agreements (to allow occupation of the ground floor of the Town Hall) will be issued with effect from 1 April 2020 and expire on 31 March 2023. It is intended to grant the new licences on largely the same terms. Notional rent and Service Charges have been combined as one overall figure shown in the second column in Annex 1. Licences comprise the agreements between EEBC and the individual licence holders, which in this case, are the occupiers of the serviced offices owned by EEBC. They are reviewed every 3 years by the Council's Property and Regeneration Department, whereby the Rents and Service Charges are amended to reflect the current market value.



Central Surrey Voluntary Action (CSVA)

- 3.4 CSVA plays a major role in ensuring that voluntary organisations are consulted on local and national policy and service delivery issues. It can also help to ensure that good practice on equalities issues is applied in local voluntary sector organisations, facilitate access to outside funding as well as organising and hosting the Epsom & Ewell Volunteer Awards and an Annual Epsom & Ewell Voluntary Organisations Conference.

Age Concern Epsom & Ewell (ACEE)

- 3.5 ACEE has a focus on the elderly as their client group. It is a small charity doing “big” work with older people in the Borough. They provide information and advice – including home visits. Toe/Nail Clinic and Medical Transport Scheme to help residents attend medical appointments and return them home. Sunday Teas, Social Events, Befriending, Dementia Friends, DIY Help, Hearing Aid Clinics and IT support.

RELATE Epsom & Ewell (RELATE)

- 3.6 RELATE is a none-profit making local charity working to keep families together, helping people build respectful couple, parental and family relationships. Through counselling services they help couples withstand the pressures that lead to relationship breakdown and limit the damage which commonly accompanies failing relationships, separation and divorce. Relate believes that individual physical wellbeing and emotional mental health benefit from committed relationships. Children thrive in families where relationships are free from destructive conflict. They offer their services regardless of age, gender, marital status or sexuality.

Epsom & Ewell CAB (CAB)

- 3.7 CAB provides services to clients from a range of minority or vulnerable groups. CAB supports our community with Money Advice and Debt Support. Homelessness Prevention Work by helping to keep residents in their homes by assisting with possession orders, advising clients threatened by homelessness. Assisting with council tax arrears and supporting clients to repay Council Tax. Securing grants by seeking to maximise income to repay EEBC on repayment schedules. They are currently working in partnership with EEBC Housing, Council Tax Services. Proposed plans include the Health and Wellbeing Action Plan and promoting Social Prescribing.
- 3.8 Please see annex 2 – The difference we make in the local community.

The Sunnybank Trust

- 3.9 The Sunnybank Trust supports adults (over 18's) with learning disabilities to say what they want and live the life they choose through a range of support services, including a befriending scheme, advocacy support and regular social activities, including a drama group. They run the successful Kite Club which offers a weekly social club offering a range of activities including arts & crafts, sports, dance and a pop up sensory room. The weekly Coffee and Chat Meet plus the monthly 18 - 30's disco, led by students at NESOT. The Council gives no grant or subsidy to The Sunnybank Trust – they pay rent to EEBC which is proposed at £3,420 per annum for the next 3 years as recommended as the condition of their new licence.

**4 Financial and Manpower Implications**

- 4.1 Much of the work carried out by CSVA and CAB involves substantially the same client group who interact with Housing and Council Tax. Both these organisations are able to offer support and advice which exceed that able to be provided by the Council.
- 4.2 If CAB do not have adequate capacity to support its clients, there is a risk that there could be a considerable increase in service demand to the Council's own staff and operations (e.g. Housing and Council Tax). Every year over 3000 people visit CAB to help solve their problems. They are an important part of the community, with a credible understanding of local needs. Preventing housing evictions and statutory homelessness, advising on council tax arrears to facilitate payment. Supported clients to repay nearly £45K Council Tax. Volunteers in CAB equate to 12 full time staff.
- 4.3 CSVA support 180 Registered Charities, 380 not for profit organisations – which includes Companies Limited by Guarantee to small Community Groups. They promote volunteering and Social Action. Since 1 April 2019 they have placed 245 volunteers, 142 individuals as Corporate Volunteers and 28 volunteers to one-off events. They match volunteers to opportunities, develop Best Practise in the sector, deliver DBS checks, helps Voluntary Organisations search for possible funding streams through "Grant Finder", a subscription on-line service.
- 4.4 **Chief Finance Officer's comments:** Based on the licence reviews due to take effect from 1 April 2020, the notional cost of accommodation grants to voluntary organisations for 2020/21 will be £122,937. The Council will receive rent and service charge contributions of £7,650.
- 4.5 Grant payments by the Council to voluntary organisations for 2021 will be £82,104, as agreed by this Committee on 21 January 2020. Subsidised car parking support grants are proposed at £13,670.
- 4.6 The total net grant support to voluntary organisations for 2020/21 will be £211,061.

**5 Legal Implications (including implications for matters relating to equality)**

- 5.1 The Council will entered into licence agreements with the voluntary organisations. The licences provide the intended occupier with the right to use specified parts of a property without giving them the right of exclusive possession or security of tenure over the whole area they use. It will include complete flexibility on behalf of the owner and the occupier to terminate the agreement at short notice without penalty other than make good any monies or responsibilities due up to the point of termination.
- 5.2 ***Monitoring Officer's comments: none arising from the contents of this report.***

**6 Sustainability Policy and Community Safety Implications**

- 6.1 The Voluntary Organisations play an important role within the Borough, assisting the Statutory Services to enable the Family Support Programme to support residents requiring professional interventions, supporting Community Harm and Risk Management Meetings (CHaRMM) – which replaces the Community Incident Action (CIAG's) and Joint Action Groups (JAG's), plus their role in Safeguarding Vulnerable Children and Adults. This is reviewed annually through the Community and Wellbeing Committee. The Chairman and Vice Chairman have been in discussion with the Head of Service to review the current Terms of Reference and report back. This discussion is on-going.

**7. Partnerships**

- 7.1 Voluntary organisations comprise members of the “third sector” that support the local community through the delivery of services.
- 7.2 It is increasingly recognised that partnership working between statutory bodies and the voluntary sector is essential for the future effective operation of modern local government.

**8. Risk Assessment**

- 8.1 Should the current and future recommended support to voluntary organisations be reduced, there could be a serious detrimental effect on the organisations, and ultimately the Borough's residents.

**9. Conclusion and Recommendations**

- 9.1 With the ever increasing pressure on the Council's finances, the Committee must be satisfied that it is achieving value for money and that the financial support is directed to priority areas where we have the greatest effect. It is considered that the package of support for the voluntary organisations listed continues to provide good value for money for the Council and residents of the Borough.

- 9.2 The Committee is asked to approve the proposed grants as set out in paragraph 3.1 and 3.2 of this report and to note the overall support package set out in Annex 1.

**Ward(s) Affected:** (All Wards);

Current and Proposed Support for Voluntary Organisations 2020/21

	Age Concern Epsom & Ewell		Citizens Advice Bureau Epsom & Ewell		Central Surrey Voluntary Action (CSVA)		RELATE Mid Surrey		The Sunnybank Trust		Total	
	2019/20	2020/21	2019/20	2020/21	2019/20	2020/21	2019/20	2020/21	2019/20	2020/21	2019/20	2020/21
	£	£	£	£	£	£	£	£	£	£	£	£
Direct Grant Funding	0	0	74,115	74,115	7,989	7,989	0	0	0	0	82,104	82,104
Licence - Notional Grant	20,205	29,790	51,669	58,468	13,227	14,969	0	0	0	0	85,101	103,227
Rent - Notional Grant	0	0	0	0	0	0	14,910	14,910	0	0	14,910	14,910
Service Charge - Notional Grant	0	0	0	0	0	0	4,800	4,800	0	0	4,800	4,800
Car Parking for Volunteers -Notional Value	0	0	5,810	6,700	0	0	0	0	0	0	5,810	6,700
Grant for Volunteer Parking	100	100	1,920	1,920	0	0	0	0	0	0	2,020	2,020
Subsidy for Staff Parking Permits	870	1,650	1,740	3,300	0	0	0	0	0	0	2,610	4,950
											0	0
Rent paid to EEBC	-2,724	-2,936	0	0	0	0	-1,200	-1,294	-3,170	-3,420	-7,094	-7,650
<b>Net Total Support</b>	<b>18,451</b>	<b>28,604</b>	<b>135,254</b>	<b>144,503</b>	<b>21,216</b>	<b>22,958</b>	<b>18,510</b>	<b>18,416</b>	<b>-3,170</b>	<b>-3,420</b>	<b>190,261</b>	<b>211,061</b>

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The role we play within Epsom & Ewell

# The difference we make in the local community

For everyone,  
for 80  
years



# We are Citizens Advice Epsom & Ewell

Every year over 3000 people come to us for help solving their problems.

This means we're an important part of the community, with a credible understanding of local needs.

The work we do directly impacts not only the lives of those we help, but also provides significant benefits to the local authority.

We do this by:

**Preventing** housing evictions and statutory homelessness

**Achieving** excellent financial outcomes for clients to enable repayments

**Advising** on council tax arrears to facilitate payment

**Improving** mental wellbeing



# Our Achievements

- ❑ Awarded highest possible score in Audit (March 2019)
- ❑ Advice Quality Standard accredited
- ❑ Money Advice / Debt Specialists
- ❑ Nearly 100% success rate challenging benefit decisions
- ❑ Year on Year increases in financial outcomes
- ❑ Savings to Local Authority (preventing homelessness)
- ❑ Savings to NHS (reducing use of services & keeping people in work)
- ❑ Significant public value of improving clients' wellbeing
- ❑ Significant public value of volunteering

# Future Plans & Priorities

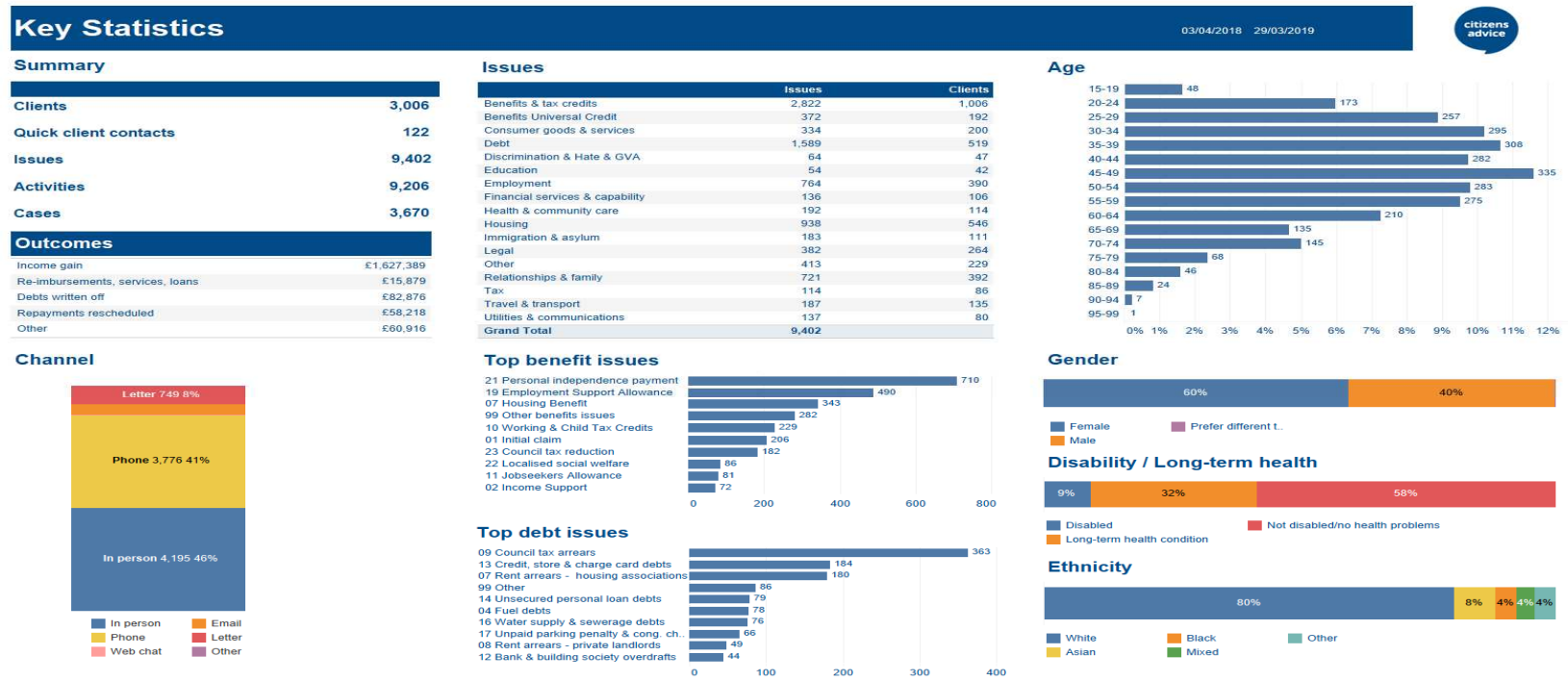
## CAEE:

- Long term sustainability
- Delivering an efficient service
- Greater partnership working
- Preventative action
- Improving health & wellbeing

## EEBC:

- Budget targets for 2020/21
- Deliver service in sustainable way
- Managing resources
- Helping those at risk of homelessness
- Health & Wellbeing Action Plan

# Our Impact – An Overview



# Our qualitative impact



**8 in 10 people**

felt less stressed,  
depressed or anxious



**8 in 10**

said that their financial  
security had improved



**3 in 5**

had a more secure  
housing situation



**5 in 10**

found it easier to do their  
job or find a job



**Nearly 1 in 2**

felt they had better  
relationships with others



**3 in 5**

found it easier to manage  
day-to-day

## Our value to society

# £

For every £1 invested in our service in 2018/19, we generated:

**£3.50**

in savings to  
government and  
public services  
(fiscal benefits)

**Total: £951,250**

**£17.57**

in wider economic  
and social benefits  
(public value)

**Total: £4,781,247**

**£17.56**

in financial value to  
the people we help  
(specific outcomes to  
individuals)

**Total: £4,777,907**

# Our value to this community

Our savings to the public purse include:

£ 126,649  
saved by local government,  
through reducing homelessness

Maximising the income for those we help prevents more costly intervention.

This helps reduce financial difficulty, promotes inclusion and benefits the economy.

This is only one fraction of our true value. We also:

- help clients negotiate local processes, such as welfare reform changes
- help local authority rent and council tax arrears to be rescheduled, and reduce the associated administrative costs

# Working Together

## *"Supporting Our Community"*

### Homelessness Prevention Work:

- Kept people in their homes by assisting with 50 possession orders
- Advised 79 clients re. threatened homelessness
- We secure grants, seek to maximise income, assist with considerations such as downsizing / cheaper housing
- Supported clients to repay nearly £150k in rent; £58k payments rescheduled



Nina was struggling - she was behind in paying her rent.

The threat of being evicted was making her feel very anxious. In working with EEBC, we were able to secure monies for her avoiding possible eviction and the requirement for her being housed in emergency accommodation.

# Working Together

## *"Managing Our Resources"*

- Assisted 363 clients with council tax arrears
- We secure grants, seek to maximise income and work with the EEBC to agree a repayment schedule.
- Supported clients to repay nearly £45k Council Tax



We assisted a family to make a successful application for Universal Credit following the loss of employment. We worked with the client to make a successful application for council tax support and the family are now making regular payments to reduce arrears.



# Going Forward

- ☐ Potential for increased partnership opportunities:
  - ☐ Working with Housing
  - ☐ Working with Council Tax
  - ☐ Proposed plans for Health & Wellbeing Action Plan
  - ☐ Our part in publicising Social Prescribing
  - ☐ Impact of Brexit
- ☐ Money Advice / Debt Support
- ☐ Helping with cost efficiencies
  - ☐ Value for money
  - ☐ Volunteers equate to 12 full time staff
  - ☐ Universal Credit Support – saving officer time

Presented by: Lisa Davis & Peter Edwards  
Date: 9 October 2019

For  
everyone,  
for 80  
years



## **EPSOM & EWELL BIODIVERSITY ACTION PLAN - 2019 ANNUAL UPDATE**

**Head of Service/Contact:** Ian Dyer, Head of Operational Services

**Urgent Decision?(yes/no)**

**If yes, reason urgent decision required:**

**Annexes/Appendices (attached):** **Annex 1** – Biodiversity Action Plan 2019 Annual update

**Other available papers (not attached):** Epsom & Ewell Local Biodiversity Action Plan 2010-2020

### **Report summary**

**A report on progress during 2019 in implementing the Epsom & Ewell Local Biodiversity Action Plan 2010-2020.**

### **Recommendation (s)**

- (1) That the Committee notes progress during 2019 in implementing the Epsom and Ewell Local Biodiversity Plan.**

### **1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 The Epsom & Ewell Local Biodiversity Action Plan addresses all four of the Council's Key Priorities:

1.1.1 "Keeping the Borough Clean and Green" – by guiding the implementation of open space management plans.

1.1.2 "Supporting our Community" – by encouraging and supporting volunteers, and encouraging healthier lifestyles through regular access to nature.

1.1.3 "Managing our Resources" – by helping to ensure the sustainable management of the Borough's environmental resources (Ecosystem Services).

1.14 “Supporting Businesses and our Local Economy” – by guiding planning policy and helping maintain a green and attractive place to live and work.

## 2 Background

- 2.1 The Borough’s first biodiversity action plan was produced by the Epsom & Ewell Local Biodiversity Action Plan Working Group and approved by the Council in 2010.
- 2.2 The plan contains 7 objectives, comprising 23 targets with 45 actions. It should be noted that the Working Group has no set budget to directly assist in implementing the plan and consequently is restricted to a coordinating/prioritising role with the plan as an essential guide and tool. That said, all members of the Working Group continue to be able to contribute to the implementation of the plan through the course of their normal duties.
- 2.3 The plan does have suggested dates for the achievement of actions which assists in prioritisation but does not provide a measure of success or failure, especially given the current time and resource constraints on those working to implement the plan.
- 2.4 The report attached at **Annex 1** summarises progress made during 2019 against the plan’s seven objectives.

## 3 Proposals

- 3.1 The Committee is asked to note progress during 2019 in implementing the Epsom and Ewell Local Biodiversity Plan. The report will be posted on the biodiversity pages of the Council’s website.

## 4 Financial and Manpower Implications

- 4.1 None for the purposes of this report.
- 4.2 **Chief Finance Officer’s comments:** None for the purposes of this report.

## 5 Legal Implications (including implications for matters relating to equality)

- 5.1 The local authority has a duty under section 40 of the Natural Environment and Rural Communities Act 2006 to have regard when exercising its functions, so far as is consistent with the proper exercise of those functions, to the purpose of conserving biodiversity.
- 5.2 **Monitoring Officer’s comments:** None for the purpose of this report.

**6 Sustainability Policy and Community Safety Implications**

6.1 None for the purposes of this report.

**7 Partnerships**

7.1 The Working Group, although not a formal partnership, includes Surrey Wildlife Trust, Surrey County Council and the Lower Mole Partnership.

**8 Risk Assessment**

8.1 If we do not publish progress in implementing our biodiversity action plan, we could be deemed to be failing in our 'Biodiversity Duty' as a public body.

**9 Conclusion and Recommendations**

9.1 Posting the report on the Epsom & Ewell Borough Council website is the most cost effective way of keeping residents informed about progress in implementing the plan and encouraging their active involvement and it is recommended that it is published on the biodiversity pages alongside the previous reports.

**Ward(s) Affected:** (All Wards);

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# Epsom & Ewell

## Biodiversity Action Plan



Progress report for 2019

## Introduction

During 2019 the Epsom & Ewell Local Biodiversity Action Plan (LBAP) Working Group oversaw good progress in implementing the plan which can be viewed here:

<https://www.epsom-ewell.gov.uk/sites/default/files/documents/residents/planning/planning-policy/BiodiversityActionPlan.pdf>

## The importance of Biodiversity:

Biodiversity encompasses the whole variety of life on Earth. It includes all species of plants and animals, their genetic variation, and the complex ecosystems of which they are part. It is not restricted to rare or threatened species but includes the whole of the natural world from the commonplace to the critically endangered.

The intricate network of ecosystems, habitats and species comprising biodiversity provides the support systems that sustain human existence. It provides many of the essentials of life, our oxygen, water, food, clothing, health and relaxation. Consequently, humanity must adopt sustainable ways of living that ensure the protection of biodiversity.

Today we live in a world where the economic activities of an ever increasing human population threaten biodiversity which is being lost at an ever increasing rate. Britain alone is known to have lost 100 species during the twentieth century and today over 40% of priority habitats and 30% of priority species are declining nationally.

There is a broad consensus around the world that we need to act now, or risk handing our children a world we would not recognise as planet Earth!



**The 'Working Group' currently comprises the following individuals:**

Ruth Ormella: Head of Place Development, Epsom & Ewell Borough Council

Stewart Cocker: Countryside Manager, Epsom & Ewell Borough Council

Sarah Clift: Senior Countryside Officer, Epsom & Ewell Borough Council

Peter Howarth: Countryside Officer (Ecologist) Epsom & Ewell Borough Council

Jeremy Young: Tree Officer, Epsom & Ewell Borough Council

John Edwards: County Ecologist, Surrey County Council

Alastair Kirk: Surrey Biological Record Centre Manager, Surrey Wildlife Trust

Helen Cocker: Countryside Partnerships Manager

Kevin Morgan: Locally based ecologist and environmental consultant

The plan contains 7 objectives, comprising 23 targets with 45 actions. It should be noted that the 'Working Group' has no set budget to directly assist in implementing the plan and consequently is restricted to a coordinating/prioritising role with the plan as an essential guide and tool. That said, members of the 'Working Group' continue to be able to contribute to the implementation of the plan through the course of their normal duties

The plan does have suggested dates for the achievement of actions which assists in prioritisation but does not at this stage provide a measure of success or failure, especially given the current time and resource constraints on those working to implement the plan.

This report summarises progress made during 2019 under the plans seven objectives. Where appropriate updates from previous reports are given along with new items for 2019. **Please note activities reported on can contribute to and be relevant to more than one objective.**

TV presenter and naturalist **Chris Packham** is a wildlife expert, photographer and author with a passionate concern for conservation and the environment. In 2012 Chris agreed to write the foreword for the Epsom & Ewell Local Biodiversity Action Plan.



When you are a kid size matters and thus the magnificent male Stag Beetles emergence was an eagerly anticipated annual event. A nearby street had some monstrous oaks and a diversion from the normal route to school would pay dividends and fill my jam jars. To be fair these creatures have lost none of their allure over the years but now it's not just their size that matters, it's their importance as a flagship species - they along with the Oaks which nourish their peculiar larvae. So I'm not surprised that you have chosen them as your local heroes to champion the Biodiversity Action Plan - and you have impressive numbers of these giants too!

In simple terms any communities' biodiversity is a measure of its health and stability. The more niches that are filled the better the natural machine will function and prosper. Thus nationally, regionally and locally we have constructed plans which aim to protect and enhance the richness of life at these respective levels. All have their roles but local strategies are tremendously important because they are implicitly governed by those who live, work and influence that community - these are formulated, enacted and enjoyed by those 'on the ground'. They are about 'personal wildlife conservation'!

In these days where doom and gloom are a constant temptation, I remain optimistic about our abilities to make a difference because we have such a well-stocked armory of abilities to effectively conserve life. We have studied it, tested it, we know what we need to do. The introduction of grazing on Epsom Common has seen superb revivals in butterfly and plant diversity and even established a future for a population of the charismatic Yellowhammer. This has only



been achieved by many years of tireless volunteer endeavor - an essential component of contemporary conservation.

And ultimately this success is good for us to. We uniquely have a conscience so we have to try to do what we know is right, but also we can enjoy a better quality of life as a result, the sight of a Stag Beetle whirring across the dusk sky or the charming song of the Yellowhammer with its 'little bit of bread but no cheese' can make your day. And that's the real key here; it will make your day and not mine, because the borough of Epsom and Ewell is yours. You mend it, restore it and protect it and you can revel, be proud of and enjoy it! Superb!

**Chris Packham 2012**

## Progress during 2019

**Objective 1:** *Develop partnerships to ensure that the conservation and enhancement of biodiversity in Epsom and Ewell is maintained in the long term.*

**Update:-** During 2019 the Surrey Local Nature Partnership (SNP)-Biodiversity Working Group continued in its role of assisting the SNP board with identifying biodiversity priorities and to promote better coordination of biodiversity initiatives across the County. EEBC are represented on the Group. Priorities for the working group include, formal adoption and revision of Biodiversity Opportunity Areas (BOA's), revision of criteria and formalising the process of designating Sites of Nature Conservation Importance (SNCI), supporting volunteer recording efforts across the County and influencing local decision making on matters such as tree planting and new national requirements such as 'Biodiversity Net Gain' within the planning system.



Pond Wood in Horton Country Park Local Nature Reserve, designated 'Ancient Woodland', SNCI and part of a Surrey Woodland BOA



**Update:-** The proposed service level agreement (SLA) between the Surrey Biological Records Centre (SBIC) and Epsom & Ewell Borough Council (EEBC) was unable to progress during 2019 due to pressure of work at SBIC. It is hoped that progress can be made during 2020. An SLA would build on the 2015 no cost data exchange agreed for the Borough's Open Spaces, with all newly recorded data sent to the records centre from which it is freely accessible by EEBC. The aims of the proposed SLA are to improve knowledge and information exchange regarding all species and in particular protected species which should assist with planning applications, Surrey BAP habitat mapping and tackling invasive exotic species.

**Update:-** EEBC continues to strongly support local groups actively involved in conserving and enhancing biodiversity within the Borough. For example, the Epsom Common Association, Nonsuch Voles and the Lower Mole Partnership (LMP), formerly the Lower Mole Countryside Management Project. The name change reflects changes made following a review of the Surrey Countryside Management Projects. There is now one board overseeing the work of the Lower Mole, Downlands and Heathlands Partnerships with EEBC continuing to be a funding partner in the Lower Mole Partnership. The EEBC Countryside Team has continued with a weekly volunteer conservation task held on Thursdays. During 2019, 506 volunteer days were recorded, carrying out practical conservation work closely aligned to the LBAP, which has a value of approximately £27,830 using the Heritage Lottery valuation of unskilled volunteer work at £55 per day per volunteer. Please note: - some work is classed as skilled and could command a higher value of £100 per day per volunteer. NB another task cancelled due to extreme heat during 2019!



Volunteers from Ashted Common, Lower Mole Partnership and EEBC Countryside Team at the January 2019 Epsom & Ashted Commons Joint Task



Lower Mole Partnership volunteers improving a section of the Round the Borough Hike & Bike route in Horton Country Park LNR April 2019.



A Friend of Rosebery Park coppicing a willow in the wildlife area February 2019



Countryside Team Volunteers managing scrub in the old Stones Road Allotment site February 2019

**Update:-** During 2014 the Woodland Trust purchased a very large area of land at Langley Bottom Farm to create a First World War memorial woodland. This is a major initiative for the Trust who now have a WW1 memorial wood in England, Scotland, Wales and Northern Ireland. The farm is partly in the Boroughs/Districts of Epsom & Ewell, Mole Valley and Reigate & Banstead. The initiative will protect and hopefully enhance the biodiversity of this land in perpetuity. The Trust has held public consultation events for local residents and has consulted with EEBC and neighbouring districts. In 2015 the Trust were informed by the Forestry Commission that an Environmental Impact Assessment (EIA) was required due the scale of the tree planting proposals. Similarly an EIA has also been requested by the three district planning authorities (Epsom & Ewell, Mole Valley and Reigate & Banstead) for the car parking, paths and visitor centre proposal. After the successful completion of the EIA the Trust recommenced tree planting during 2017 and 2018 following guidelines that aim to ensure a balance is maintained between new woodland and areas retained as either arable fields to conserve rare arable plants and bird nesting habitat or grazed fields to conserve



View across Langley Bottom Farm



calcareous grassland. In 2019 planning permission was granted for the car park and paths which will enable the site to begin receiving visitors and assisting the Trust in managing the site.

**Update:-** In 2014 the new Surrey Wildlife Trust (SWT) Nature Reserve and SNCI at Priest Hill was opened, representing a huge gain for biodiversity in the Borough. The reserve was set up following negotiations between the Developer, EEBC and SWT and allowed for a small number of houses to be built on 'Green Belt' whilst protecting the vast majority of the land in perpetuity through the creation of the nature reserve which SWT have agreed to take on and manage. During 2018 SWT were granted planning permission for a new pond to enhance the reserve. During 2019 Surrey Wildlife Trust held an away day for Trustees and staff using Priest Hill Nature Reserve as an example of what could be achieved by 'biodiversity net gain' approach being introduced nationwide in to the planning system via new Local Plans.



Aerial photograph of new ponds on the nature reserve near to Banstead Road Spring 2018

**Objective 2:** *Ensure the conservation and enhancement of habitats and species, as specified nationally and in the Surrey Habitat Action Plans*

**Update:-** During the Autumn of 2015 Horton Country Park Local Nature Reserve received a potentially very significant habitat enhancement. To assist the developers of the adjacent former West Park Hospital the Council were agreeable to the creation of two off-line balancing ponds to manage excess surface water run-off from the former hospital site that has been redeveloped for housing and is now called Nobel Park. In return the developers agreed to the creation of a new wetland using the Greenman Stream that flows through the Country Park from its source on Epsom and Ashted Commons. Both the balancing ponds and the wetland have the potential to provide a significant habitat enhancement and both will be closely monitored and managed to maximise their benefit. During 2019 both the wetland and balancing ponds have continued to naturalise. For example, young Great Crested Newts have been recorded in the smaller balancing pond which is retaining water as planned, providing a new pond.



New balancing pond in Horton Country Park LNR just after construction January 2016 and September 2018





Emperor dragonfly laying eggs in the new wetland in Horton Country Park LNR



Great Crested Newt eft found in the new balancing pond in Horton Country Park LNR

**Update:** During September 2017 'Field Pond' in Horton Country Park LNR was part de-silted by the Lower Mole Partnership using funds provided by the Lower Mole Trust and Friends of Horton Country Park. In recent years 'Field Pond' has been successfully protected from dogs by a fence (See report under Objective 4). The pond is being closely monitored and the signs during summer 2019 were that its spectacular revival of recent years has been consolidated.



Field Pond in Horton Country Park LNR April 2019





Field Pond in Horton Country Park LNR shortly after de-silting in September 2017 and again in June 2019

**New:** During early 2018 Rosebery Park pond was de-silted and in January 2019 coir rolls were installed along the pond edge and seeded with native plants to encourage wildlife. During summer 2019 the pond was abuzz with dragonflies! Along with the much improved water quality and recently installed bat boxes it is hoped that Rosebery Park has had a significant biodiversity improvement.



Coir rolls being installed January 2019 and the pond edge in August 2019



**Update:-** Managing public access plays a very important role in protecting fragile habitats, especially on busy urban fringe sites like Epsom Common LNR, Hogsmill LNR and Horton Country Park LNR. For example, the provision of good quality footpaths and bridleways helps to protect the nationally and internationally important wildlife on the Epsom & Ashted Common Site of Special Scientific Interest. On Epsom Common LNR during 2019 Lower Mole Partnership volunteers constructed and installed new memorial benches and Countryside Team volunteers carried out a woodland edge management task. The continued management of woodland edge habitat on Epsom Common has brought both ecological benefits but also made for a much more open and safer feeling experience for visitors. The restored woodchip path through Riverview Copse on the Hogsmill Local Nature Reserve helps encourage residents to use the reserve and get closer to nature.



EEBC Countryside Team Volunteers carrying out woodland edge management on Epsom Common LNR March 2019



Lower Mole Partnership volunteers installed a new memorial bench on Epsom Common LNR spring 2019



Lower Mole Partnership volunteers improving the entrance in to Horton Country Park LNR from Noble Park April 2019



Path restoration in Horton Country Park LNR following a successful bid for CIL funds by the Friends of Horton Country Park Autumn 2019

**Update:-** In 2012 EEBC and the City of London paid jointly for a National Vegetation Class (NVC) survey of Epsom and Ashted Commons as a follow up to the 2001 NVC survey. The survey highlighted the progress made in diversifying habitats especially through the re-introduction of grazing. However, the report also highlighted the continuing loss of species rich grassland to scrub encroachment. To address this the Countryside Team Volunteers commenced a restoration programme during late summer 2013 which is continuing with the aim of both restoring areas and ensuring long term maintenance. This process was continued during 2019 with volunteer's returning to Churchside Meadow, Christchurch Glade, Baron's Meadow and Railway Meadow.



Epsom Common LNR Railway Meadow, EEBC Countryside team  
volunteers raking up cut grass August 2019

**Update:-** Despite again some serious vandalism to electric fencing at the start of the season grazing on Epsom Common took place successfully again during 2019 with 15 cattle from early May to early-September. The herd again comprised of Belted Galloway and Dexter crosses. Volunteers once again played a vital role carrying out daily checking and maintaining the grazing area to ensure the continued success of the Borough's flagship habitat conservation and enhancement initiative. The nature conservation benefits of grazing continue to surprise and delight all those involved. Of particular note are the significant increases in butterfly populations and flowering plant species and strong indications that current management is benefiting the reptile population in particular Adders.





Epsom Common LNR summer 2019, cattle arriving at Rye Meadow for the summer, OH DEAR! April 2019  
Countryside Team volunteers in a tangle putting up the electric fencing and Lindsay Coomber pointing to  
the proper way to reel in the fence, September 2019

**Update:-** Work to restore and protect veteran trees on Epsom Common LNR and Horton Country Park LNR took place again during winter 2018/2019 with canopy reduction work carried out on veteran trees on Epsom Common and Horton Country Park. This twenty year programme of works is carried out using funds secured through the Environmental Stewardship Higher Level Scheme 2010-2020.

**Update:-** In 2015 veteran trees were identified as 'Heritage Assets'. Development proposals that involve or have an impact upon an identified Heritage Asset, or its wider setting, will be required to provide an assessment of the Asset, the potential impacts on the Asset and any appropriate mitigation measures that will be required. In 2017 the initial process of mapping potential veteran trees across the Borough, was completed. The eventual aim is to provide a comprehensive inventory of veteran trees to help ensure their retention as 'Heritage Assets'. During



2018 and 2019 survey work commenced. Two Wards Town and Cuddington are completed and Auriol Ward is being surveyed.



Epsom Common LNR veteran  
tree survey work



Veteran Oak discovered in Mounthill  
Gardens, Epsom October 2017

**Update:-** Woodland management at Horton Country Park LNR under the Environmental Stewardship Higher Level Scheme continued during 2018/2019. A contractor thinned a section of Butcher's Grove and volunteers re-coppiced a section of Butcher's Grove, dismantled deer fencing at Godbold Copse and Hollymoor Grove, as previous coppice matures and worked on woodland edge at Hendon Grove



Godbold Copse in Horton Country Park LNR  
EEBC Countryside Team volunteers  
dismantling deer fencing February 2019



Hendon Grove in Horton Country Park LNR, EEBC  
Countryside Team volunteers creating woodland edge  
habitat April 2019





Butcher's Grove in Horton Country Park LNR, Primroses  
are returning as a result of coppicing! March 2019

**Update:-** Since the 1960's more than 90% of orchards have been lost in England. During 2012/2013 EEBC worked with the London Orchard Trust (Now called the Orchard Trust) to restore two orchards in Horton Country Park LNR, formerly both were within the Long Grove Hospital Grounds. During 2019 volunteer effort focused on clearing encroaching scrub from both Lambert's Orchard and Long Grove Orchard



Horton Country Park LNR Countryside Team volunteer's receiving a pre-task briefing from  
Lindsay Coomber in Lambert's Orchard May 2019





Lambert's Orchard in Horton Country Park LNR  
scrub cleared to protect young fruit trees May/  
2019



Horton Country Park LNR in Long Grove Orchard EEBC  
Countryside team volunteer's clearing encroaching scrub  
September 2019

**Update:-** Work continues to conserve and enhance grassland in Horton Country Park LNR. Rotational cutting of rough grassland has been taking place since 2008 using a rotational approach, which prevents the grassland disappearing under encroaching scrub. 2019 saw the continuation of this vital habitat maintenance work carried out by both volunteers in the most sensitive areas (Ant Hills) and by an EEBC tractor using a hired flail collector.



Horton Country Park LNR, using funds from the Environmental Stewardship scheme an  
EEBC tractor using hired flail collector cuts and clears Slip Meadow. September 2019

At Horton Country Park LNR a hay crop continues to be taken in cooperation with the Equus Equestrian Centre. Flower rich meadows have



declined by 97% since the 1930's making the hay meadows in the Country Park an unusual and special sight.



Horton Country Park LNR Great Ridings



Horton Country Park LNR hay making in  
Little Westcotts summer 2014

**Update:-** During 2019 work was again carried out to help conserve a very species rich area of Chalk grassland (internationally scarce) at Juniper Hill on Epsom & Walton Downs. The Downs Keeper's have been trying to keep scrub from encroaching for many years and volunteer's from the Countryside Team and Lower Mole Partnership assisted again clearing both grass and encroaching scrub and helping conserve flower rich chalk grassland including Kidney Vetch the food plant of the scarce Small Blue Butterfly and the rare Round Headed Rampion.



Juniper Hill, Epsom Downs, Round  
Headed Rampion September 2019



Juniper Hill, Epsom Downs Countryside team volunteers  
cutting and clearing chalk grassland September 2019

The Small Blue butterfly continues to benefit from creating scrapes which involves using a small excavator to remove top soil and expose the less fertile chalky substrate which encourages the growth of Kidney Vetch, the larval food plant for the butterfly. In addition at their new Priest Hill nature Reserve, Surrey Wildlife Trust have also been creating suitable habitat by removing the tarmac from former tennis courts and spreading Kidney Vetch seed from nearby Howell Hill Nature Reserve on the exposed chalk. With known breeding populations identified at Warren Farm, Howell Hill Nature Reserve and Epsom Downs it was hoped that the Small Blue would colonise the Priest Hill scrapes. During the summer of 2015 Small Blue were discovered on the reserve. **SUCCESS!**



Howell Hill Nature Reserve, Small Blue Butterfly laying an egg  
on Kidney Vetch



**New:-** In April the Friends of Shadbolt Park paid for and had several bat boxes installed in some of the parks large oak trees by the Council's tree contracture Advanced Tree Services. The Countryside Team will be monitoring the boxes for signs of activity in the coming years.



Bat boxes being installed at Shadbolt Park April 2019

**Objective 3:** *Ensure opportunities for the conservation and enhancement of the whole biodiversity resource in Epsom and Ewell are identified considered and acted upon*

**Update:-** In 2015 the EEBC Countryside Team began to take on a new role of scrutinising and advising on the ecological aspects of planning applications in the Borough, making better use of the available in house expertise and helping ensure the implementation of Development Management Policy Document DM 4 'Biodiversity and nature Conservation/New development' (See below). During 2017 the Countryside Team became formal consultees in the planning process providing in-house expert advice on biodiversity and in particular protected species and trying to ensure no net loss of biodiversity. The role and policy continue to prove effective with advice given for numerous applications which have been significantly improved with regard to biodiversity. This consolidates a key aim of the LBAP, Target 3.1 'Ensure conservation and/or enhancement of biodiversity become a key part of the decision making process within the planning function of Epsom and Ewell Borough Council'.

#### ***DM 4 Biodiversity and Nature Conservation***

*2.16 The term 'biodiversity' encompasses the whole variety of life on Earth. It includes all species of plants and animals, their genetic variation, and the complex ecosystems of which they are part. It is not restricted to rare or threatened species but includes the whole of the natural world from the commonplace to the critically endangered. Maintaining biodiversity helps to promote the stability, sustainability and resilience of ecosystems, is an important national objective and a 'Duty' for all public bodies as defined by the Natural Environment & Rural Communities Act 2006. The Borough's location on the edge of the countryside is strategically important, with the Green Belt and the many green spaces within the built up areas acting as reservoirs for flora and fauna.*

*2.17 Conserving and enhancing biodiversity are important objectives in meeting the Borough's aim of achieving no net loss of biodiversity, in line with Paragraph 118 of the National Planning Policy Framework. Development that fragments existing habitats will be avoided and, where possible, opportunities to create links (green corridors) to those habitats*

*that are already isolated will be identified and realised. We will actively seek opportunities to increase biodiversity within the Borough, which will include, where possible, the creation of new habitats. For example, within the Hogsmill Local Nature Reserve a number of stretches of the River Hogsmill have been identified in the South London River Restoration Strategy as potential sites for river enhancement or restoration.*

*2.18 In cases where there is no alternative location for the proposed development, the applicant must provide evidence that a sequential approach has been applied and that there will be no net loss of biodiversity. We consider reasons of overriding public interest as being related to human health, public safety and the beneficial consequences of primary importance for the environment.*

*2.19 The Council has adopted a document entitled “Biodiversity and Planning in Epsom and Ewell” for development management purposes. The guide assists in the process of identifying when and where biodiversity in Epsom and Ewell will need to be protected by the planning system, as well as assisting in identifying opportunities to deliver biodiversity enhancements.*

***Policy DM4: Biodiversity and New development***

*Development affecting existing or proposed nature conservation sites and habitats of international, national or local importance will only be permitted if:*

- (i) The development would enhance the nature conservation potential of the site or is proven to be necessary for the conservation management of the site; or*
- (ii) there is no alternative location for the development and there would be no harm to the nature conservation potential of the site; or*
- (iii) there are imperative reasons of overriding public interest for the development*

*Elsewhere in the Borough:*

*Development affecting any site or building that supports species protected by Law, including their habitats, will only be permitted if appropriate*

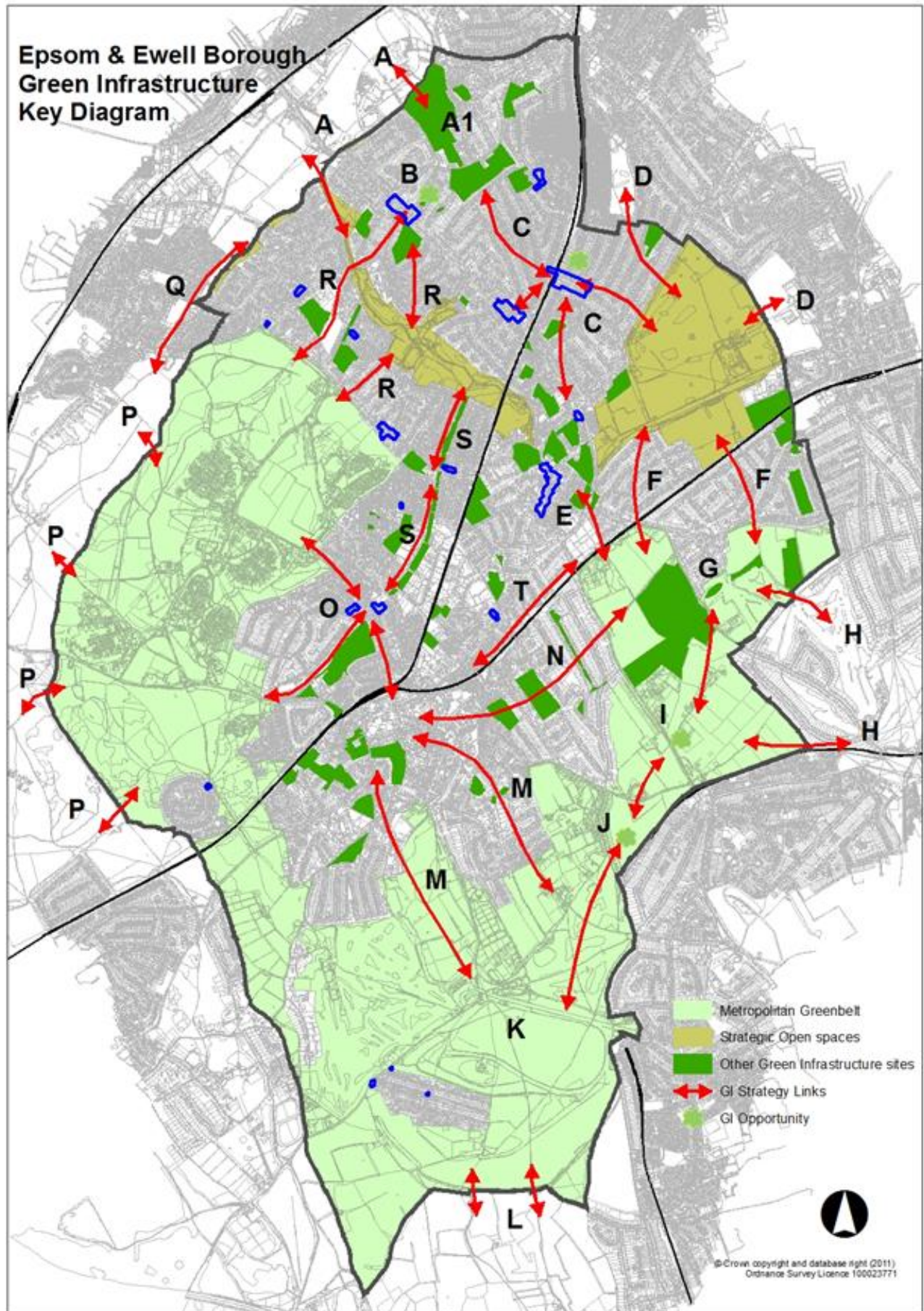
*mitigation and compensatory measures are agreed to facilitate the survival of the identified species, keep disturbance to a minimum and provide adequate alternative habitats to ensure no net loss of biodiversity.*

*Mitigation and compensatory measures will be secured through planning obligations or conditions, with priority for such measures to be provided within the development.*

*Whether or not there are any species or habitats that enjoy statutory protection, every opportunity should be taken to secure net benefit to the Borough's biodiversity. To this end, an assessment of the existing nature conservation assets on a development site should be undertaken at the application stage and suitable biodiversity enhancements proposed.*

**Update:-** The forthcoming Green Infrastructure policy was again delayed during 2019 and it is hoped that progress can be made during 2020. The Green Infrastructure policy will identifies potential green corridors across the Borough and links to neighbouring boroughs and Greater London. (See Map below)







**Update:-** In 2019 the Borough still has the highest proportion of Sites of Nature Conservation Importance (SNCI) in active management in Surrey. The government's 'Single Data Set' uses the measure of SNCI in active conservation management to monitor the current condition of the nation's biodiversity. The Borough currently has 13 SNCI with 10 currently under active conservation management giving Epsom & Ewell the highest score in Surrey, 77% (Average 44%). During 2015 the "Local Sites" committee designated two new SNCI in Epsom & Ewell. These are the small Thames Water covered reservoir site on Epsom Downs where a site visit in summer 2014 discovered the presence of the Small Blue Butterfly, along with several species of orchid. Langley Bottom Farm now owned by the Woodland Trust was also designated with approximately one third of the farm located in Epsom & Ewell. The farm is of particular note for its arable plants and also includes 'Ancient' Woodland.



Pyramidal Orchids at the Thames Water  
site with Queens Stand in the background  
summer 2014



**Update:-** Site management plans continue to play a crucial role in coordinating work across our open spaces and helping to secure funding. Management Plans ensure a consistent and planned approach to the management of biodiversity in the Boroughs open spaces. The plans for Horton Country Park LNR 2017-2117 and the Hogsmill LNR 2017-2117 join the Epsom Common plan 2016-2116 in taking a **100 year** approach, emphasising the need to take a very long term approach to managing biodiversity.



Maintaining the enthusiasm, morale and skills of our volunteers is essential; photographs above show the Countryside Team volunteers on their annual away day, which in May 2019 was to the Weald & Downland museum and some of our monitoring volunteers on a Dragon and Damselfly identification session at Great Pond on Epsom Common. The Management Plans also identify a programme of public access improvements and the photo above shows machinery used to restore a section of path in Horton Country Park LNR during summer 2019

**Update:** During 2015 the South East Rivers Trust (SERT) became the hosts for the Hogsmill Catchment Partnership, facilitated by both DEFRA and the Environment Agency. The partnership aims to work with stakeholder's, including EEBC to influence the management of the water

environment and to coordinate projects, partnership working and funds more effectively to realise multiple benefits (for example, biodiversity, water quality, flood risk management, local amenity, enhancing health and wellbeing)

During 2016 and 2017 as a catchment partnership priority SERT worked with the Environment agency and Thames water to monitor both the Epsom and Ewell 'Storm tanks' which are designed to manage raw sewage during periods of high rainfall. The monitoring indicated that discharges of raw sewage in to the Hogsmill River are quite frequent and the Catchment Partnership have indicated a desire to work towards a long term solution that reduces or ideally prevents any raw sewage being discharged. During 2019 with the agreement of Thames water notices were posted in the reserve warning that the water can be polluted. The Hogsmill Catchment Partnership has also identified and prioritised a project to create a wetland at Chamber Mead. During 2018 funds were secured from the Environment Agency to plan the project and during October 2018 test holes were dug which confirmed that the ground conditions are suitable for the proposed wetland. During 2019 SERT commissioned a report outlining the various options for the scheme and two consultation events were held to inform local residents of the plan. During 2020 it is hoped that funds can be secured to carry out the project which will be a major biodiversity enhancement that would build on the projects of recent years such as weir removal and naturalising the river channel and banks.

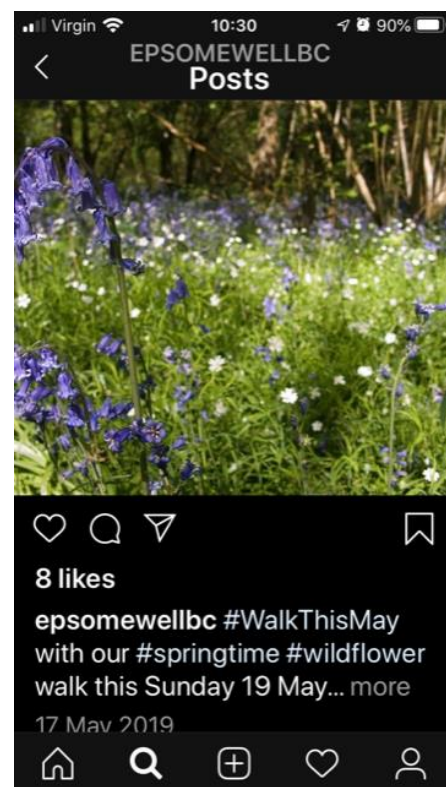


Hogsmill LNR, South East Rivers Trust staff holding a public consultation event at Chamber Mead September 2019



**Objective 4:** *Raise awareness, appreciation and involvement in the conservation and enhancement of biodiversity in Epsom and Ewell*

**Update:-** During 2019 the Borough's Magazine 'Insight' which goes to all households in the Borough and the 'E-Insight' electronic newsletter continued to help raise awareness of biodiversity and green issues with one of the Borough's key priorities being "keeping our Borough clean and green". Articles included, coverage of the low water flows in the Hogsmill River, highlighting the improvements to Horton Country Park paths, Countryside Guided Walks and the 20 mile "Hike & Bike" events using a signed route linking the Boroughs five main open spaces. The Council continued with the use of Instagram to help raise awareness of biodiversity with photos of our sites and conservation volunteers in action, impressive insects and more. All helping to raise awareness of the Boroughs natural environment and the opportunities to get actively involved.



E-Insight article and an Instagram post from 2019

**Update:-** In 2014 this report highlighted the need to protect the ecology of a pond in Horton Country Park LNR from constant daily disturbance by dogs. 'Field Pond' which is used for pond dipping had become a shadow

of its former self with very few aquatic species able to tolerate the constant daily disturbance. Using a small grant from a local County Councillor the pond was fenced by the Lower Mole Partnership volunteers and a new notice was placed on the gate leading to the pond, explaining the need for dog owners to stop their pets entering the pond. During the summers of 2015, 2016, 2017, 2018 and 2019 a pond dip for a local Beaver Group has discovered an astonishing recovery with the return and much greater abundance of aquatic life. The notice is still in place after six years which is very positive and an indication that visitors are willing to help address the issue of long term incremental damage to habitats on nature reserves due to public access.



Horton Country Park LNR Field Pond surveying for Great Crested Newts spring 2017



Horton Country Park LNR Field Pond gate, fence and notice



**Update:-** EEBC continues to raise awareness by encouraging active participation in site management. This is achieved through walks, talks, events, leaflets, the web site, regular weekly conservation tasks, through working with 'Friends Groups', local youth groups and support for the Lower Mole Countryside Partnership.



Horton Country Park LNR, glorious autumn colours, Countryside Team Volunteers heading home at the end of an autumn task in Emmets's Mead. October 2019



Epsom Common LNR a view of Epsom Common Day July 2019



Epsom Common LNR local Scouts pulling bracken and helping the cattle manage Horton Heath summer 2019

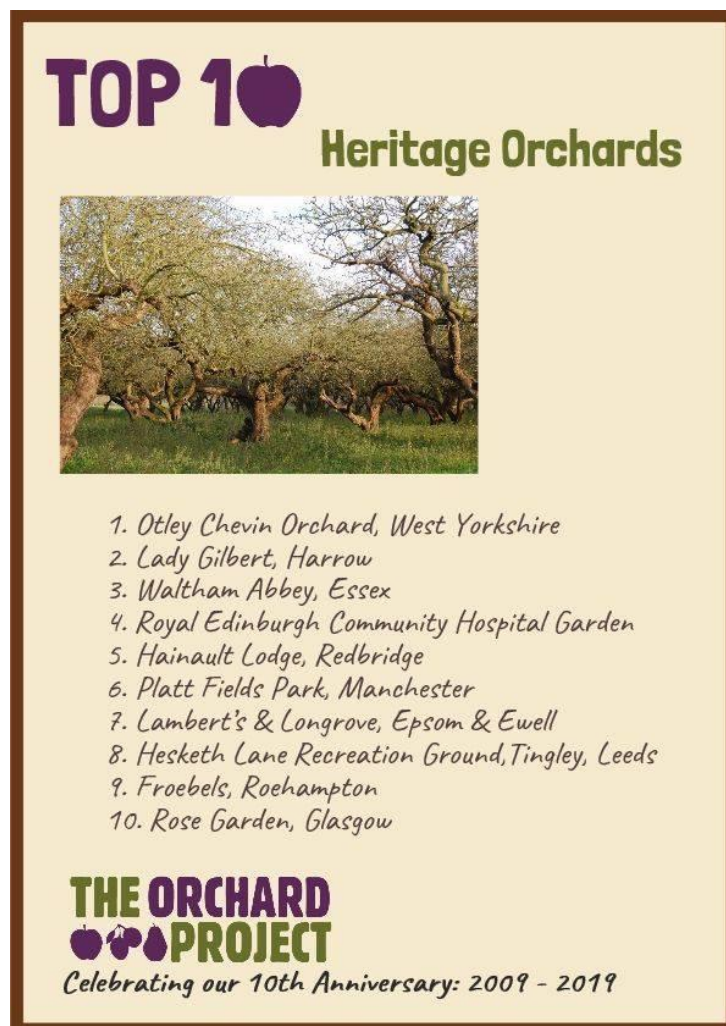


Epsom Downs, Countryside Team volunteers taking part in the 20 mile Round the Borough Bike event September 2018

**Objective 5:** *Provide on-going monitoring of biodiversity in Epsom and Ewell*

**Update:-** The Countryside Team is continuing to develop and improve its monitoring role within the Boroughs three local nature reserves and has also started to record the Borough more widely with the assistance of volunteers and local experts. During 2019, 118 volunteer days of biological monitoring was provided valued at approx. £6,499 if valued at the unskilled rate of £55 per day.

**Update:-** During 2019 work to monitor and conserve the orchards in Horton Country park LNR continued with further volunteer tasks and liaison with The Orchard Project. In 2019 The Orchard Project announced that Lambert's Orchard was one of their UK top ten heritage orchards!



**Update:-** The nationally scarce dragonfly (Downy Emerald) and a new and notable species of damselfly (White legged) were both seen again on



Epsom Common LNR during 2019 suggesting they are established. The Downy Emerald sighting in 2016 was the first recorded since 1989 and the White legged damselfly does not appear to have been previously recorded. Both species indicate that on-going habitat management is effective.



Epsom Common LNR a Downy Emerald dragonfly on the edge of great Pond May 2016



Epsom Common LNR a White Legged damselfly in Rye Meadow June 2017

**Update:** 2019 is a fallow year for the Epsom & Ashted Commons breeding bird survey with the next survey due in 2021. During 2019 the puzzling absence of Yellow Hammers continued despite the suitable habitat and their recent presence in Great Pasture on Epsom Common. We can only assume that Epsom Common is subject to the reported national decline of this migratory bird, perhaps for reasons outside of the UK.



A Great Spotted Woodpecker in Rye Meadow  
Epsom Common LNR



A Chiffchaff singing in Great Pasture Epsom  
Common LNR

**Update:-** In 2014 and 2015 moth surveys were carried out on Epsom Common LNR which is a nationally important site for invertebrates especially those associated with veteran trees which are of international importance. During summers, 2016, 2017, 2018 & 2019 moth surveys were carried out on Horton Country Park LNR. The surveys have found two nationally scarce species the Dotted Fan Foot (*macrochilo cribrumalis*) and (*Elegia Similella*), along with an abundance of orchard species resulting from the 2017 & 2018 surveys being carried out in Lambert's Orchard. Some spectacular moths from 2019 are pictured below. Further surveys are planned for 2020.



Horton Country Park LNR, Figure of eight moth (*Diloba caeruleocephala*) autumn 2019



Horton Country Park LNR, Figure of eight moth (*Diloba caeruleocephala*) autumn 2019



Horton Country Par LNR Frosted Green (*Polyplocaridens*) autumn 2019



Horton Country Par LNR, Green Arches (*Anaplectoides prasina*) autumn 2019



**Update:-** The project to monitor reptiles on Epsom Common Local Nature Reserve set up between the Countryside Team and the Surrey Amphibian and Reptile Group (SARG) continued during 2019. Results again confirm that Epsom Common is a very important site for Adders and there is a very widespread distribution of Grass Snakes



Checking a refuge on Epsom Common LNR



Adder on Epsom Common LNR

**Update:-** The Countryside Team and volunteers continued to monitor butterflies on a weekly basis over the summer using agreed transects and submitting records to the national database for Epsom Common LNR, Horton Country Park LNR and Hogsmill LNR. In addition Butterfly Conservation volunteers submit records for Nonsuch Park, Howell Hill Nature Reserve, Priest Hill Nature Reserve, Warren Farm and Juniper Hill. Summer 2019 turned out to be a good year for butterfly numbers. For



Epsom Common LNR Purple Hairstreak summer 2019

example, on Epsom Common LNR in 2019 butterfly numbers were like 2018 significantly up, compared to 2016 & 2017. For example, on Epsom Common LNR in 2015 recorders had 950 sightings of 24 species, whilst in 2016 there were only 473 sightings of 25 species. In 2017 there were 829 sightings of 22 species, in 2018 there were 1196 sightings and 26 species and in 2019 there were 995 sightings and 26 species. Juniper Hill on Epsom Downs again had 31 species recorded indicating the importance of calcareous grassland to many butterfly species. The magnificent Purple Emperor was spotted again in 2019 on Epsom Common LNR and volunteers have spotted Brown Hairstreak eggs laid on young Blackthorn stems in a number of locations in Horton Country Park and Hogsmill Local Nature Reserves.



A very difficult to photograph White Letter Hairstreak butterfly resting in the canopy of a large English Elm in the Hogsmill LNR summer 2016



Tiny (size of a pin head) Brown Hairstreak butterfly egg laid on young Blackthorn Stem in Horton Country Park LNR

**New:-** During 2019 a baseline survey was commissioned by EEBC looking at the invertebrate population within the grazed areas on Epsom common. The survey included several control locations outside of the grazed areas for comparison. The results were impressive with a total of 673 species of invertebrate recorded. Of these, twenty-nine species have a conservation designation. A notable discovery were two species of invertebrate associated with the very old crab apple trees in Rye Meadow these were, the first records of the arboreal spider *Episinus maculipes* and the Schedule 41 Lace-bug *Physatocheila smreczynskii* (which was selected as a key indicator of ancient orchards) and for which this is the only known site in the county!



**Update:-** Work to produce draft priority habitat and species of principle importance maps for Epsom & Ewell, with assistance from the Surrey Biological Records Centre is still planned but continues to be delayed.

Due to the prolonged delay in 2019 a new approach was agreed with EEBC using the UK Habitats Classification system to map the Borough's habitats. Work commenced during 2019 and is expected to take two years.

To assist with the process of mapping species of principle importance as defined by the Natural Environment and Rural Communities Act 2006, Countryside Officer Pete Howarth has to date identified 113 species of principle importance in the Borough.

**Update:-** Monitoring for dormice described previously has continued during 2019 including the tubes located on Epsom Downs near Juniper Hill in 2018. Unfortunately, no dormice have been found in the boxes on Epsom Common or Epsom Downs but monitoring will continue. This result and including the confirmed presence on Ashted Common and Horton Country Park LNR in 2017 is informing the future management of our woodland and efforts to monitor their presence using boxes and tubes will continue during 2019.



The Dormouse found on Epsom Common LNR  
February 2012



Volunteers positioning Dormouse boxes on  
Epsom Common LNR winter 2013/14

**Update:-** EEBC Countryside Officer and expert ecologist Pete Howarth has continued surveying ponds for Great Crested Newts during 2019. Of particular note were the 17 Great Crested Newts found in the recently restored Field Pond in Horton Country park LNR and the discovery by a Natural England Survey of Great Crested Newt DNA in Round Pond in Nonsuch Park, which like Field Pond has recently been fenced off by Lower Mole Partnership volunteers to reduce use by dogs.



Countryside Officer Pete Howarth surveying Stones Road SSSI for Great Crested Newts spring 2018



Photo taken at Blakes Pond on Epsom common LNR shows the difference in size between the Smooth Newt and the Great Crested Newt

During 2019 Pete has received and input bat records from the Surrey Bat Group, planning applications and local nature reserves surveys using the EEBC Recorder database. Following the 2018 discovery of the Borough's largest recorded bat roost (116 Soprano Pipistrelle recorded emerging), surprisingly from the flat roof of some 1960's flats in Ewell another small bat roost was discovered in 2019 in the home of one of our monitoring volunteers! In addition, Pete organised several bat watching evenings assisted by staff and volunteers over the summer period. Our bat recording aims to gain a clearer understanding of the location of bat roosts in the Borough and has already indicated the importance of data collected via planning applications.





Epsom Common LNR a Harp Trap  
being used for the woodland bat  
survey



Epsom Common LNR a captured  
Pipistrelle bat being measured during  
the woodland bat survey may 2017



Epsom Common LNR a captured Brown Long  
Eared bat about to be released during the  
bat survey August 2018



Epsom Common LNR a captured  
Noctule bat just released during the  
woodland bat survey may 2017

**Update:-** During 2014 the Zoological Society of London (ZSL) approached the Countryside Team and Lower Mole Partnership to ask for volunteer assistance with their “Riverfly” project which monitors aquatic invertebrates to warn of poor water quality in rivers. Subsequently, a small volunteer network has been formed to help monitor water quality in the

Hogsmill River and this has continued to operate successfully during 2019. This successful partnership working is coordinated by the Hogsmill Catchment Partnership, lead by the South East Rivers Trust, with results helping to inform the Environment Agency about the quality of water in the river.

## The Hogsmill Needs You!

Volunteers needed for river monitoring

**ZSL**  
LIVING CONSERVATION



The Zoological Society of London is offering training in the **River Monitoring Initiative (RMI)** sampling method. The RMI is a national scheme for monitoring the health of rivers developed by the Riverfly Partnership.

In order to be trained in the RMI you must be able to sample the river for at least 6 months. Once at the river, samples take about 20 minutes and are taken a minimum of every 2 months.

In the Training you will learn;

- The background of the RMI.
- How to kick sample a river.
- How to identify river invertebrates.
- What to do with the RMI data.

You will also meet other volunteers working up and down the Hogsmill River. Everyone involved in the scheme will have a day out at London Zoo.

The training will take place at Kingston University, Knights Park Campus on

**Saturday April 26th**  
**11am to 3pm**

To book a place or for more information please contact : [Joe.Pecorelli@zsl.org](mailto:Joe.Pecorelli@zsl.org)



**Update:-** During 2016 the Hogsmill Partnership put out a request for volunteers to carry out an Outfall Safari. This involved surveying stretches of the river and with the help of a mobile app, mapping and recording the impact of outfalls. The aim was to greatly improve the understanding of



the river system and help to target sources of pollution. Volunteers from the EEBC Countryside Team and the Lower Mole Partnership took part. During 2017 the South East Rivers Trust presented the results to the Catchment Partnership and the results are as hoped helping to target sources of pollution. During 2019 volunteers have continued to monitor and report with training and a further volunteer recruitment campaign planned for 2020.

## Please help Survey Outfalls on the Hogsmill River



As a result of misconnected plumbing, pollution can find its way into urban rivers via surface water outfalls (drains). **The Hogsmill Partnership** is looking for volunteers to help conduct the Hogsmill's first **Outfall Safari**. This involves surveying stretches of the river and, with the help of a mobile app, mapping and recording the impact of outfalls. This survey will greatly improve our understanding of the river system and help to target sources of pollution. The survey will take place during:

**October 2016**

Once registered you will receive a full briefing on how to take part. You can choose which stretch of the river you want to survey and conduct the survey at a time that is convenient to you as long as it is within the survey period of October 2016. Where possible the survey will be conducted from the footpath by the side of the river but, in parts, it may be necessary to walk in the river where it is safe to do so. All training and equipment will be provided by ZSL.

Briefing sessions for volunteers will take place at:

**Horton Country Park, 10am on September 20th**  
**Kingston University, 2pm on September 22nd**

For more information contact [Joe.Pecorelli@ZSL.org](mailto:Joe.Pecorelli@ZSL.org), 07974725557

Please register your interest to help at : [hogsmilloutfalls.eventbrite.co.uk](http://hogsmilloutfalls.eventbrite.co.uk)

Once registered more information will be sent to you about where and when the briefing sessions will take place.





**Objective 6:** *Seek to increase the funding available for the long term conservation, enhancement and monitoring of biodiversity in Epsom and Ewell*

**Update:-** Currently externally sourced funding is in place helping deliver management of biodiversity for both Epsom Common and Horton Country Park Local Nature Reserves until 2020. The key source is the 2010-2020 Environmental Stewardship Higher Level Scheme, along with the new Countryside Stewardship Basic Payments Scheme, which is the successor to the European Single Farm Payments Scheme.



Tools and equipment used by the Countryside Team volunteers are paid for and maintained using externally sourced funds. Countryside Team volunteer using electric brush cutter September 2019



Management of the grazed areas on Epsom Common LNR is paid for using externally sourced funds. Photo shows the end of season scrub management taking place on Great Pasture in Epsom Common LNR September 2019

**Update:-** During 2019 funds have continued to be provided on a small scale via donations from the Lower Mole Trust and the Epsom Common Association. Private individual have also donated funds for the construction of several benches. In recent years, funds from the Lower Mole Trust have enabled the Lower Mole Partnership volunteers to successfully de-silt Lambert's Pond and Field Pond in Horton Country Park LNR and carry out work to help conserve 'Round Pond' in Nonsuch Park, which like 'Field Pond in Horton Country Park LNR, was being affected by both over shading vegetation and disturbance by dogs. A new fence has been constructed using donations and a grant from the Lower

Mole Trust. During 2019 both ponds have continued to recover with far fewer dogs entering the water and causing disturbance.



Nonsuch Park Lower Mole Partnership volunteers building a fence to protect Round Pond from dogs July 2017



Lower Mole Partnership volunteers installed a new memorial bench on Epsom Common LNR spring 2019

**Update:-** The South East Rivers Trust (SERT) continued working with EEBC and the Environment Agency to improve the ecology of the Hogsmill River using grant aided funding. Delivering a programme of bank side and in river habitat improvements has continued during 2019. The work of removing scrub along the banks of the river continued in 2019 letting more light reach the river channel, allowing aquatic plant life to create natural berms that help scour the river bed and naturalise the river channel see photos below. The major work carried out in 2013 and 2014 to remove two large weirs from the Hogsmill River in Epsom & Ewell and remove the concrete bed and walls at the confluence where the Green Lanes Stream joins the Hogsmill River also continues to naturalise. Further significant improvements are being discussed/planned via the Hogsmill Catchment Partnership, see Objective 3 above for further details.





Volunteers from the South East Rivers Trust using tree branches to help restore the Hogsmill River October 2019



Hogsmill LNR photo taken Autumn 2016 showing natural berm that has formed following Countryside Team volunteers opening up the overgrown banks of the Hogsmill River in autumn 2015



Hogsmill LNR same location as photo opposite taken in autumn 2015 at the end of the task showing clearly what a big difference managing bankside vegetation can make!

**Update:-** The Lower Mole Partnership volunteers have continued during 2019 to manage the Stones Road SSSI using funds provided by Surrey County Council. In addition the Lower Mole Partnership continues to manage the 'Buffer Zone' located in the disused allotment site using funds received from the developers of the Lintons Lane housing development. The buffer zone provides additional habitat for Great Crested Newts including a new pond and is also reducing misuse issues on the former



allotment site. Future use of the allotment is being considered by Epsom & Ewell Borough Council, with consideration being given to retaining much-needed terrestrial habitat for Great Crested Newts. During 2018 a survey of Great Crested Newt numbers took place that is informing plans with a medium population identified by the survey. In 2019 the Countryside Team Volunteers assisted the Lower Mole Partnership by carrying out a scrub management task in the 'Buffer Zone' and the former allotment site which looks set to be confirmed as a nature reserve with the aim of protecting habitat for the Great Crested Newts.



Countryside Team Volunteers managing scrub in the old Stones Road Allotment site February 2019



Lower Mole Countryside Management Partnership volunteers constructing the new Buffer Zone pond in 2013 and view of the now established pond.



**Objective 7:** *Seek to identify the wider benefits to the community of improving biodiversity*

**Update:-** Both nationally and internationally there is an increasing understanding that we need to incorporate the benefits (services) provided by biodiversity and natural processes in to our economic models. The government has published a watershed document the 'UK Ecosystem Assessment' which shows very clearly how we undervalue our natural resources and the services they provide. The result of under valuing our natural resources is ultimately an unsustainable future. Addressing this issue demands a long-term approach that recognises the delicate balance of the ecosystems that provide us with vital ecosystem services such as clean air, fresh water and fertile soils. This concept is as applicable to Epsom & Ewell as anywhere else on the planet.

It is undoubtedly a big and complex subject however, it is possible to identify local issues to illustrate the challenge we are facing. For example, biodiversity on our local open spaces provides a range of vital ecosystem services and in particular a cultural ecosystem service providing residents with well-recognised and significant psychological and health benefits.

Some of our open spaces in Epsom & Ewell are showing signs of strain due to high visitor numbers with woodland wildflowers and aquatic life in ponds under pressure from constant daily disturbance as described above.



Horton Country Park LNR Pond Wood, photograph shows bluebells receding from the path edge with the much-loved carpet of bluebells now some distance from the path

A recent example of the actual costs that can accrue was the need to restore Great Pond Dam on Epsom Common in 2012 as illustrated in the photos below, due to erosion caused by dogs entering the pond.



Erosion damage to the dam of Great Pond on Epsom Common LNR caused by dogs. Autumn 2012 repairs cost £18500

The UK Ecosystem Assessment shows clearly that sustainable management of our open spaces today not only helps protect their biodiversity but also ensures that wider and in some cases very costly environmental impacts are avoided.

During 2018 the Surrey Nature Partnership (SNP) <https://surreynaturepartnership.org.uk/> to which EEBC is affiliated through the Surrey Nature Partnership Biodiversity Working Group, published a Natural Capital Investment Plan for Surrey following several years of work under its Valuing Surrey Project and its vision of a healthy, green Surrey with a prospering economy. The project has focused on developing an understanding of the value of the counties natural assets, which underpin the provision of ecosystem services, 30% of which are thought to be in decline in Surrey. The majority of us are guilty of taking the natural environment and the services we derive from it for granted. In Surrey, the continued resilience of our economy is dependent on a healthy, functioning landscape. The Valuing Surrey project aims to help develop an understanding of the natural capital of Surrey and communicate this message to a wide range of organisations and individuals. For example, in 2017 the project delivered an estimate of £90 million as the value of the economic and social/wellbeing benefits of woodland across the county, with the majority of that value being for health and wellbeing. We hope the

project will also inform ways of working and policy in other Local Enterprise Partnerships and Local Nature Partnerships.” More information can be found here.

<https://surreynaturepartnership.files.wordpress.com/2014/09/surrey-nature-partnership-briefing-note-on-a-natural-capital-approach-for-surrey-sept-2017.pdf>

In 2018 The SNP via Surrey Wildlife Trust published [The State of Surrey's Nature](#), providing a current stock-take of the county's biodiversity. The report aims to quantify our most threatened wildlife but also celebrates why Surrey's biodiversity is so special. This will help clarify responsibilities to both national and international conservation, and serve to further inform our priorities at the county level. It will also be a base-line from which to measure future biodiversity trends and changes.



## Conclusion:

2019 has seen further progress in implementing the plan, which continues to play a significant role in coordinating and guiding efforts to conserve and enhance biodiversity in the Borough. **A BIG THANK YOU from the Working Group to all the volunteers who have helped conserve and enhance biodiversity in the Borough during 2019 in all weathers!**



Farewell to Countryside Team volunteer Roy Yarlett, who moved to Devon in November 2019, after many years of dedicated volunteering! Seen here felling his last tree in Horton Country Park LNR on a woodland edge management task. October 2019

If you have any questions or you would like to find out more about the implementation of the Epsom & Ewell Local Biodiversity Action Plan please call 01372 732000 and ask to speak to the Countryside Team or email [countryside@epsom-Ewell.gov.uk](mailto:countryside@epsom-Ewell.gov.uk)



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## **RESPONSE TO PUBLIC CONSULTATION ON IMPROVING HEALTHCARE TOGETHER 2020 TO 2030**

<b>Head of Service/Contact:</b>	Rod Brown, Head of Housing & Community
<b>Urgent Decision?(yes/no)</b>	Yes
<b>If yes, reason urgent decision required:</b>	The period of consultation ends 1 <sup>st</sup> April 2020
<b>Annexes/Appendices (attached):</b>	Annex 1 – Position Statement in response to proposal to site specialist acute unit at Sutton Annex 2 – Proposed consultation response Annex 3 – Consultation documentation
<b>Other available papers (not attached):</b>	Agenda papers Community and Wellbeing Committee 12 June 2018

### **Report summary**

This report considers the consultation response on Improving Healthcare Together 2020-3030 and a Council Position Statement on the consultation.

### **Recommendation (s)**

#### **The Committee**

- (1) agrees the Position Statement relating to the future location of the new specialist emergency care hospital as set out in Annex 1**
- (2) agrees the consultation response to Improving Healthcare Together 2020-2030 as set out in Annex 2**

#### **1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 The Council's key priorities include supporting our community and this report seeks to support our residents through the provision of high quality healthcare.

## **2 Background**

- 2.1 In December 2008 the Council adopted a Charter and Position Statement on the delivery of local NHS services, to be used as a standpoint on a range of NHS services. The Position Statement was updated in 2010 to incorporate the Council's views on a range of NHS services, including the retention of the current A&E services at Epsom hospital.
- 2.2 In response to proposals to sell land at Epsom Hospital, in June 2018 the Council adopted a further Position Statement for issues relating to the future provision of acute services within Epsom and St Helier University Hospital NHS Trusts (ESHUHT) area and the proposed sale of the land.
- 2.3 In 2017, the Epsom and St Helier University Hospital NHS Trust (ESHUHT) undertook a stakeholder engagement process considering options for the location of a future acute services unit.
- 2.4 In 2017 following the stakeholder engagement the ESHUHT completed a pre-consultation process, exploring six possible options for the future of acute services. Following this they produced a strategic outline case for investment in the hospitals for the period 2020 – 2030
- 2.5 Feedback received by ESHUHT during the pre-consultation process has informed the proposals, reducing the options for the future location of a new specialist emergency care hospital from six options to three options.

## **3 Consultation: Improving Healthcare Together 2020 -2030**

- 3.1 On 8<sup>th</sup> January 2020 a public consultation known as "Improving Healthcare Together 2020- 2030" (IHCT) was launched jointly by NHS Surrey Downs Clinical Commissioning Group (SDCCG), NHS Sutton Clinical Commissioning Group (SCCG) and NHS Merton Clinical Commissioning Group (MCCG). The consultation considers proposals to invest in both Epsom and St Helier hospitals and build a new specialist emergency care hospital. The consultation ends on 1<sup>st</sup> April 2020.
- 3.2 The services to be delivered by the new specialist emergency care hospital include:
  - A major emergency department
  - Acute medicine
  - Critical care
  - Emergency surgery
  - Births
  - Inpatient paediatrics or children's beds

- 3.3 Of these six services, critical care and emergency surgery are currently only available at St Helier hospital.
- 3.4 The consultation includes questions on three alternative locations for the new specialist emergency care hospital. The options being considered are:
- St Helier Hospital
  - Epsom Hospital
  - Sutton (alongside the Royal Marsden)
- 3.5 The preference of all three CCGs is to locate the new specialist emergency care hospital at the Sutton site.
- 3.6 The proposals include further investment of £80m in the remaining St Helier and Epsom hospitals and making both hospitals “District Hospitals”. These hospitals would provide a wide range of services including outpatient services, diagnostic services, planned care, hospital rehabilitation and 24 hour Urgent Treatment Centres (UTCs)
- 3.7 If Epsom was not the location for the specialist emergency care hospital the proposals include the commitment that 85% of existing services at these hospitals will remain at each hospital.
- 3.8 In assessing the three alternative location options for the new hospital, analysis was done of travel times to the new locations and a deprivation impact analysis. Details of the various assessments can be found on the Improving Healthcare Together website at:  
<https://improvinghealthcaretogether.org.uk/>
- 3.9 The consultation includes a questionnaire which asks eight questions, including questions about each of the possible locations for the new hospital, as well as about transport and travel. A proposed consultation response on behalf of the Council is included in Annex 2.
- 3.10 The consultation document is included as Annex 3, which includes details of the proposal, how the assessment of the three locations was determined, and the timetable for the changes proposed along with the consultation questions. There is a more detailed consultation document and other information available at the IHCT website above.

#### **4 Health Liaison Panel Public Meeting**

- 4.1 The Council’s Health Liaison Panel held a well-attended public meeting on Wednesday 26<sup>th</sup> February 2020 at Bourne Hall to help inform the Council’s response to the consultation.



- 4.2 At this meeting a presentation on the consultation proposals was given by the Surrey Downs CCG and the ESHUHT. This followed questions and answers from Council Members attending and the public.
- 4.3 During the meeting it was reported that there were three key drivers for the proposed changes:
- Quality - Some key services do not meet the agreed national and regional clinical standards, largely due to the heavy reliance on agency staff. This resulted in the Quality Care Commission rating the Emergency Care and Safety as “Requires Improvement”.
  - Buildings – Some of the existing buildings at both hospitals are not fit for 21<sup>st</sup> Century needs with a lack of single rooms, movement within the hospital is poor including having to transport patients in the open air and poor lifts which frequently fail and an excessive cost for maintenance. .
  - Finance – Both St Helier and Epsom hospitals are operating with significant deficits because of the way services are organised across two sites, without enough permanent staff and in old buildings.
- 4.4 During the public meeting it was disclosed that Epsom was the cheapest build option out of the three proposed alternative locations. However, when considering the impact on the other hospitals by having the new acute services at Epsom, the whole system cost was the highest if Epsom was chosen for the new facility.
- 4.5 It was reported that this additional cost would arise from the need for ambulances, in the densely populated northern extremities of the catchment area, to take patients to geographically closer A&E hospitals.
- 4.6 There were numerous concerns raised at the Public Meeting. These included the possibility of the new hospital being located at Sutton and the impact this would have on travel time for residents of the borough.
- 4.7 There was also concern expressed about the impact of not having the new hospital in Epsom, given the inevitable growth in the population size of the borough and the relatively high elderly population in the borough compared to other areas within the catchment area.
- 4.8 There was concern expressed at the meeting that the District Hospital model proposed might not provide at least 85% of existing services provided by the existing Epsom hospital. There was a clear reassurance that this would be the case and that there would continue to be significant investment in both St Helier and Epsom, should Sutton be the location chosen for the new hospital.

## **5 Financial and Manpower Implications**

- 5.1 NHS Trusts are liable to pay business rates, therefore any change in the provision or scope of NHS services in the Borough could have a future impact on the level of business rates collected.
- 5.2 The proposals being consulted upon by the CCGs do not have any other direct financial or manpower implications for the Council.
- 5.3 **Chief Finance Officer's comments:** *None for the purposes of this report.*

## **6 Legal Implications (including implications for matters relating to equality)**

- 6.1 The proposals being consulted upon by the CCGs do not have any direct financial or manpower implications for the Council
- 6.2 **Monitoring Officer's comments:** *None for the purposes of this report.*

## **7 Sustainability Policy and Community Safety Implications**

- 7.1 Any proposal which increases the distance travelled for local residents would negatively impact upon both vehicle emissions and the time taken to reach appropriate treatment centres.

## **8 Partnerships**

- 8.1 The County wide Health and Wellbeing Board is a partnership with responsibility to strategically lead many partners across Surrey, including all CCGs within Surrey and Epsom and Ewell Borough Council

## **9 Risk Assessment**

- 9.1 The Council has an opportunity to respond to this consultation and to agree a new Position Statement setting out the Council's view on the proposals contained within the consultation. If the Council did not respond to the consultation there would be no opportunity influence the outcome of the consultation.

## **10 Conclusion and Recommendations**

- 10.1 For the reasons expressed in the attached Position Statement in Annex 1 and the proposed consultation response (Annex 2) the Council considers the new emergency care hospital should be created at Epsom hospital with Sutton as the next best location.
- 10.2 The investment of £500m in the healthcare services for Epsom and Ewell Borough residents is thoroughly welcomed, as well as the commitment to continue to invest in Epsom hospital.

- 10.3 The recommendations are that the committee agree the Position Statement relating to the future location of the new specialist emergency care hospital, as set out in Annex 1 and agree the consultation response to Improving Healthcare Together 2020-2030 as set out in Annex 2.

**Ward(s) Affected:** (All Wards);

**Draft Questions: Hospital Consultation**

**Question 1: Our model of care (or new way of working)**

It's a good solution (tick in box)

Whilst we are of the view that Epsom should be the site of the new acute provision, the Council fully supports the business case for the location of specialist services on one site.

We understand the benefits of the model in respect of being able to have a full complement of specialist consultants, medical staff and nursing staff, as well as access to state of the art facilities for those who are acutely unwell.

We also support the retention of district hospital services, and subsequent investment in those sites not chosen for the location of acute services. Epsom and Ewell are seeing not only a population increase, but also an increase in our aging population and as such, this provision would be a vital resource for our residents.

**Question 2a: Sutton hospital as our preferred location**

It is neither a poor or good solution (tick in box)

The Council would be concerned about the location of a new acute service in Sutton based on the following considerations:

Travel time is of significant concern to our residents, especially during peak-times with a challenge on the time taken being under 30-minutes (particularly of those living in the South of the borough)

Epsom and Ewell are predicted to see a significant increase in population size, as well as an increase in our ageing population. Such may lead to a greater need to acute services. We do not feel this has been adequately reflected in the business case.

Sutton and Merton residents live in close proximity to St Georges and Kingston hospitals; both with accident and emergency provision. Croydon University Hospital is also in close proximity.

The build on the Sutton site would be a significant under-taking and remains the most expensive.

Epsom and Ewell also have pockets of deprivation and we are concerned about the accessibility of the Sutton location by these groups.

**Question 2b: St Helier as the location of the new specialist emergency care hospital**

It is neither a poor or good solution (tick in box)

The Council would be concerned about the location of a new acute service at St Helier Hospital based on the following considerations:



Travel time is of significant concern to our residents, especially during peak-times (and more so than the Sutton option), with a challenge on the time taken being under 30-minutes (particularly of those living South of the borough)

Epsom and Ewell are predicted to see a significant increase in population size, as well as an increase in our ageing population. Such may lead to a greater need to acute services. We do not feel this has been adequately reflected in the business case.

Sutton and Merton residents live in close proximity to St Georges and Kingston hospitals; both with accident and emergency provision. Croydon University Hospital is also in close proximity.

Due to the current poor state of the building, this would be the longest time to build and the most complicated, delaying the availability of acute services to our residents.

Epsom and Ewell also have pockets of deprivation and we are concerned about the accessibility of the St Helier location.

#### **Question 2c: Epsom hospital as the location of the new specialist emergency care hospital**

It is a good solution (tick box)

Epsom and Ewell is predicted to see a significant increase in population size, as well as an increase in our ageing population.

Population growth over the next 10-years, up-until 2030, is likely to see us house 87,600 residents, with an additional 3,200 who will be over the age of 65-years. Such a significant growth in population may lead to a greater need for acute services and therefore give just reason for the location of an acute site within our borough. The business case does stipulate that this build will see the least impact on older people.

In addition to this, despite the Council's disapproval Epsom has recently seen the sale of land with the purpose of housing an extra care facility (inclusive of recovery beds), with the addition of key-worker accommodation. These modern facilities may be used in such a way as to attract the specialisms required, whilst offering the opportunity create a centre of excellence in respect of medical care.

Unlike the other populations within the catchment area, Epsom and Ewell residents are also not within easy access of St Georges or Kingston Hospitals, or Croydon University Hospital and therefore the loss of acute care could be deemed to have a greater impact on our borough residents.

Epsom is the cheapest site to develop.

#### **Question 3:**

St Helier hospital – An improvement to the available public transport system and road infrastructure servicing our borough residents, including subsidised costs.

Sutton hospital - An improvement to the available public transport system and road infrastructure servicing our borough residents, including subsidised costs

**Question 4:**

Our residents have reported the following concerns:

- Travel time for all.
- Timely access to acute care, particularly in respect of maternity provision, children, and for our older people.
- provision for mental health care.

The Council supports these concerns, whilst highlighting the need to consider a growing population in relation to these concerns. For example, timely access to acute care is likely to be negatively impact by a growing population whereby there is an increase of cars on the road and therefore increased congestion.

We also need to highlight the needs of our more vulnerable residents, inclusive of mental health but also those with learning difficulties and/or autism, as well as those with physical health concerns. We know there are a disproportionate number of health conditions within these communities that may lead to requiring acute care.

Whilst this consultation process is seeking the views of those who are vulnerable, and the Integrated Impact Assessment gives consideration to certain groups, the consultation document is remiss in documenting how these groups have already been considered in the proposal and the preferred option of Sutton.

**Question 6:**

The preferred solution is to locate the new hospital at Epsom. In light of the increase in costs this option might have across the whole NHS system, our second preference would be the Sutton location.

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## **Annex 1**

### **Position Statement: responses to the Improving Healthcare Together 2020 -2030**

1. The Council welcomes the decision to invest £500m into the provision of world class health care services for the residents of the borough
2. The Council strongly recommends that the proposed new specialist emergency care hospital should be located at Epsom General Hospital. The alternative locations are too London centric, create travel access difficulties for Epsom and Ewell residents and do not adequately address the future expansion of housing and population anticipated in Epsom and Ewell and East Surrey.
3. Should the new hospital not be located at Epsom hospital, in recognition of the wider financial impact on the NHS regarding the hospital location options, as outlined in the consultation documentation, that Sutton is the Council's second preference.
4. It is recognised that Epsom hospital has never had full A&E trauma services, such as emergency surgery. Should the new emergency care hospital not be located at Epsom, a 24 hour Urgent Treatment Centre unit should be retained at Epsom General Hospital which supports treatment for all but the most serious of cases.
5. This council recognises that 85% of current services will remain at Epsom hospital in the event of Sutton or St Helier being chosen as the preferred site for the new acute hospital.
6. Wherever the new emergency care hospital is built, this council recognises the financial benefits to the Trust in reducing their reliance on expensive agency staff. The Council also recognises that the investment in Epsom hospital will significantly reduce the hospital's operating deficit and therefore make the future of Epsom hospital more certain.



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Improving  
Healthcare  
Together  
2020 to 2030

**We are consulting on our proposal to invest in both Epsom and St Helier hospitals and build a new specialist emergency care hospital which could be located at Epsom, St Helier or Sutton hospital.**



## **Full public consultation document**

The consultation is being led by NHS Surrey Downs Clinical Commissioning Group, NHS Sutton Clinical Commissioning Group and NHS Merton Clinical Commissioning Group. They are responsible for planning local healthcare services. The consultation is taking place over 12 weeks starting on 8 January 2020. It will finish on 1 April 2020.

## Get in touch. We are listening.

This document is available on our website in an easy-read format, as a Word document for screen readers, and in large print. Visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk).

If you would like this document in a different format or another language, call **(02038 800 271)** (24-hour answer machine) or email us at [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk).

You can also ask us for a copy of our summary consultation document, which gives you the main information provided in this document. You can contact us in the following ways.

**Phone:** 02038 800 271

**Email:** [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk)

**Send a text message** on: 07500 063191

**Write to:** Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL

**Twitter:** @IHTogether

**Facebook:** @ImprovingHealthcareTogether

**Website:** [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk)

Your feedback on this consultation will help us provide safe, high-quality hospital services for our communities and for future generations across Surrey Downs, Sutton and Merton.

Please take the time to read this document. Send your filled-in questionnaire to **Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL**. You will not need a stamp. If you prefer, you can fill in the questionnaire on our website at [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk).

We must receive your questionnaire by 12am (midnight) on 1 April 2020 for your opinions to be included in the consultation.

### Data protection

We will protect the information we receive and store it securely in line with data-protection rules. We will keep your information confidential, and will not share any of your personal information when reporting statistics.

This document includes some medical and technical words. We define these words in the glossary at the end of this document (page 55).

Please contact us if you would like us to explain any part of this document.

# Foreword

We are GPs and leaders of the local NHS in Surrey Downs, Sutton and Merton. Our NHS organisations, called clinical commissioning groups (CCGs), plan NHS services for local people.

As local GPs we want the best for our patients. We know that our local hospitals, Epsom and St Helier, are facing problems with quality of services, buildings and finance. Despite the hard work and commitment of staff, the hospitals are not able to meet all the necessary quality standards we would expect to see. We want to solve these problems and we believe that to do this we need to create a new 'clinical model of care' to change how hospital care is provided in the future.

Over the last two years we have worked with doctors, nurses, clinical staff and local people to develop a new way of working. We will base our proposals for change on this. We want our local hospitals to continue to be safe for local people, attract expert staff, and care for our patients in modern, state-of-the art buildings.

The Government has allocated £500 million to invest in improving the current buildings at Epsom and St Helier hospitals, and to build a new specialist emergency care hospital. This new hospital would be built at Epsom, St Helier or Sutton hospital.

We believe that we can make hospital services better for local people, better for NHS staff and better for the long-term future of the NHS in our area. As the organisations responsible for arranging healthcare across our combined areas, that is why we (the three CCGs) are leading this consultation process. Following the consultation, we will be making the joint decision about what happens in the future.

We will only make the final decision once we have considered all the feedback we have received from this public consultation, and other evidence we have gathered as part of this work.

**Your views are really important to us.**



**Dr Russell Hills**  
Clinical Chair  
of NHS Surrey  
Downs Clinical  
Commissioning  
Group



**Dr Jeffrey Croucher**  
Clinical Chair  
of NHS Sutton  
Clinical  
Commissioning  
Group



**Dr Andrew Murray**  
Clinical Chair of  
NHS Merton Clinical  
Commissioning  
Group



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# What is this consultation about?

We (NHS Surrey Downs CCG, NHS Sutton CCG and NHS Merton CCG) are leading this public consultation to ask for your views on proposals to change hospital services. We want to hear from patients, carers, representatives from community and voluntary sector organisations, parents and guardians, children and young people, elderly people, health and social care professionals, regulators and the public in Sutton, Merton and Surrey Downs areas and the neighbouring CCG areas.

We are consulting on the options for local hospital services in the area, and will focus on the problems Epsom and St Helier hospitals are facing. This includes consulting on our proposals for how services may change, investing in our current buildings at Epsom Hospital and St Helier Hospital, and building a new specialist emergency care hospital. This consultation document sets out the changes we are proposing and explains the reasons for our proposals.

## Under our proposals:

- the **majority of services would stay** at both Epsom and St Helier hospitals, in refurbished buildings, with both hospitals running 24 hours a day, 365 days a year, and an urgent treatment centre at each hospital, and
- we would bring together **six core (major) services**, which are the emergency department, acute medicine, emergency surgery, critical care and children's beds for the most unwell patients, those who need more specialist care, and women giving birth in hospital. These core services would be provided on one site, in a new specialist emergency care hospital which could be built at Epsom Hospital, St Helier Hospital or Sutton Hospital.

We have developed the proposals over the last two years, and have involved patients and stakeholders (those with an interest in our services). We will continue to respond to issues raised by the public through ongoing conversations around the future of local hospital services.

## This document explains:

- why we need to make changes to the services provided at Epsom and St Helier hospitals
- our proposal for changing our hospital services and the three options we want your views on
- our preferred option
- what these changes would mean to you and your family, and
- how people and organisations across Surrey Downs, Sutton and Merton can get involved and what happens next.

We have also included a questionnaire in the middle of this document.

**(Or you can fill in the questionnaire on our website at [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) if you prefer.)**

It is important to emphasise that we will continue to need both Epsom and St Helier hospitals. We are not proposing to close either hospital. All options would see significant investment in both Epsom and St Helier hospitals.

# Who we are

We are NHS Surrey Downs, NHS Sutton and NHS Merton CCGs. We are responsible for making sure that the services commissioned in our combined geographic area are high quality, safe and sustainable, and that budgets are managed efficiently and effectively. Our organisations are located across Surrey and South

West London. Together, we plan services for a combined population of 720,000.

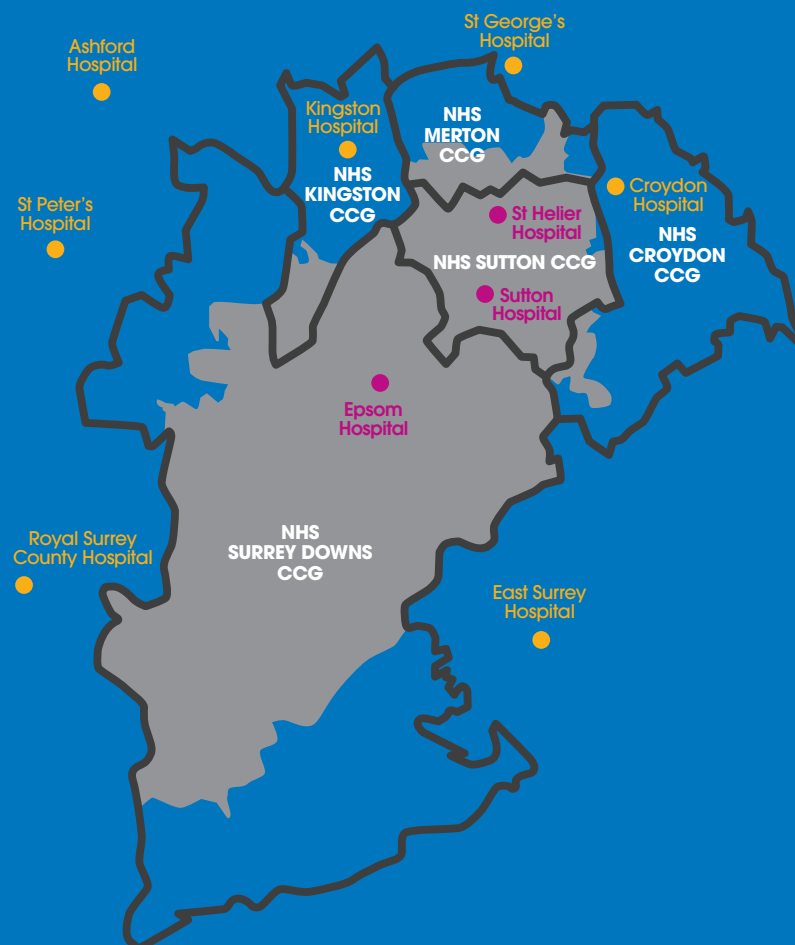
Epsom and St Helier University Hospitals NHS Trust is the main hospital provider within our combined geographical area. It provides hospital services to around 500,000 people from Epsom Hospital, St Helier Hospital and Sutton Hospital.

Today, the hospitals provide a wide range of hospital services for people who mostly live in the London Borough of Sutton, the south of the London Borough of Merton and, in Surrey, for the people of Epsom and Ewell, and parts of Mole Valley, Elmbridge, Reigate and Banstead.

## Combined geography of the three CCGs



## Catchment area for Epsom and St Helier University Hospitals NHS Trust



Key ● Trust catchment

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Most people living in Surrey Downs, Sutton and Merton are generally in good health and use hospital services less regularly than in other areas of England. (For example, if they have a common illness, or need a minor operation, they will visit their GP.)

Surrey Downs has an older and less ethnically diverse population, living in more rural areas, and is wealthier than the average for England as a whole. Outcomes for people

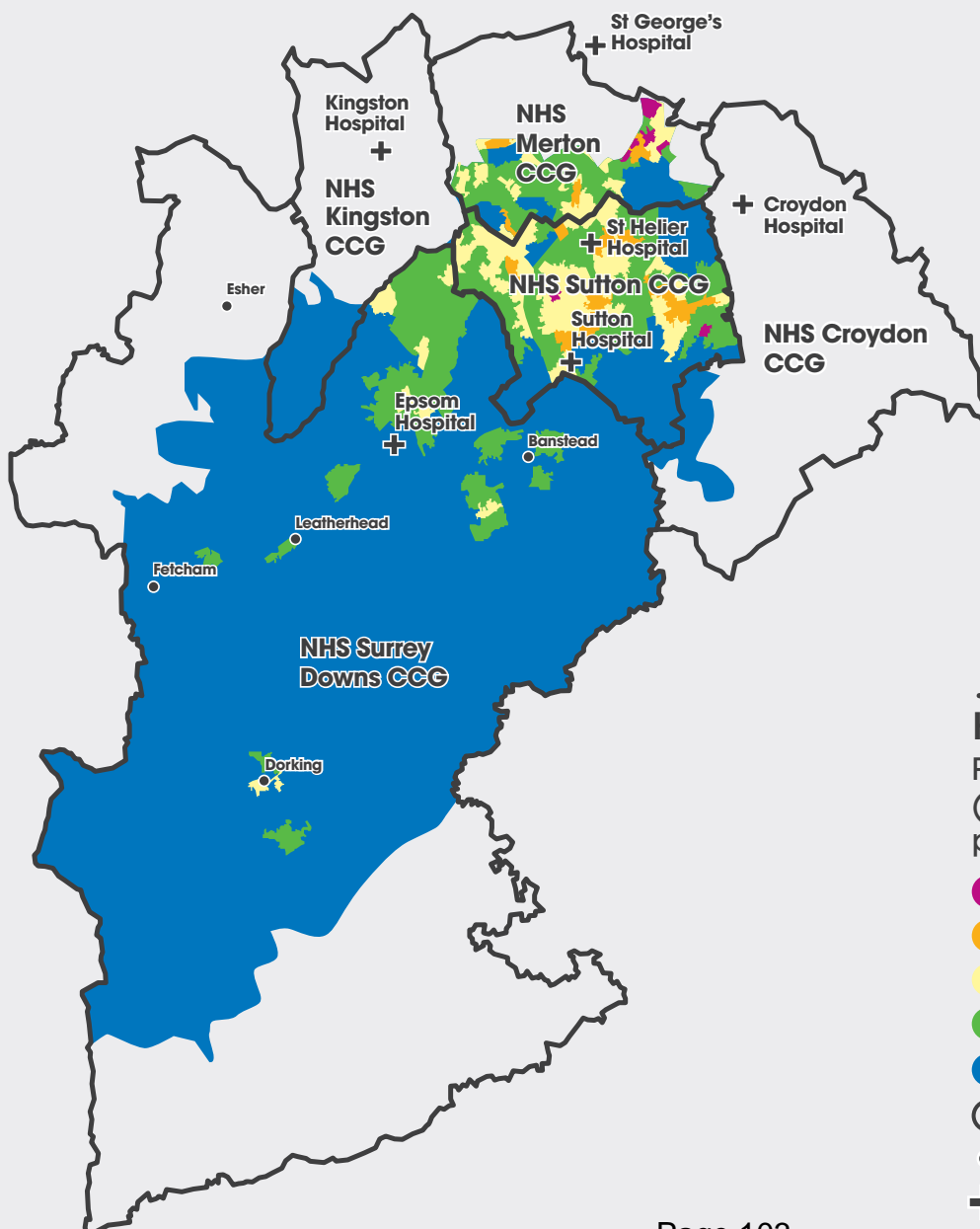
living in this area who need to visit hospital are better than the England average.

- In Sutton, health outcomes are also better than the average for England, and the borough is wealthier than the England average. However, there are health inequalities and pockets of deprivation which result in differences in life expectancy for people living in this area.

- In Merton, the population is older and health outcomes are also better than the averages for London and England. However, there are social inequalities which mean that the life expectancy gap between people living in the most and least deprived areas is six years for men and four years for women.

There are also huge differences in where the people in our communities live, ranging from areas of densely populated housing to sparsely populated rural villages.

There are more details of the people living in our area in the pre-consultation business case (**visit our website [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'pre-consultation business case' in the search box to get to the document**).



### Key

Population density  
(number of people  
per hectare)

- More than 120 people
- 91 to 120 people
- 61 to 90 people
- 31 to 60 people
- Fewer than 30 people
- CCG boundary
- Town
- ✚ Hospital



# Why change is needed

There are three main reasons why we have to change the way we deliver local NHS services.

## 1. Quality

There are not enough specialist doctors, nurses and clinical staff for some of the most important emergency services. This is an issue facing many hospitals and especially those providing the same services on more than one site where they are located close together.

## 2. Buildings

Many of the hospital buildings are older than the NHS, and over half of the hospital space has been assessed as not suitable for treating patients to modern healthcare standards.

## 3. Finances

Not having enough staff and having to maintain old buildings contribute to a worsening financial position for the local NHS.



We want to deal with these challenges and we believe that the best way to do this is by looking at how best to provide care in the future. We are doing this with our partners from all health and social care providers in the area.

## We are clear we want to do three things to improve healthcare locally.

- Make sure we can deliver high-quality hospital services by bringing together six core (major) services onto a new single site, at either Epsom Hospital, St Helier Hospital or Sutton Hospital.
- Deliver better joined-up services and improve continuity of care, patient experience and patient outcomes.
- Deliver district services locally and make sure patients have access to local urgent treatment 24 hours a day, 365 days of the year.

# Meeting the quality challenges

Our role as commissioners is to set clinical standards for care, assess how these standards can best be met and then hold hospitals to account to provide services that meet the standards. In line with national best practice, in 2017 we defined clear clinical standards for six acute services.

These standards set out expected senior staffing levels. We asked local hospitals whether they believe they can meet these quality standards, and all except Epsom and St Helier hospitals said they could. This is why Epsom and St Helier hospitals are the focus of this public consultation.

Based on the agreed standards, there is a shortage of consultants (the most senior doctors) in emergency departments, acute medicine and intensive care. Epsom and St Helier hospitals are not meeting the Royal College of Emergency Medicine's guidance for consultant cover. This is something the Care Quality Commission (CQC), the independent regulator of services, identified recently when it inspected the hospitals. There is also a shortage of middle-grade doctors and nursing staff.

**Nationally, there is a known shortage of clinical staff in many areas.**

In November 2018, The Health Foundation, The King's Fund and the Nuffield Trust published a joint briefing, highlighting the scale of workforce challenges facing the health service and how these challenges threaten the delivery and quality of care over the next 10 years. The briefing showed that NHS hospitals and providers of mental health and community services are currently reporting a shortage of more than 100,000 full-time equivalent staff (representing one in 11 posts), severely affecting some key staff groups. One of the greatest challenges lies in nursing, with 41,000 vacant nursing posts (one in eight posts), but there are also problems in medicine, particularly in some specialties (visit [www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk) and type 'The health care workforce in England: make or break?' into the search box to get to the document).

## Epsom and St Helier hospitals:

- cannot meet the consultant workforce standards set for major acute services across two sites
- have vacant consultant posts and gaps in the staff rota (reducing the quality of care and creating financial pressure)
- have shortages of junior doctors and middle-grade doctors (so the hospitals have to employ temporary staff to fill the gaps in the rotas), and
- have high vacancy rates for nursing and midwifery staff.

Details of the staffing problems facing Epsom and St Helier hospitals are on our website (visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'pre-consultation business case' in the search box to get to the document).

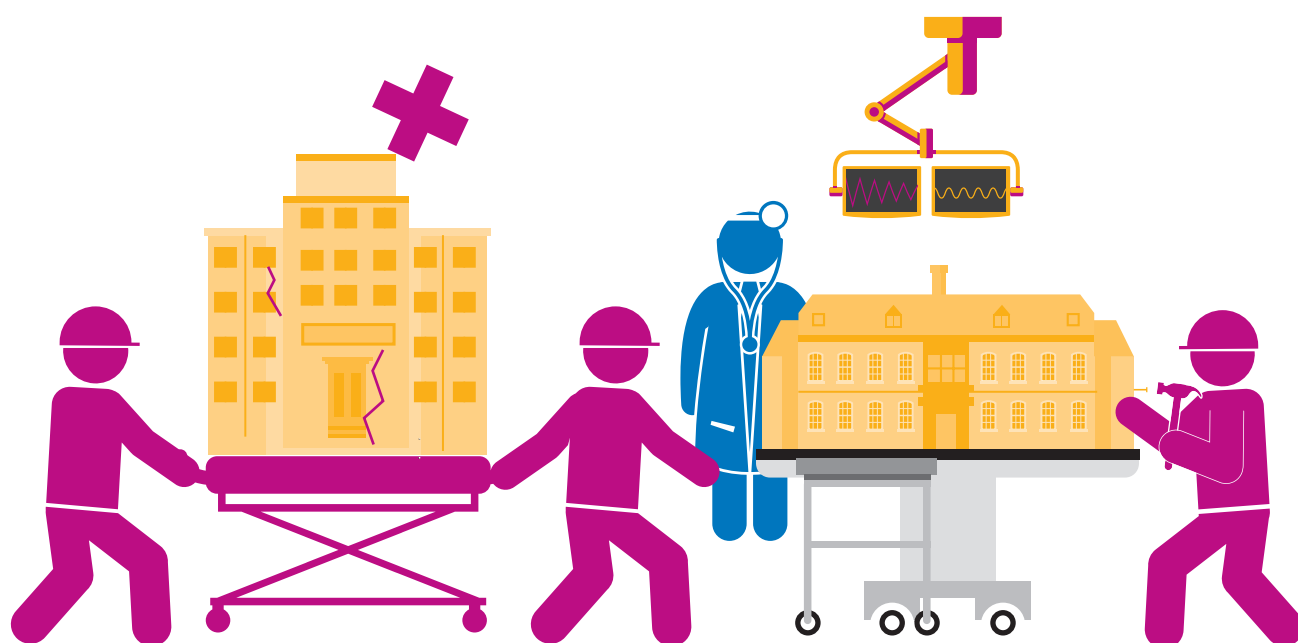
## The hospital buildings are not fit to deliver 21st century healthcare

Our local hospital buildings are old – 57% of the hospital buildings (91% of the St Helier Hospital buildings and 14% of the Epsom Hospital buildings) were

built before 1948. This means that most of the buildings are older than the NHS itself. The buildings need significant and ongoing maintenance, and are

not designed in a way that supports modern healthcare.

**Significant investment is needed to make sure hospital buildings are safe.**



“... in many areas the environment was not always appropriate for the services being delivered, due to the age and structure of the estate.”  
**CQC report, September 2019.**

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The Care Quality Commission (CQC), the independent regulator of health and social care, has continued to rate both Epsom and St Helier hospitals as 'requires improvement' for emergency services, despite giving the Trust an overall rating of 'good'.

## Achieving financial sustainability

Currently, Epsom and St Helier hospitals spend more than they receive in funding, and this is expected to continue unless we change the way care is provided. This is due to the increase in costs for temporary clinical staff to cover vacancies and gaps in staff rotas, the increasing costs of maintaining hospital buildings, and the reduction in opportunities to make savings.

We want our local NHS to be able to run our hospitals with the money they have available.

To meet expected increases in demand for hospital services from an ageing population, and other increases in costs, by 2025 to 2026 Epsom and St Helier hospitals may need around £23 million more funding each year than is likely to be available.





# What we are proposing

We have a clear clinical vision – to make sure the very best quality of care is available to people living in Surrey Downs, Sutton and Merton. At the heart of our vision is keeping local people well, and providing as much care as possible close to people's homes.

We want to make sure the very best care is available to our patients and communities, and that this care can continue to be provided in buildings which are fit for purpose. We need to make sure that when you are seriously ill or at risk of becoming seriously ill, you

have access to the highest-quality care locally, at any time of day, 365 days a year.

## **We are clear we want to do three things to improve healthcare locally.**

- Deliver better joined-up services.
- Deliver district services locally in buildings that are fit for purpose and make sure that patients have access to local urgent treatment 24 hours a day, 365 days of the year.
- Make sure we can deliver high-quality key (major) acute services by bringing six services together on a single site in a new purpose-built specialist emergency care hospital, which could be at either Epsom, St Helier or Sutton hospital.

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Surrey Downs   Sutton   Merton

## District hospital services

District hospital services include urgent treatment centres, outpatients, day case surgery, low-risk antenatal and postnatal care, imaging and diagnostics, and district beds (for patients who are no longer seriously ill). District hospital services are also supported by services in the community, such as GP appointments, social prescribing (where health professionals refer patients

to support in the community, in order to improve their health and wellbeing) and mental health services.

District hospital services should be closer to patients' homes, as these are the services that people may need more often.

Under our proposals, both Epsom and St Helier hospitals would continue to provide district hospital services, with

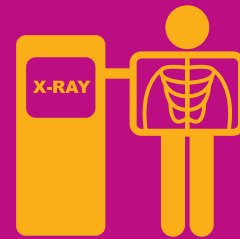
GPs, community health, public health, social care and mental health services coming together with hospital clinicians to support people in their communities. Both hospitals would have urgent treatment centres (UTCs) which would be open 24 hours a day, 365 days a year. The UTCs would be staffed by doctors and specialist nurses.



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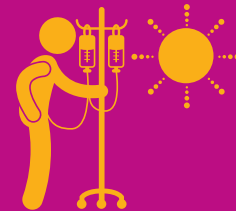
**Outpatient services and treatment** for follow-up or first appointments with hospital doctors, including antenatal and postnatal care, and kidney dialysis at St Helier Hospital



**Diagnostic services**, including X-ray, endoscopy, pathology, ultrasound, radiology and MRI scans



**Urgent treatment centres** open 24 hours a day, 365 days of the year for people with non-life-threatening conditions who can make their own way to hospital (which is around two thirds of the patients who currently use A&E)



**Planned care procedures**, for example day case operations, minor surgery, injections, radiotherapy and chemotherapy. The South West London Elective Orthopaedic Centre would remain at Epsom Hospital.



**Hospital rehabilitation beds**, particularly for older people who are recovering from illness or to prevent them from becoming more ill



## Joining up services

We have been working to join up primary, community, social, mental health and hospital care.

Epsom and St Helier hospitals are already working in partnership with other health and social care services to provide care. This has resulted in fewer people

needing to be admitted to hospital and a shorter stay for people who do need hospital care. The hospitals have received feedback from patients using these services (and their carers) which shows they feel more supported and able to manage their ongoing health issues.

## Urgent treatment centres

In our proposals, the UTCs would be open 24 hours a day, 365 days a year, and would be staffed by doctors and emergency care nurses. This would mean that if you had an injury or health condition that was not life-threatening, you would continue to go to your own local hospital, just like you do now.

We are proposing that both Epsom and St Helier hospitals would have a UTC. If the new specialist emergency care hospital was built at Sutton, there would be an extra UTC based at Sutton Hospital.



### **Merton GP and Clinical Chair of NHS Merton, Dr Andrew Murray, said:**

"If we don't change how we provide our hospital services, the quality and safety of care for people is going to get worse – we already face a shortage of doctors, and never-ending repair costs for very old buildings."

### **Surrey GP and Clinical Chair of NHS Surrey Downs, Dr Russell Hills, said:**

"It's important to stress that under all the proposals and options, the vast majority of the current services would continue at refurbished Epsom and St Helier Hospitals. Both hospitals would continue to provide care for people with injuries like broken bones, for day surgery, beds for older people recovering from illness and outpatient services – with urgent treatment available for local people day and night."

### **Sutton GP and Clinical Chair of NHS Sutton, Dr Jeff Croucher, said:**

"It's not acceptable that we don't have enough single rooms at our hospitals for patients who are at the end of their lives or for patients who need better privacy and dignity. We must make sure this investment comes into the Epsom and St Helier Trust, for the sake of all our local patients, their children and grandchildren."

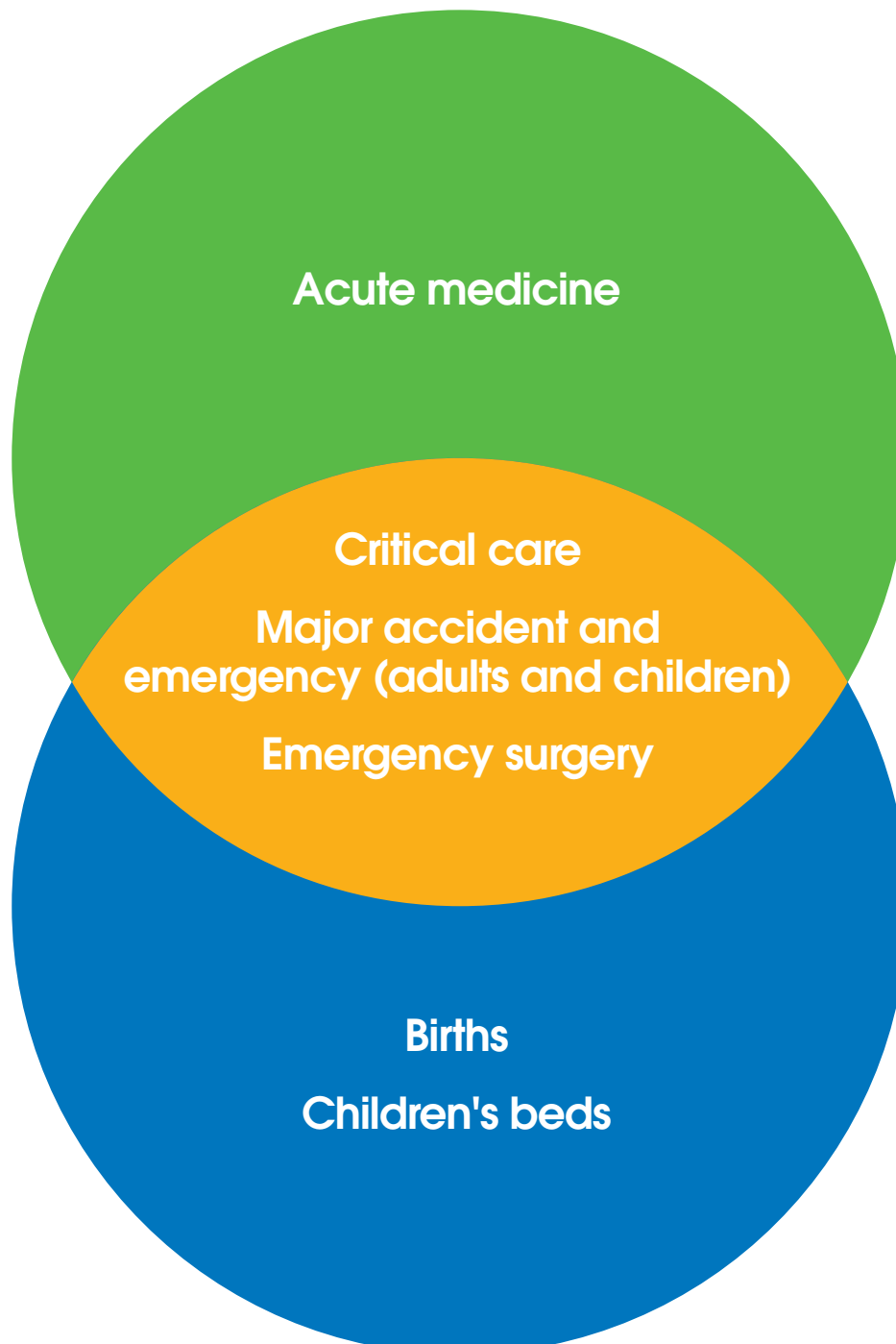
## Major acute hospital services

Major acute hospital services are the services you may need if you are very unwell. They include emergency departments, acute medicine, critical care, emergency

surgery, obstetrician-led births, and paediatrics. Major acute hospital services all use intensive care services, and specialists need to be involved in caring for high-risk

patients who need hospital care. These services are 'co-dependent', which means that they need to be close together.

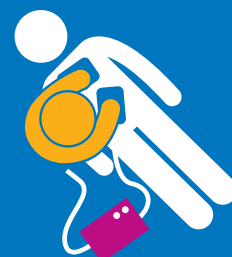
### Adults



### Women and children

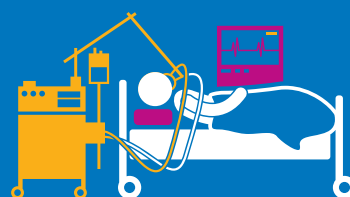
We believe that six core services should be brought together in a new specialist emergency care hospital so that the most unwell patients, those who need more specialist care, and women giving birth in hospital get the right support straight away from senior specialist staff.

We want to bring together at one site (Epsom, St Helier or Sutton) **six core (major) services** for the most unwell patients and those who need more specialist care



### **A major emergency department**

for the sickest patients with life-threatening conditions, including a specialist children's A&E



### **Critical care**

for the specialist care of patients whose conditions are life-threatening and need constant monitoring, usually in an intensive care unit

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Of these six services, emergency surgery and intensive care are currently only provided at St Helier Hospital.



# What these changes would mean

Keeping the majority of services at Epsom and St Helier hospitals in refurbished buildings, and bringing together six core services onto one site in a new specialist emergency care hospital, would result in improved clinical outcomes for patients. This means that patients would have the best chance of getting better sooner and being as well as they can be.

Our proposals would mean that the number of doctors

and nurses needed to treat and care for patients would be available where and when they are most needed. The new specialist emergency care hospital would meet local and national standards for the number of consultants (senior clinical decision-makers) for an emergency department (A&E), acute medicine department and intensive care department. All of this would improve patients' experience of their care and reduce their stay in hospital.



## What the proposed changes mean.

### Our proposed changes would have potential benefits.

- More consultants would be on duty in hospital to care for patients who are very sick or who are at risk of becoming seriously ill. This means we would be meeting the standards for the number of consultants on-site, which we know improves care, quality and outcomes and helps make sure patients receive specialist care and assessments without delay.
- The quality and outcome of care would improve. Reducing differences in care by providing services seven days a week has been shown to improve clinical outcomes and patient experience, reducing the risk of further illness and death which could be avoided.
- Patients would have access to more specialist doctors and nurses. Bringing six services together onto one site means that more patients would be seen by the clinical team. This would help staff maintain and improve their skills and expertise.
- Patients would have access to 'co-dependent services' when needed as the core services would be provided on one site. This would improve outcomes for patients.
- Patients' experience of hospital would improve as a result of being treated in modern buildings that are fit for purpose, and in the most appropriate care settings, closer to home where possible.
- Mental-health services would improve, as psychiatry services would be introduced.
- Workforce challenges would improve as staff would be working in better buildings and meeting minimum standards, and would have more time to provide care direct to patients, and junior staff would receive better training and supervision with an improved approach to multi-disciplinary care (care involving several different departments and specialists).

### Our proposed changes would have potential negative effects.

- The proposed changes would mean that hospital births would no longer be available at both Epsom and St Helier hospitals. Also, five other services would only be available on one site (the specialist emergency care hospital). This would mean that patients needing a major accident and emergency department, critical care, emergency surgery, acute medicine and children's hospital beds would have these provided on one site, instead of two.
- Under the proposed changes, moving the six services onto a new single site would result in some patients having to travel further to the new specialist emergency hospital.
- Moving the six services from two sites onto a new single site could be seen as limiting choice and making services less accessible.
- Some people may have to travel further and experience longer journey times when visiting someone in the specialist emergency care hospital.
- For some people, journeys to the specialist emergency care hospital could become more expensive and more complicated. This could mean using several methods of transport (for example, buses and trains). If this becomes the case, it is likely to affect older people, disabled people, people from ethnic-minority groups, pregnant women and people living in deprived areas.

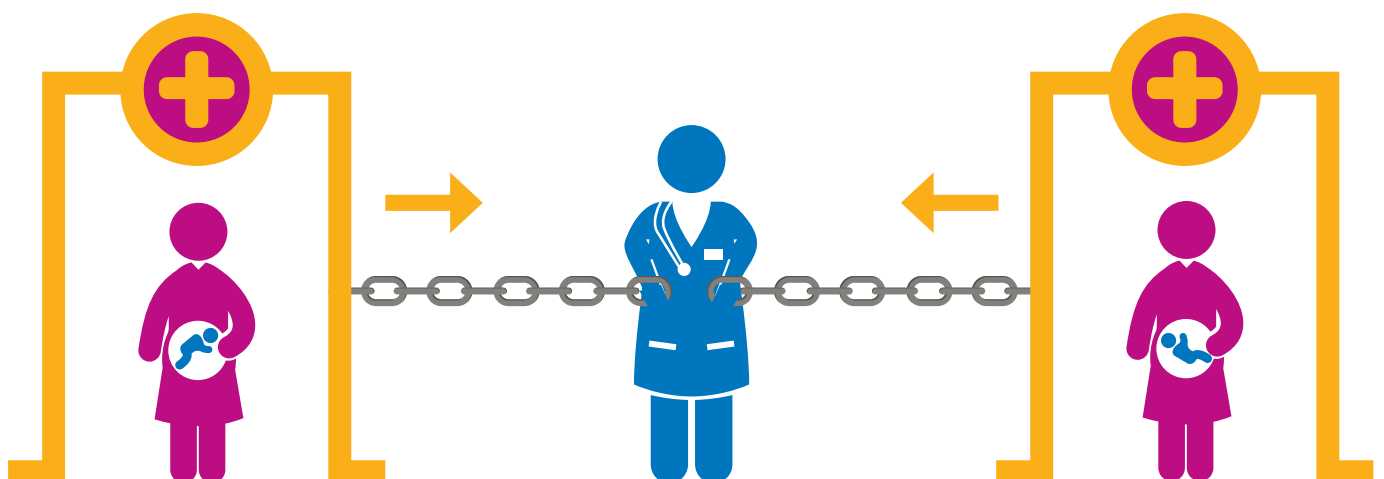
Dr Amir Hassan, Clinical Director of Emergency Medicine at Epsom and St Helier hospitals, said:

“By focussing the more unwell patients on a single site, we will be able to consolidate our junior and senior workforce, providing better quality care, more consistent consultant presence in the emergency department later into the evening and greater depth of staffing to provide more timely care to our patients.”



Marion Louki, Director of Midwifery and Gynaecology Nursing at Epsom and St Helier hospitals, said:

“Bringing the two maternity units together onto one site, would mean we can ensure a greater number of hours of consultant presence in the hospital. It would mean we would have the specialist medical and midwifery to support women, families and staff when it is needed, providing the very best care to women and babies.”





# The following case studies describe our vision for local healthcare under these proposals.

## Kushi's story – having a baby

Kushi is very excited as she has found out she is pregnant. After telling her partner and her mum, she makes an appointment to see her GP. Her GP talks to her about the choices for having her baby. She lives near to one of the district hospitals and chooses to have her appointments here instead of with the midwife in a community clinic. She also sees her GP regularly.

After discussing it with her partner and her mum, Kushi decides she wants to have her baby in hospital. This means she would be having her baby in the specialist emergency care hospital rather than at home. Her sister had a difficult birth with her first child, so Kushi wants to make sure there is an expert doctor available at any time of the day or night to help if needed.

When the time comes for Kushi to have her baby, her partner drives her to the specialist emergency care hospital. Everything goes well and the midwife delivers the baby. Kushi is relaxed as she knows that a consultant is on the labour ward 24 hours a day, seven days a week, so help will be available if she or the baby needs it.

Kushi goes home the next day and her midwife visits her to make sure she is settled and has everything she needs, including a number to call if she or her baby needs help. Kushi and her baby have routine baby checks at the local community clinic and GP practice.



## Mary's story – being unwell and recovering

Mary is 85 and has lived alone since her husband died a year ago. She is well-supported by her daughter, who lives locally, but is still getting used to life alone. Mary is proud of her independence and until recently has managed her type 2 diabetes well. Mary's health needs are complicated because she also has lung problems which cause breathing difficulties.

When Mary's husband died her GP arranged for her to be looked after by a team of health and care professionals with different skills. This included a doctor, physiotherapist, social worker and pharmacist. They assessed Mary's physical needs, as well as her mental wellbeing, and agreed a plan for the best way to care for her and help her to live independently.

With Mary's agreement, this care plan can be seen by all the health and care professionals involved in her care. Her daughter can also read it on an app on her mobile phone. The actions on the care plan include checking Mary's blood to monitor her diabetes, regular medication reviews, an invitation to a wellbeing class and an introduction to a local book club, as she is a keen reader. All the professionals in Mary's health and care team work together and are closely linked to the district hospital. One member of the team is her key contact, and they keep in touch regularly.

Unexpectedly, at 8pm on a Friday night, Mary develops bad tummy pains. She calls her daughter, who immediately calls 999. The ambulance crew can see Mary's care plan, including what tablets she takes and what her health issues are. The ambulance takes her straight to the specialist emergency care hospital.

Mary needs emergency surgery and she is looked after in the intensive care unit before and after her operation.

Mary's operation goes well and she feels much better and is out of intensive care in a couple of days. However, the treatment has left her feeling weak and has made her diabetes a bit harder to manage. Her daughter is worried about her going home.

Mary is transferred to her local district hospital, where a team focuses on getting her fit, strong and ready to go home. Mary's care is led by a new type of health professional, who is a specialist in looking after people who are getting ready to go home and who has expert knowledge of both community and hospital services.

Mary's care plan is strengthened with more care and support. This includes a mental wellbeing assessment and a visit by her key contact from the team who support her at home. The hospital team agree she can go home, but will receive extra support and care until she regains her confidence. Over the next few weeks Mary gets back into her usual routine, including catching up on her reading for her book club.

## Thomas's story – a severe accident

Thomas buys his first car at the weekend. On Saturday evening he loses control on a wet road near the specialist emergency care hospital and suffers severe brain injuries.

Even though the specialist emergency care hospital is very close, the ambulance crew drive him with blue lights straight to St George's Hospital, which is the nearest 'major trauma' (severe accident response) centre.

It is very important that Thomas receives specialist and expert care from the experienced doctors, nurses and other specialists in the trauma team. There are four of these teams at four NHS trusts in London, including St George's

Hospital in South West London. Because the ambulance bypasses his local A&E and takes Thomas straight to the nearest trauma centre, he has the best chance of survival and the smallest risk of permanent disability.

Thanks to the specialist trauma team at St George's Hospital, Thomas is able to walk, talk and play football again only 10 months after the accident. This system of bypassing local A&Es and taking patients to specialist trauma centres (if this means they will receive the most appropriate care) has been in place in London since 2009 and has saved many lives. The same system is used for patients who have had a heart attack or stroke. This system would continue under these new proposals.

## Farrah's story – a young person with diabetes

Farrah is 15 years old and lives with her family near a district hospital. Farrah has type 1 diabetes, which develops early in life, and she needs daily insulin injections. Farrah's parents help her control her diabetes (manage her blood-sugar levels), making sure she takes the right amount of insulin at the right times, that her school has up-to-date knowledge of her care, and that she has regular follow-up appointments with the paediatric diabetic specialist team (a diabetes team that deals with children and young people).

The team runs regular outpatient clinics at both district hospital sites. Farrah or her parents can also contact the diabetes specialist nurse, 24 hours a day, every day of the week, if they have any concerns.

If Farrah has any kind of diabetes-related emergency, an ambulance will take her to the paediatric emergency centre at the specialist emergency care hospital.

There is little change to the day-to-day clinical care of Farrah's diabetes. Almost all children's diabetes care can be managed in outpatient departments, with very few children ever needing to be admitted to hospital. However, if Farrah did need specialist inpatient care, under the proposals a team of specialist clinical staff could give her round-the-clock specialist care at the specialist emergency care hospital.

There would also be dedicated children's high-dependency beds at the specialist emergency care hospital (currently not available at Epsom and St Helier hospitals) so that children could receive the very highest level of care if they ever needed it.

## Frank's story – severe chest infection and recovering

Frank is 72 years old. He lives alone at home and has family and friends close by. Frank has been unwell with a cough and a temperature for a week or so. He becomes severely short of breath and unable to talk easily. On Friday evening his friend calls the ambulance and tells the paramedics that Frank is struggling to breathe and talk. When the paramedics arrive, they carry out continuous observations on Frank, closely monitoring him and giving him oxygen treatment in the ambulance on the way to the specialist emergency care hospital. The consultant in the emergency department assesses Frank's condition and diagnoses him with pneumonia (a severe chest infection). She immediately refers him to the intensive care unit (ICU). Frank is reviewed by the ICU consultant and team, who very quickly put a clear treatment plan in place.

By Sunday evening, Frank is well enough to be moved out of ICU to a medical ward at the specialist

emergency care hospital. He still needs antibiotic injections and a daily medical review, as well as treatment from the chest physiotherapist on the ward. He is gradually getting better but is not yet well enough to go home. After five days in hospital, Frank can breathe more easily and is taking antibiotic tablets rather than having antibiotic injections. He is keen to go home, but his time in hospital has left him feeling weak and unable to walk very far.

The team at the specialist emergency care hospital recommend that Frank has some focused rehabilitation in a district hospital to help speed up his recovery. He can continue the treatment for his pneumonia and focus more on getting his strength and his confidence back. Frank is reassured to see the district hospital team are involved in seeing him each day on the ward even before he leaves the specialist emergency care hospital.

Frank is transferred to the district hospital for another five days, before going home feeling stronger and more confident. His family and friends are confident they can help him to manage at home because he is back on his feet before he leaves hospital.



# What people have told us

Over the past two years we have been gathering local people's views on hospital services. This has included involving groups who are most likely to be affected by our proposal to bring the six hospital services onto one new site, including people who use children's, maternity and emergency services. We used different methods to involve as many residents as possible across the Surrey Downs, Sutton and Merton area.

## From the responses we received, we learnt that:

- people agree that things must change to make sure there is high-quality hospital care for future generations
- people recognise that workforce challenges and problems with current buildings need creative solutions, but there is no clear agreement about the type of change needed
- people value their local health services and, on the whole, are in favour of keeping services closer to home

- some people are willing to travel further and some would prefer to be cared for at home or closer to home, and
- people are concerned about how long it takes to travel to hospital, the cost of transport, parking and other access issues, especially for older people, people living with long-term illnesses and those who live on a low income or have trouble getting out and about.

We have published this feedback on our website (**visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'independent analysis on feedback' in the search box to get to the document**).

## How local people have influenced our proposals

### We have used the feedback we have received from residents, patients and carers at each stage of developing our proposals to:

- help shape a new clinical model, including extending the opening hours of the proposed UTCs from 8am to 8pm to 24 hours a day, 365 days of the year
- design the criteria we used to assess the options and discuss what is important to local people by looking at the advantages and disadvantages of each option, and

- highlight the effects the proposals could have on different communities (for example, residents on a low income and those living with long-term illnesses) so we can strengthen the proposals.

We have also used feedback from patients and the public to assess how the proposals might affect different groups, including older people and people from an ethnic minority. We are continuing to do this through our integrated impact assessment, which is described on page 36.





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# What do doctors, nurses and other NHS staff say?

There have been many discussions involving GPs, hospital doctors, nurses and healthcare professionals about the need for change and what that means for local hospital services. These local discussions have shown there is a lot of support for bringing six hospital services together onto one new hospital site.

The Clinical Senates of London and the South East have also provided independent advice. The senates are made

up of highly experienced senior doctors, nurses and other clinicians who are experts in their own fields. They have studied the proposed changes and have stated that there are significant benefits to bringing together the six core services at a new purpose-built specialist emergency care hospital. The senates' report is available on our website (**visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'clinical senates report' in the search box to get to the document**).

We also have a Clinical Advisory Group, made up of local clinicians from across primary and hospital care, including hospital doctors and GPs, nurses and other clinical leaders from across Surrey Downs, Sutton and Merton. This group has led the development of the proposed changes.

We have also included other local hospitals and ambulance services in the proposals, to look in detail at how possible changes might affect the services they provide (see page 41).

## How we developed our options

To identify the different potential solutions to the problems our hospitals are facing and deliver our clinical model, we have considered four ways that services can be organised. This is intended to provide as many potential solutions as possible to create a long list. We have considered:

- the number of major acute hospitals in our combined areas
- the services offered by these major acute hospitals
- ways that more staff from outside the area can support our services, and
- the sites that can be used to deliver major acute services.

At this stage, we are focused on the widest range of potential solutions and this is described in our pre-consultation business case (**visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'pre-consultation business case' in the search box to get to the document**).

We want to maintain both Epsom and St Helier hospitals as thriving district hospitals, and make sure hospital services remain within the Surrey Downs, Sutton and Merton area.



## Understanding all the possible solutions

We followed a best-practice approach to understand all the possible solutions to the challenges facing Epsom and St Helier hospitals. We narrowed these down to a shortlist which would provide the best care and outcomes to the people of Surrey Downs, Sutton and Merton.

### This involved six main steps.

**1** Developing all the potential solutions to the challenges facing Epsom and St Helier hospitals and applying initial tests to reach a shortlist of options that would provide the best outcomes and benefits to patients.

**2** Developing and evaluating the shortlist of options using specific criteria which were important to patients and the public.

**3** Developing further evidence to understand the benefits of each of the options.

**4** Carrying out a financial analysis for each option.

**5** Having the evaluation of the options considered by NHS England and NHS Improvement, the Clinical Senates and the Improving Healthcare Together Programme Board.

**6** Setting up a committee of the three clinical commissioning groups to consider all the evidence for the shortlist.

The process to get to the shortlist was tested with the public before a final shortlist was agreed.

## Developing all the possible solutions to our challenges

We began our work by setting out the clinical standards we need to achieve, based on regional, national and Royal College guidance, to provide the best outcomes and benefits to patients. We worked with clinicians from the hospitals and local GPs to consider this when developing the new clinical model. To make sure that the possible solutions would work, we looked at three main tests.

**1** Would the potential solution keep major services within Surrey Downs, Sutton and Merton? All the solutions need to keep all major acute services within the Surrey Downs, Sutton and Merton

area. We ruled out all options that would mean moving any services out of this area.

**2** Would the potential solution reduce staff shortages and challenges the hospitals are facing? The only options which would solve staff shortages were those that would bring the six services together onto one of the three hospital sites – Epsom, St Helier or Sutton.








**3** Where would it be possible to build a new specialist emergency care hospital? We considered if it would be possible to build a new specialist emergency care hospital on each of the

current Epsom, St Helier and Sutton hospital sites, and any other sites that are not already part of the NHS. We found there is no affordable, appropriate land available in the Surrey Downs, Sutton or Merton areas, other than on Epsom, St Helier and Sutton hospital sites.

Details of the workforce solutions are on our website (**visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'pre-consultation business case' in the search box to get to the document**).

# Applying these three tests resulted in a shortlist of three options.

We concluded that there are three possible options.

	Epsom Hospital	St Helier Hospital	Sutton Hospital
<b>1</b> <b>Epsom</b> as the site of the specialist emergency care hospital  This would include UTCs at both Epsom and St Helier hospitals, open 24 hours a day, 365 days a year.			
<b>2</b> <b>St Helier</b> as the site of the specialist emergency care hospital  This would include UTCs at both Epsom and St Helier hospitals, open 24 hours a day, 365 days a year.			
<b>3</b> <b>Sutton</b> as the site of the specialist emergency care hospital  This would include UTCs at Epsom, St Helier and Sutton hospitals, open 24 hours a day, 365 days of a year.			



**Specialist emergency care hospital (SECH) services**, including major emergencies, acute medicine, inpatient surgery, paediatrics, births and critical care



**District hospital (DH) services**, including inpatient beds, urgent treatment centres (UTC), outpatients, day case surgery, dialysis and chemotherapy



**Urgent treatment centre**

# Assessing the shortlist of options

We used specific criteria to develop and assess the shortlist of options. These criteria were developed by members of the public, clinicians and healthcare professionals from across the local area.

There is an independent report of this process on our website (visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'options report' in the search box to get to the document).

The public identified 16 non-financial criteria, reflecting what was important to patients and the public. These non-financial criteria were grouped into six categories.

## Non-financial criteria



### Quality of care



### Long-term clinical sustainability



### Meeting the health needs of local people



### Fit with the NHS Long Term Plan



### Access, including travel



### How easy it is to deliver

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- 
- a Clinical quality**
  - b Patient experience**
  - c Safety**

- 
- a Availability of beds**
  - b Delivering urgent and emergency care**
  - c Staff availability**
  - d Workforce safety, recruiting and keeping staff**

- 
- a Deprivation**
  - b Health inequalities**
  - c Older people**

- 
- a Aligned with wider health plans**
  - b Joining up care**

- 
- a Accessibility**

- 
- a Complexity of build**
  - b Effect on other providers**
  - c Time to build**

Sutton Hospital received the highest score by the public and clinicians as the proposed site for the new specialist emergency care hospital. This was followed by St Helier and then Epsom.

The non-financial evaluation criteria that were developed by the public reflect local priorities and were used to score each of the options on the shortlist.



# Further evidence

After developing the criteria and scoring the options, we looked at further evidence to understand the advantages of each of the shortlisted options. This included understanding

the benefits of the clinical model, the effect on other local hospitals, and the effects on deprived communities, older people and health inequalities for each of the options. We assessed further

evidence to understand any effects on the shortlist of options and the advantages of each of them. We then carried out financial analysis of the options.

## Deprivation impact analysis

We have commissioned an independent report into how the proposed changes might affect deprived communities. The full report is on our website (**visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'deprivation impact assessment' in the search box to get to the document**).

Deprivation is a key factor linked to health inequalities, and any changes to the health outcomes for those from deprived areas could be affected by our proposals.

Health inequalities may be made worse by longer

journey times, particularly if these journey times affect deprived communities. However, the planned changes to district services may reduce health inequalities. District hospital services could reduce health inequalities for deprived communities by, for example, focusing on wellbeing and preventing people becoming very ill.

**This study found that:**

- there is evidence that health outcomes are worse in deprived communities
- there is less evidence linking deprivation with the need to use major acute services
- people living in our areas currently have relatively easy access to major acute services
- proposals for changing the location of major acute services are likely to have little effect on access to these services, and
- improving the health and care services that people may use before they need major acute services is likely to have a bigger effect on improving health outcomes for deprived communities within our combined area.

## Integrated impact assessment

It is best practice for decision-makers to carry out an integrated impact assessment to assess the likely effects of any proposed changes to services for local communities.

We have carried out an integrated impact assessment

which provides evidence and recommendations for each of our proposed options across four different assessment areas – equality, health, travel and access, and sustainability.

The integrated impact assessment looks at the

possible effects of our proposals on the whole population, as well as highlighting certain groups of people (sometimes referred to as equalities groups or protected characteristic groups) who may be affected differently by our proposals.



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The integrated impact assessment is available on our website (**visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'integrated impact**

### **assessment' in the search box to get to the document).**

Following our public consultation, we will review the integrated impact

assessment against the findings of the consultation, and update the assessment to include any further effects and recommendations.

## Patient outcomes

**Across all three options, patients are likely to experience improved outcomes as a result of:**

- hospitals achieving workforce standards which promote care being provided by consultants
- differences in the quality of services being reduced as services are provided seven days a week
- the services being provided on one site, meaning more patients can be treated by specialist staff, and
- having access to co-dependent services because they would be provided on one site in buildings that are fit for purpose.

This is likely to have a particularly positive effect on people in the protected characteristics groups which have been identified as having a greater need for acute services than most people.

## Health equalities

Health outcomes across the Merton, Sutton and Surrey Downs areas are generally in line with or better than those in London or the rest of England. However, there are health inequalities in certain areas. Deprivation is a key factor that is linked to health inequalities. Any changes to the health outcomes for people from deprived areas, as a result of the proposed options, are likely to affect health inequalities.

Deprived communities in our combined area are likely to be only slightly affected by longer journey times under the St Helier and Sutton hospital options. The option for building the new

specialist emergency care hospital at Epsom Hospital would have a bigger effect on deprived communities when looking at how people would need to travel to hospital (by car, blue light ambulance or public transport). For example, for people travelling to hospital by blue light ambulance, some people from deprived communities may experience increases in journey times of between 15 and 30 minutes under the Epsom option. However, for ambulance journey times, older people are expected to be affected more if the new specialist emergency care hospital is built at St Helier Hospital

when compared with the other options. This is because many of the older people in our area live in the more rural south of Surrey Downs.

The planned changes to district services may lead to improved health outcomes for people from deprived areas and bring about changes which would help to reduce health inequalities. The district services would play an important role in creating a focus on wellbeing and preventing people from becoming very ill, and would help us target our efforts on helping patients make changes to their behaviour that is linked to poor health outcomes.

# Accessibility of district hospital services

The proposed options for change may improve patient access for some services as there would be different defined points where people could access urgent care services.

All communities are likely to use and need district hospital services more often than acute emergency services. Keeping district hospital services as local as possible, and transforming the way they work, may help reduce any potential negative effect caused by deprived communities having to travel further to access acute services.

Patient choice for 24-hour urgent care will be reduced as two major accident and emergency departments come together on one site. However, there will be either two or three urgent treatment centres at the district hospitals (three for the Sutton option) which would be open 24 hours a day, 365 days of the year.

## Patient experience

It is likely that patients' experience of hospital services will improve as a result of the care they receive being more consistent and joined up, improved care being provided by consultants (which will reduce differences in the quality of care), and services being provided in buildings that are fit for purpose.

## Workforce

Hospital staff are likely to see longer-term positive effects as a result of rotas which are filled with the right number of experienced staff, new job roles, training opportunities, and through working as part of larger clinical teams. This may help the hospitals to keep the staff they have and recruit new staff.

The proposed changes may personally affect some staff as they become used to a change in their workplace and possible changes to the work patterns, their position and the teams they work in.



# Accessibility of hospital services

Across the options for change, hospital buildings that are fit for purpose would benefit those protected characteristic groups who face challenges with the accessibility of the current hospital buildings, such as older people and those with a disability or mobility issues. The full report

provides details of the effect on each protected characteristic group.

**(Visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'first draft interim IIA report' in the search box to get to the document.)**

## Patient choice

The proposed changes would mean that five services would no longer be available at both Epsom and St Helier hospitals. This means that patients who need major accident and emergency, critical care, emergency surgery, acute medicine, and children's hospital beds, and women giving birth in hospital, would have these services provided on one site, instead of two.

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# Travel times for patients

As all three options involve moving acute services from two sites to one, they are all likely to result in longer journey times for some patients.

The majority of patients (99.7%) within the Surrey

Downs, Sutton and Merton area will be able to travel to an acute service within 30 minutes by either car or blue light ambulance. (The acute service they travel to may not be at Epsom, St Helier or Sutton hospitals, but at another hospital.)

There are more details on travel times on our website (visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'baseline travel analysis' in the search box to get to the information).

As an example, the proportion of people in the Surrey Downs, Sutton and Merton area who can access the new specialist emergency care hospital within 30 minutes on a Tuesday morning (peak time 7am to 9am).

Method of transport	Before any change	If the specialist emergency care hospital is located at Epsom	If the specialist emergency care hospital is located at St Helier	If the specialist emergency care hospital is located at Sutton
Car	99.7%	99.7%	99.2%	99.7%
Ambulance	99.7%	99.7%	99.7%	99.7%
Public transport	68.9%	49.1%	53.0%	58.7%

# Summary of travel times for each option

## **Epsom as the site of the specialist emergency care hospital:** **People would need to travel to the specialist emergency care hospital at Epsom Hospital or a hospital out of our area.**

We predict that this option would have the biggest effect on accessibility for all residents in our combined area, with the journey to hospital taking less than 30 minutes for people travelling by car or ambulance.

- People living in the Merton or Sutton areas would be particularly affected, with people in Sutton likely to experience the biggest increase in travel times. For these residents, St Helier Hospital is currently the closest hospital, so they would have a longer journey to hospital if the core services moved to Epsom Hospital. However, even for these people, we do not expect that anyone would have to travel for longer than 30 minutes to hospital for specialist emergency care.
- People living in deprived areas are expected to be affected more than others in this option by increased journey times as more people from deprived areas live in Sutton or Merton.

## **St Helier as the site of the specialist emergency care hospital:** **People would need to travel to the specialist emergency care hospital at St Helier Hospital or a hospital out of our area.**

We believe this is the second best option in terms of people having to travel less than 30 minutes to access services at the specialist emergency care hospital.

- People living in Surrey Downs would experience the most significant changes to journey times, as they would have to travel either to St Helier Hospital or to a hospital outside our combined area, such as East Surrey or Royal Surrey hospital.
- For ambulance journey times, older people are expected to be affected more than others by this option. This is because many of the older people in our area live in the more rural south of Surrey Downs.

## **Sutton as the site of the specialist emergency care hospital:** **People would need to travel to the specialist emergency care hospital at Sutton Hospital or a hospital out of our area.**

- If the specialist emergency care hospital is built at Sutton Hospital, this is likely to be the best option in terms of accessibility for the local community.
- In the more densely populated areas of Merton and Sutton, many people would be likely to be able to travel to Sutton Hospital or a hospital outside our combined area within 15 minutes.



## Transport costs and accessibility

The majority of patients would continue to use the district services available at both Epsom and St Helier hospitals. In most cases, travel times for patients and visitors would not change. For some people who need to use the services provided

at the specialist emergency care hospital, journey times by public transport may increase. This could result in their journey becoming more complicated and more expensive, and may mean using several methods of transport (for example, bus

and train). If this becomes the case, it is likely to affect older people, disabled people, people from ethnic-minority groups, pregnant women and people living in deprived areas.



## Effect on other local hospitals

We have looked at the possible effect of the proposals on other local hospitals. This has included working with the following organisations.

- Ashford and St Peter's Hospitals NHS Foundation Trust (St Peter's Hospital, Chertsey)
- Croydon Health Services NHS Trust (Croydon Hospital, Croydon)
- Kingston Hospital NHS Foundation Trust (Kingston Hospital, Kingston)
- Royal Surrey NHS Foundation Trust (Royal Surrey County Hospital, Guildford)
- St George's University Hospitals NHS Foundation Trust (St George's Hospital, Tooting)

- Surrey and Sussex Healthcare NHS Trust (East Surrey Hospital, Redhill)
- London Ambulance Service and South East Coast Ambulance Service

For each option, we have worked with providers to estimate the possible effect on neighbouring hospitals. For example, changing where services are provided at Epsom and St Helier hospitals may mean that more beds and capital investment would be needed in other hospitals. We included the possible extra costs to other hospitals when considering the financial cost of each of the options.

With the right support, all the organisations listed have indicated that the options would be possible sites for building the new specialist emergency care hospital.

The Epsom option would have the biggest effect on other local hospitals. Building the specialist emergency care hospital at Epsom would mean that some patients who live in the north of Sutton and Merton and currently use St Helier Hospital would need to go to other hospitals, outside our area, for these services.

# Financial analysis for each shortlisted option

As well as providing better care outcomes for patients, bringing together the six core services onto one site in one new building is expected

to reduce the financial challenges the hospitals are facing. The financial analysis looked at the following five areas.

- 1

## Activity and beds

Understand how many hospital beds will be needed in the future, according to our local population and how this is expected to change in the next 10 years.
- 2

## Size of hospital needed

For each option, estimate how big each hospital site needs to be, based on the services provided, and how patients are expected to access services.
- 3

## Capital investment

For each option, estimate the upfront investment that would be needed to carry out the work on the sites – for example, refurbishing existing buildings or developing new sites.
- 4

## Costs

For each option, estimate the costs of running services. (The new model is expected to use doctors’ and nurses’ time more effectively.)
- 5

## Effect on other hospitals

For each option, estimate the effect on neighbouring healthcare providers. For example, changes to Epsom and St Helier hospitals may mean that more beds are needed in other hospitals.

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We used the measures below to assess the financial effect of the shortlisted options, then considered the overall financial value of each one.

Our analysis suggests that all the options are affordable and would considerably reduce the financial difficulties the hospitals are facing. Overall, Sutton offers the greatest financial

value. (This is based on the net present value, which combines all costs and benefits over time to measure overall value for money – a high net present value means better value for money.)

### Summary of key financial measures

Category	Measure	No service change	Epsom	St Helier	Sutton
Epsom and St Helier hospitals key financial measures	Total capital investment (£ million)	225	466	430	511
	Epsom and St Helier hospitals' in-year surplus for 2025 to 2026 (£ million). This includes paying more interest and depreciation (reduction in value over time) on the refurbished and new hospital buildings.		6.5	5.2	12.7
System key financial measures	Return on investment for 2025 to 2026 (£ million)		5.3%	7.4%	7.3%
	Net present value (£ million over 50 years)	50	354	487	584

Details on the financial measures are available on our website in the pre-consultation business case (**visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'pre-consultation business case' in the search box to get to the document**).

## Confirming our assessment of the options

To make sure we had considered all of the options on the shortlist thoroughly, we brought together all the evidence and asked the Clinical Senates of London and the South, and NHS England and Improvement to test our clinical model and the options.

These organisations carried out their own assessment of all the evidence. In particular, for each option they looked at the number of beds that would be provided, whether people would still have a choice of services in the local area, and the evidence we based our assessment

on. They also checked that we had considered all the feedback we received from the public.

## Number of beds

We have looked at how many beds we need in the future, based on people in our area getting older and our population getting bigger. This means we need more beds.

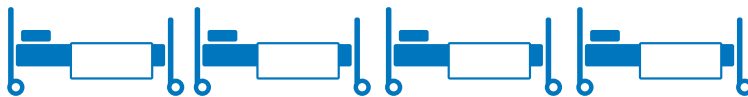
We then looked at how medicine is changing and how technology is being used to shorten the length of time people need to spend in hospital, and also considered the move to treat people in their own homes. This means we will need fewer beds.

A few years ago people undergoing a knee replacement would stay in hospital for between three and five days after their operation. Now, increasing numbers of patients go home on the same day as their operation.

When we put together the changes in people's needs and the changes in technologies, treatments and the way services are delivered, we have calculated that we will need a similar number of beds in

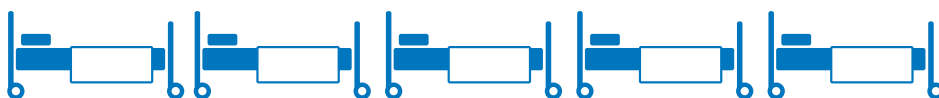
the future as we do now. While the total number of beds is expected to be the same across all options (a slight increase on what is available now), where these beds are needed depends on the option. This means the capital investment for each option is different.

There is more information about this on our website (**visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'pre-consultation business case' in the search box to get to the document**).



**Epsom and St Helier hospitals have**

# 1,048 beds



**In the future we have worked out that we will need**

# 1,052 beds



# Summary of options

For all three options, we have looked at both the financial and non-financial measures, as well as the possible effects on people who currently use hospital services.

## The Epsom option

### Epsom

**Quality of care:** Would it improve safety and quality of clinical care?

The proposed changes would deliver improved quality of care in all options. In all options, how we deliver care would be the same. There would be the same number of beds and the workforce issues would be solved.

**Long-term clinical sustainability:** Does it improve access to urgent and emergency care and are there other clinical benefits for patients?

Two urgent treatment centres (one at Epsom Hospital and one at St Helier Hospital) that would be open 24 hours a day, 365 days of the year.

**Meeting the health needs of local people:** What would the effect be on older people and people from deprived communities?

Least effect on travel for older people and greatest effect on travel for people from deprived communities.

**Fit with the NHS Long Term Plan:** Would this fit with the Long Term Plan and support bringing services together?

All options would be similar to how the NHS Long Term Plan sees healthcare delivered in the future.

**Access, including travel:** What would the effect be on travel and accessibility?

Greatest increase in average travel time. A large number of local people would have to travel further, with more complicated journeys.

**How easy is it to deliver?** How complex would it be to build and how long would it take? What would be the effect on neighbouring hospitals?

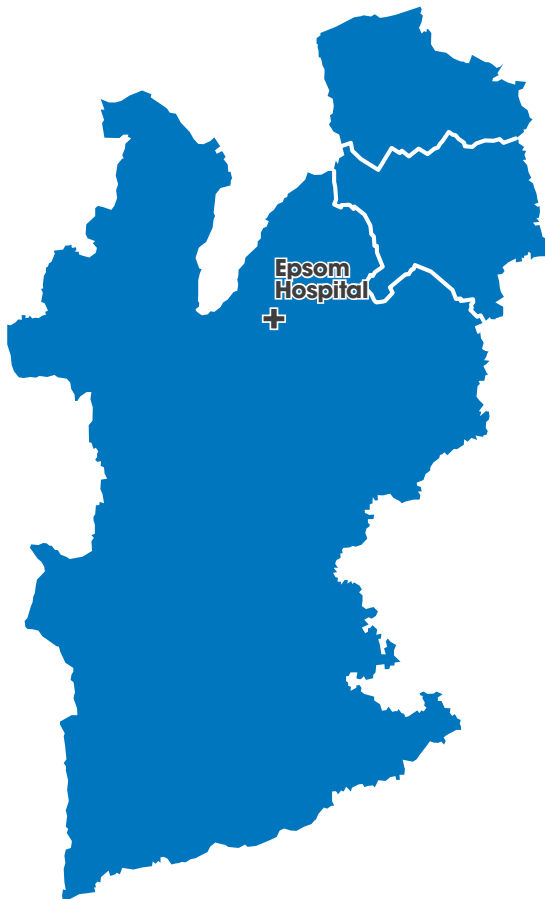
More complicated to build – would take six years. Greatest effect on neighbouring hospitals – 205 beds would move to other hospitals.

**Finance:** What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?

The cost for building the emergency care hospital at Epsom is lower than at Sutton. However, this option also has the largest investment needed for neighbouring hospitals due to patients being moved to their hospitals. Over time, there are fewer financial benefits with this option than with St Helier and Sutton, so it is the least value for the taxpayer.

## Agenda Item 6 Annex 3

The proportion of people in the Surrey Downs, Sutton and Merton area who can access the new specialist emergency care hospital within 30 minutes on a Tuesday morning (peak time 7am to 9am).



Method	Current average	Epsom
Car	99.7%	99.7%
Ambulance	99.7%	99.7%
Public transport	68.9%	49.1%

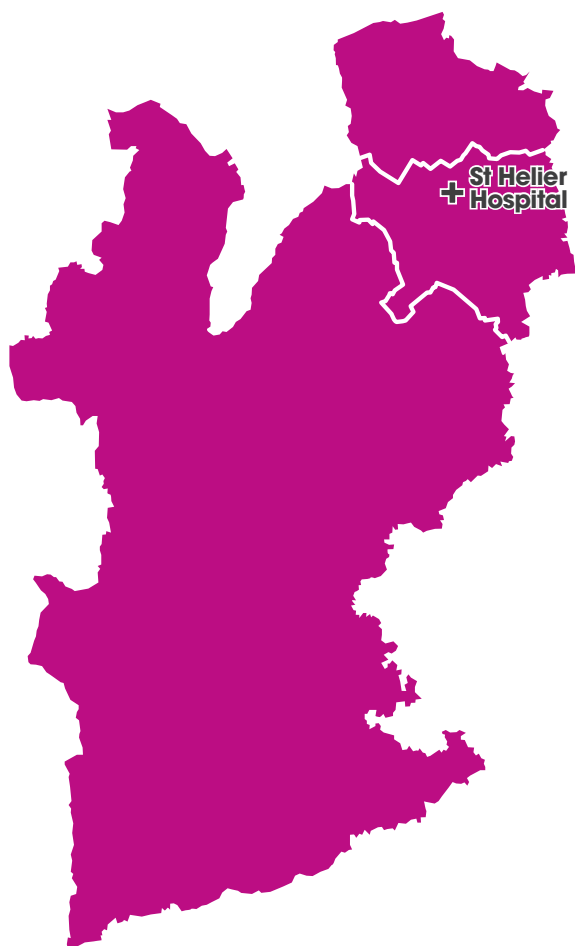
Financial measure	Epsom
Total capital investment (£ million)	466
Epsom and St Helier hospitals' in-year surplus for 2025 to 2026 (£ million)	6.5
Return on investment for 2025 to 2026 (£ million)	5.3%
Net present value (£ million over 50 years)	354

Category	Epsom
Advantages	<ul style="list-style-type: none"> <li>Delivers the clinical model and associated benefits</li> <li>Less effect on older people (when compared with St Helier as the site for the specialist emergency care hospital)</li> </ul>
Disadvantages	<ul style="list-style-type: none"> <li>Greatest increase in average travel time</li> <li>Greatest effect on other hospitals</li> <li>High effect on deprived communities</li> <li>Greatest effect on deprived communities</li> <li>Quite complicated to build – extensive refurbishment</li> <li>Second shortest time to build</li> <li>Lowest net present value of the options</li> <li>Second highest total cost to build</li> </ul>
Risks	<ul style="list-style-type: none"> <li>Problems recruiting and keeping staff and maintaining a level 2 neonatal unit</li> <li>The greatest number of beds needed at other hospitals</li> <li>Patients transferred to other hospitals</li> </ul>

# The St Helier option

St Helier	
<b>Quality of care:</b> Would it improve safety and quality of clinical care?	The proposed changes would deliver improved quality of care in all options. In all options, how we deliver care would be the same. There would be the same number of beds and the workforce issues would be solved.
<b>Long-term clinical sustainability:</b> Does it improve access to urgent and emergency care and are there other clinical benefits for patients?	Two urgent treatment centres (one at Epsom Hospital and one at St Helier Hospital) that would be open 24 hours a day, 365 days of the year.
<b>Meeting the health needs of local people:</b> What would the effect be on older people and people from deprived communities?	Greatest effect on travel for older people and least effect on travel for people from deprived communities.
<b>Fit with the NHS Long Term Plan:</b> Would this fit with the Long Term Plan and support bringing services together?	All options would be similar to how the NHS Long Term Plan sees healthcare delivered in the future.
<b>Access, including travel:</b> What would the effect be on travel and accessibility?	Second greatest increase in average travel time. More local people would have to travel further, with more complicated journeys.
<b>How easy is it to deliver?</b> How complex would it be to build and how long would it take? What would be the effect on neighbouring hospitals?	More complicated to build – would take seven years. Bigger effect on neighbouring hospitals – 81 beds would move to other hospitals.
<b>Finance:</b> What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?	The cost for building the emergency care hospital at St Helier is the lowest of the options. However, over time, there are fewer financial benefits for this option than Sutton, so it provides less value for the taxpayer.

## Agenda Item 6 Annex 3



The proportion of people in the Surrey Downs, Sutton and Merton area who can access the new specialist emergency care hospital within 30 minutes on a Tuesday morning (peak time 7am to 9am).

Method	Current average	St Helier
Car	99.7%	99.2%
Ambulance	99.7%	99.7%
Public transport	68.9%	53.0%

Financial measure	St Helier
Total capital investment (£ million)	430
Epsom and St Helier hospitals' in-year surplus for 2025 to 2026 (£ million)	5.2
Return on investment for 2025 to 2026 (£ million)	7.4%
Net present value (£ million over 50 years)	487

Category	St Helier
Advantages	<ul style="list-style-type: none"> <li>Delivers the clinical model and associated benefits</li> <li>Less effect on deprived communities (when compared with Epsom as the site for the specialist emergency care hospital)</li> <li>Least expensive of the options</li> </ul>
Disadvantages	<ul style="list-style-type: none"> <li>Some effect on other hospitals</li> <li>Second greatest increase in average travel time</li> <li>Greatest effect on older people</li> <li>Most complicated to build – extensive refurbishment</li> <li>Longest time to build</li> <li>Second highest net present value</li> </ul>
Risks	<ul style="list-style-type: none"> <li>Patients transferred to other hospitals</li> </ul>

## The Sutton option

### Sutton

**Quality of care:** Would it improve safety and quality of clinical care?

The proposed changes would deliver improved quality of care in all options. In all options, how we deliver care would be the same. There would be the same number of beds and the workforce issues would be solved.

**Long-term clinical sustainability:** Does it improve access to urgent and emergency care and are there other clinical benefits for patients?

Three urgent treatment centres (one at Epsom Hospital, one at St Helier Hospital and one at Sutton Hospital) that would be open 24 hours a day, 365 days of the year. Located with the Royal Marsden, it would also improve care for Epsom and St Helier cancer patients.

**Meeting the health needs of local people:** What would the effect be on older people and people from deprived communities?

Least overall effect on travel for older people and people from deprived communities.

**Fit with the NHS Long Term Plan:** Would this fit with the Long Term Plan and support bringing services together?

All options would be similar to how the NHS Long Term Plan sees healthcare delivered in the future.

**Access, including travel:** What would the effect be on travel and accessibility?

Smallest increase in average travel time. Fewer local people would have to travel further, as Sutton is the most central to where people live in the area of Surrey Downs, Sutton and Merton.

**How easy is it to deliver?** How complex would it be to build and how long would it take? What would be the effect on neighbouring hospitals?

Easiest to build – would take four years. Least effect on neighbouring hospitals – 50 beds move to other hospitals.

**Finance:** What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?

The cost for building the specialist emergency care hospital at Sutton is the highest of the options. However, over time, it has the most financial benefits, so is the best value for the taxpayer.



## Agenda Item 6 Annex 3



The proportion of people in the Surrey Downs, Sutton and Merton area who can access the new specialist emergency care hospital within 30 minutes on a Tuesday morning (peak time 7am to 9am).

Method	Current average	Sutton
Car	99.7%	99.7%
Ambulance	99.7%	99.7%
Public transport	68.9%	58.7%

Financial measure	Sutton
Total capital investment (£ million)	511
Epsom and St Helier hospitals' in-year surplus for 2025 to 2026 (£ million)	12.7
Return on investment for 2025 to 2026 (£ million)	7.3%
Net present value (£ million over 50 years)	584

Category	Sutton
Advantages	<ul style="list-style-type: none"> <li>• Delivers the clinical model and associated benefits</li> <li>• Joint working with the Royal Marsden Hospital</li> <li>• Provides an extra urgent treatment centre</li> <li>• Lowest increase in average travel time</li> <li>• Less effect on older people (when compared with St Helier as the site for the specialist emergency care hospital) and deprived communities (when compared with Epsom as the site for the specialist emergency care hospital)</li> <li>• Least complicated build – new build</li> <li>• Shortest time to build</li> <li>• Highest net present value of the options</li> </ul>
Disadvantages	<ul style="list-style-type: none"> <li>• Most expensive of the options</li> <li>• Some effect on neighbouring hospitals</li> </ul>
Risks	<ul style="list-style-type: none"> <li>• Any further changes may mean more effects on other hospitals in the future</li> <li>• Patients transferred to other hospitals</li> </ul>

# Our preferred option

After gathering all the evidence and assessing our options, we came together as CCGs to consider all the evidence that related to the three options on the shortlist.

Having considered all the evidence, we have identified Sutton as the site we prefer for the specialist emergency care hospital to be built. We believe this option would provide the most benefits for people living in our combined area, patients and staff. This option would:

- allow us to provide high-quality services for everyone living in our area
- make sure most people can use core services, as the new specialist emergency care hospital would be built at a central location
- allow us to offer a third urgent treatment centre alongside the emergency department, and
- have less of an effect on older people and deprived communities than the other options.

While Sutton is currently our preferred option for the location of the specialist emergency care hospital, we remain open-minded about all three options and any other solutions that the public might suggest.

## Criteria

	<b>Quality of care</b> Would it improve safety and quality of clinical care, improve patient experience, provide the number of beds needed and solve the issues surrounding workforce, recruitment and keeping staff?
	<b>Long-term clinical sustainability</b> Does it improve access to urgent and emergency care and are there other clinical benefits for patients?
	<b>Meeting the health needs of local people</b> What would the effect be on older people and people from deprived communities?
	<b>Fit with the NHS Long Term Plan</b> Would it fit with the NHS Long Term Plan and support bringing health and care services together?
	<b>Access, including travel</b> What would the effect be on travel and accessibility?
	<b>How easy it is to deliver</b> How complex would it be to build and how long would it take? What would be the effect on neighbouring hospitals?
	<b>Finance</b> What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?

# Agenda Item 6 Annex 3

**Preferred  
option**

## Sutton

## St Helier

## Epsom

The proposed changes would deliver improved quality of care in all options.

In all options, how we deliver care would be the same. There would be the same number of beds (a slight increase on what is available now) and the workforce issues would be solved.

Three urgent treatment centres that would be open 24 hours a day, 365 days of the year.  
Located with Royal Marsden, it would improve care for Epsom and St Helier cancer patients.

Two urgent treatment centres that would be open 24 hours a day, 365 days of the year.

Two urgent treatment centres that would be open 24 hours a day, 365 days of the year.

Least overall effect on travel for older people and people from deprived communities.

Greatest effect on travel for older people and least effect on travel for people from deprived communities.

Least effect on travel for older people and greatest effect on travel for people from deprived communities.

All options would be similar to how the NHS Long Term Plan sees healthcare delivered in the future.

Smallest increase in average travel times. Fewer local people would have to travel further, as Sutton is the most central to where people live in the areas of Surrey Downs, Sutton and Merton.

Second greatest increase in average travel times. More local people would have to travel further, with more complicated journeys.

Greatest increase in average travel times. A larger number of local people would have to travel further, with more complicated journeys.

**Easiest to build.**  
Would take four years to build.  
Least effect on neighbouring hospitals – 50 beds move to other local hospitals.

**More complicated to build.**  
Would take seven years to build.  
Bigger effect on neighbouring hospitals – 81 beds move to other local hospitals.

**More complicated to build.**  
Would take six years to build.  
Greatest effect on neighbouring hospitals – 205 beds move to other local hospitals.

Most cost to build: £511 million. It has the most new buildings but because it keeps the most patients in the area it is the best value for the taxpayer. There are extra benefits of being located with the Royal Marsden.

Least cost to build: £430 million. It has the most refurbished buildings and keeps the majority of patients in the area, making it medium value for the taxpayer.

Medium cost to build: £466 million. The build size is smaller as it keeps the least number of patients in the area. It also has the largest investment needed at other hospitals and so is the least value for the taxpayer.

## Agenda Item 6 Annex 3

# Timetable

We know it is important to keep you updated on our proposals, especially when you have taken the time to share your thoughts and views with us. When the consultation closes on 1 April 2020, an independent research organisation, Opinion Research Services Limited (ORS), will analyse all the feedback we received. ORS will manage the feedback from the consultation and will provide an independent consultation report which will make sure that the feedback we receive from individuals is anonymous. Views provided by organisations or people acting in an official capacity may be published in full. ORS will process any information you provide in response to this consultation in line with the latest data-protection regulations. ORS will only use your information for this consultation. They will not keep any personal information that could identify you for more than one year after any decisions have been finalised. For more information, visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'consultation privacy notice' in the search box or visit [www.ors.org.uk/privacy](http://www.ors.org.uk/privacy).

ORS will produce a consultation report, which we will consider fully. We will publish the report on our website, and we will let you know when it is available. We will share the report as widely as possible with people living in our areas, patients and stakeholders.

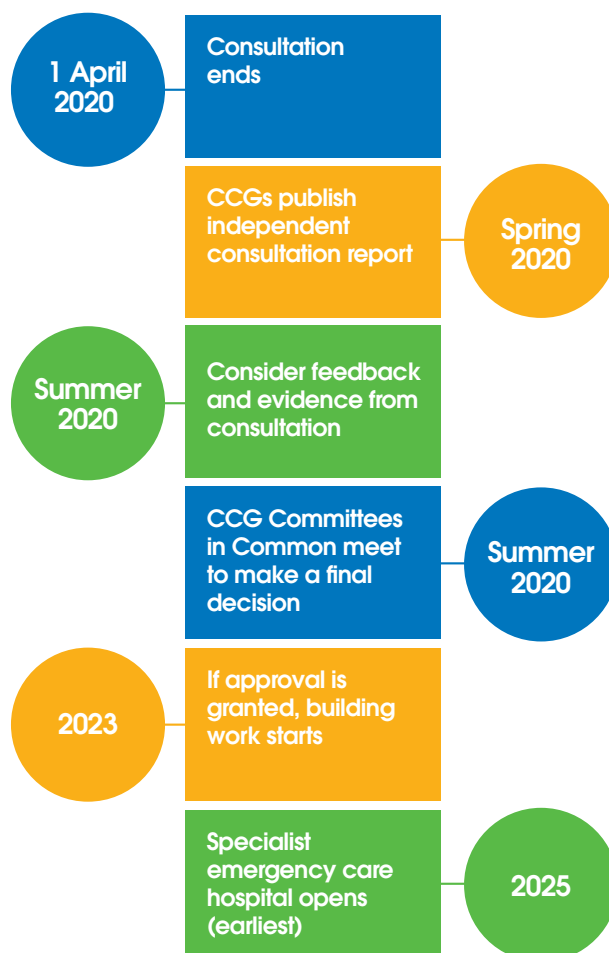
The report will cover the major themes from the consultation, a summary of the responses we received about the proposals, and a summary of the consultation process. We will share the report with stakeholders, including with the Joint Health Overview and Scrutiny Committee, so they can give their comments. We will consider this information, alongside all the other available evidence (including the final integrated impact assessment), before making any final decisions.

We will produce a decision-making business case, which brings together all the information our governing bodies need to make their decision on how to improve services.

None of the six services would be brought together until the new specialist emergency care hospital was built which, under our preferred option, would be 2025 at the earliest.

Our joint committee, known as the 'Improving Healthcare Together Committees in Common' is where our leaders come together to agree proposals and make decisions about how Epsom and St Helier hospital services might change in the future. The meeting to make any decisions will be held in public and will consider all of the evidence and the consultation report.

## Our proposed decision-making timetable



# Glossary

**Acute care** – care people need when they are very unwell and are admitted to hospital for tests and treatment.

**CCGs** – refers to NHS Surrey Downs Clinical Commissioning Group, NHS Sutton Clinical Commissioning Group and NHS Merton Clinical Commissioning Group. These organisations are led by GPs, supported by other healthcare professionals and people not involved in healthcare. Their role is to plan and commission (buy) the majority of hospital and community health services for people living in their areas.

**Care Closer to Home** – programmes that are running in Surrey Downs, Sutton and Merton to provide more care closer to where people live, to support them to stay well and independent, and reduce avoidable hospital admissions.

**Centralised** – this means bringing together services on one site (rather than them being provided on the two hospital sites).

**Consultant-led maternity unit** – this is where there are consultants (the most senior doctors) available to deal with any problems that arise during labour and childbirth.

**Elective care** – care that is planned. It includes those routine procedures and operations that don't need to be done as emergencies but from the patient's point of view need to be done as quickly as possible.

**Emergency care** – specialised care people need when they are very ill or have a serious injury which can be life-threatening.

**Integrated care** – NHS organisations working together to meet the needs of local people.

**Long-term conditions** – conditions that cannot be cured but are managed through medication, therapy and supported self-management. Examples include diabetes, heart disease and chronic chest disease.

**NHS 111** – a telephone service available around the clock to provide advice to people when they have an urgent health need and advice on where they can get the right care as soon as possible.

**Neonatal** – care relating to newborn babies.

**NHS England** – is the national body that leads the NHS in England. It sets priorities and direction for the NHS.

**Paediatric care** – healthcare services for babies, children and young people.

**Sustainability and transformation partnerships (STPs)** – partnerships covering all of England, where local NHS organisations and councils draw up shared proposals to improve health and care in the areas they serve.

**Urgent care** – care people need when they have a condition or injury that needs to be attended to urgently but is not life-threatening.

**Trust** – refers to Epsom and St Helier University Hospitals NHS Trust, the organisation that manages Epsom Hospital, St Helier Hospital and Sutton Hospital.



If you need more information to help you to respond to this consultation, or have any questions, email us at **hello@improvinghealthcaretogether.org.uk**, call us on 02038 800 271 or send us a text message to 07500 063191.

Please remember that if you do need help, calls will be strictly confidential, so you can be frank and feel free to make any comments you wish.

### Data protection

We will not include any personal information when reporting statistics. Any personal information we receive will be protected and stored securely in line with data-protection rules. This information will be kept confidential. **There is more information about this on our website (visit [www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk) and type 'consultation privacy notice' in the search box).**

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If you or someone you know cannot read this document, please contact us by email at [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk) or phone 02038 800 271 and we will do our best to provide the information in a suitable format or language.

Jeśli Ty lub Twój znajomy nie jest w stanie przeczytać tego dokumentu, prosimy o kontakt z nami pod adresem e-mail: [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk) lub telefonicznie pod numerem 02038 800 271. Dołożymy wszelkich starań, by przekazać informacje w odpowiednim formacie lub języku.

நீங்களோ அல்லது உங்களுக்கு தெரிந்த மற்றொருவரோ இந்த ஆவணத்தைப் படித்தறிய இயலில்லை எனில், தயவுசெய்து [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk) என்ற மின்னஞ்சல் அல்லது தொலைபேசி எண் 02038 800 271 மூலமாக தொடர்புகொண்டு எமக்கு தெரிவித்தால், தகுந்த மொழியிலோ அல்லது வடிவத்திலோ தகவலை உங்களுக்கு அறிவிக்க எம்மால் இயன்றவரையிலும் முயற்சி எடுப்போம்.

اگر آپ یا آپ کے کوئی جاننے والے اس دستاویز کو پڑھ نہیں سکتے ہیں تو براۓ مہربانی اس ای میل پتہ کے ذریعہ ہم سے رابطہ کریں [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk) یا اس نمبر پر فون کریں: 02038 800 271 اور ہم ان معلومات کو مناسب صورت یا زبان میں فراہم کرنے کی پوری کوشش کریں گے۔



Improving  
Healthcare  
Together  
2020 to 2030

**Talk to us – we are listening**

# Consultation questionnaire

Our proposal to invest in both Epsom and St Helier hospitals  
and build a new specialist emergency care hospital which could be  
located at Epsom, St Helier or Sutton hospital.



This is a formal public consultation being led by NHS Surrey Downs Clinical Commissioning Group,  
NHS Sutton Clinical Commissioning Group and NHS Merton Clinical Commissioning Group.  
It takes place from 8 January to 1 April 2020.

## Agenda Item 6 Annex 3

# Consultation questions

We have appointed Opinion Research Services (ORS), an independent research company, to manage the consultation questionnaire responses and other consultation feedback. ORS will provide an independent consultation report which will make sure that the feedback we receive from individuals is anonymous. Views provided

by organisations or people acting in an official capacity may be published in full.

All of the questions in the questionnaire are optional. ORS will process any information you provide in response to this consultation in line with the latest data protection regulations. ORS will only use your information for

this consultation. They will not keep any personal information that could identify you for more than one year after any decisions have been finalised.

For more information, go to **[www.improvinghealthcaretogether.org.uk](http://www.improvinghealthcaretogether.org.uk)** and type 'consultation privacy notice' in the search box or **[www.ors.org.uk/privacy](http://www.ors.org.uk/privacy)**.

## Q1

### Our model of care (or new way of working)

Our proposal is to keep most services at their present hospitals in refurbished buildings, and bring together six core (main) services for the most unwell patients, those who need more specialist care, and births in hospital, onto one site in a state-of-the-art new specialist emergency care hospital.

In the table below, please tick a box to tell us how good or poor you think this proposal would be for people living in the Surrey Downs, Sutton and Merton area.

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give the reasons for your answer in the space below.

# Q2

## The location of the specialist emergency care hospital

### Q2a

#### Sutton Hospital as our preferred location

In the table below, please tick a box to tell us how good or poor you think building the new specialist emergency care hospital on the Sutton Hospital site would be for people living in the Surrey Downs, Sutton and Merton area.

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give the reasons for your answer in the space below.

**Q2b**  
**St Helier Hospital as the location of the new specialist emergency care hospital**

In the table below, please tick a box to tell us how good or poor you think building the new specialist emergency care hospital on the St Helier Hospital site would be for people living in the Surrey Downs, Sutton and Merton area.

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give the reasons for your answer in the space below.



## Q2c

### Epsom Hospital as the location of the new specialist emergency care hospital

In the table below, please tick a box to tell us how good or poor you think building the new specialist emergency care hospital on the Epsom Hospital site would be for people living in the Surrey Downs, Sutton and Merton area.

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give the reasons for your answer in the space below.

## Q3

# What would help improve transport and travel?

What would improve public transport and travel to the new specialist emergency care hospital for any of the three options?

If the location was **Epsom Hospital**?

If the location was **St Helier Hospital**?

If the location was **Sutton Hospital**?

## Q4

### How would our proposals affect you and your family?

If you think any of our proposals would affect you, your family or other people you know, either positively or negatively, please tell us why you think this using the space below.

## Q5

### What else should we consider?

Please use the space below to tell us about anything else you think we should consider when deciding the best option for specialist emergency care hospital for people living in the Surrey Downs, Sutton and Merton area.

## Q6

**Do you have any other solutions that we should consider?**

## Thank you

Thank you for taking the time to give us your views. The consultation runs from 8 January 2020 to 1 April 2020. Your views will be collected by Opinion Research Services (ORS), an independent research company, and presented to an NHS committee, who will make a final decision.

For more information about this process or to sign up to updates about this programme, please email us at [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk), call us on 02038 800 271 or send us a text message on 07500 063191.



# Some more about you

We recognise and promote the benefits of diversity and we are committed to treating everyone with dignity and respect, whatever their age, disability, sex, gender, marriage and civil partnership status, pregnancy and maternity, race, religion or belief or sexuality. To make sure that our services are designed for the people we serve, we would like you to

fill in the short monitoring section below. We and ORS will only use your information for this consultation. We will not keep any personal information that could identify you for more than one year after any decisions have been finalised. We keep to all data protection laws that apply within the UK, which includes the European General Data Protection Regulation (GDPR) and the UK's own laws.

## 1 Which of the following are you responding as

Please tick any that apply.

- ☐ An individual resident
- ☐ A carer
- ☐ A parent or guardian of a child under the age of 16
- ☐ A member of NHS staff
- ☐ A representative of an organisation – please provide the name of your organisation  
and then go to question 12 .....
- ☐ Other – please specify .....

## 2 Which area do you live in?

Please choose one of the following options.

- ☐ Surrey Downs
- ☐ Sutton
- ☐ Merton
- ☐ Some other area
- ☐ Prefer not to say

## 3 How old are you?

- ☐ under 18   ☐ 18-24   ☐ 25-34   ☐ 35-44   ☐ 45-54
- ☐ 55-64   ☐ 65-74   ☐ 75 or older   ☐ Prefer not to say

## 4 What is your gender?

- ☐ Male   ☐ Female   ☐ Other   ☐ Prefer not to say

## 5 Is your gender shown above the same as when you were born?

- ☐ Yes   ☐ No   ☐ Prefer not to say

## Agenda Item 6 Annex 3

### 6 Are you currently pregnant or have you given birth within the last year?

☐ Yes ☐ No ☐ Does not apply ☐ Prefer not to say

### 7 Do you have a disability, long-term illness or health condition?

☐ Yes ☐ No ☐ Prefer not to say

### 8 If you answered yes to question 7, please tell us what your disability, long-term illness or health condition relates to.

- ☐ A long-standing illness or health condition (for example, cancer, HIV, diabetes, chronic heart disease or epilepsy)
- ☐ A mental health difficulty (for example, depression, schizophrenia or anxiety disorder)
- ☐ A physical difficulty or mobility issue (for example, difficulty using your arms or needing a wheelchair or crutches)
- ☐ A social or communication difficulty (for example, a speech and language issue, or Asperger's syndrome or other autistic spectrum disorder)
- ☐ A specific learning difficulty (for example, dyslexia, dyspraxia or ADHD)
- ☐ Being blind or partially sighted
- ☐ Being deaf or partially deaf
- ☐ A disability, health condition, learning disability or learning difference that is not listed above
- ☐ Prefer not to say

### 9 Which race or ethnic background best describes you?

- ☐ Arab
- ☐ Asian/British Asian: Bangladeshi ☐ Asian/British Asian: Chinese ☐ Asian/British Asian: Indian
- ☐ Asian/British Asian: Pakistani ☐ Asian/British Asian: other
- ☐ Black/British black: African ☐ Black/British black: Caribbean
- ☐ Black/ British black: other
- ☐ Mixed race: black and white ☐ Mixed race: Asian and white
- ☐ Mixed race: black and Asian ☐ Mixed race: other
- ☐ Traveller: Gypsy or Roma ☐ Traveller: Irish
- ☐ White: British ☐ White: Irish ☐ White: European
- ☐ Another race or ethnic background, please state ..... ☐ Prefer not to say

## Agenda Item 6 Annex 3

### 10 Which of the following terms best describes your sexuality?

- ☐ Asexual   ☐ Bisexual   ☐ Gay or lesbian   ☐ Heterosexual or straight  
☐ Other   ☐ Prefer not to say

### 11 What do you consider your religion to be?

- ☐ Buddhist   ☐ Christian   ☐ Hindu   ☐ Jewish   ☐ Muslim  
☐ Sikh   ☐ Other religion   ☐ No religion   ☐ Prefer not to say

### 12 What is your full postcode?

You do not have to give us your postcode but if you do it will help us to make sure we reach people throughout Surrey Downs, Sutton and Merton. It will also help us understand any geographical differences of responses to this questionnaire.

**There are many different ways to have your say.**

**Return this paper questionnaire** to Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL.

**Come to** any of our local listening events to tell us your views.

**Email us** at [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk).

**Message us** on Twitter (@IHTogether) or visit our Facebook page (@ImprovingHealthcareTogether).

**Write to us** at Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL.

**Call us** on 02038 800 271.

**Send us a text message** on 07500 063191.

If you or someone you know cannot read this document, please contact us by email at [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk) or phone 02038 800 271 and we will do our best to provide the information in a suitable format or language.

Jeśli Ty lub Twój znajomy nie jest w stanie przeczytać tego dokumentu, prosimy o kontakt z nami pod adresem e-mail: [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk) lub telefonicznie pod numerem 02038 800 271. Dołożymy wszelkich starań, by przekazać informacje w odpowiednim formacie lub języku.

நீங்களோ அல்லது உங்களுக்கு தெரிந்த மற்றொருவரோ இந்த ஆவணத்தைப் படித்தறிய இயவில்லை எனில், தயவுசெய்து [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk) என்ற மின்னஞ்சல் அல்லது தொலைபேசி எண் 02038 800 271 மூலமாக தொடர்புகொண்டு எமக்கு தெரிவித்தால், தகுந்த மொழியிலோ அல்லது வடிவத்திலோ தகவலை உங்களுக்கு அறிவிக்க எம்மால் இயன்றவரையிலும் முயற்சி எடுப்போம்.

اگر آپ یا آپ کے کوئی جاننے والے اس دستاویز کو پڑھ نہیں سکتے ہیں تو براۓ مہربانی اس ای میل پتہ کے ذریعہ ہم سے رابطہ کریں [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk) یا اس نمبر پر فون کریں: 02038 800 271 اور ہم ان معلومات کو مناسب صورت یا زبان میں فراہم کرنے کی پوری کوشش کریں گے۔



Improving  
Healthcare  
Together  
**2020 to 2030**

Please send your questionnaire to:

**Opinion Research Services, FREEPOST SS1018,  
PO Box 530, Swansea, SA1 1ZL.**

The closing date for the consultation is  
Wednesday 1 April 2020.



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