

Lewisham East CLP Response to the People's Inquiry Panel

<http://www.peoplesinquiry.org/aboutus.php>



NOVEMBER 2013



History

Over the past 12 months, Lewisham has unexpectedly found itself at the fulcrum of the future of the NHS in England.

Lewisham has a landmark hospital which occupies a core place in the heart of the borough and its people – originally the Lewisham Workhouse and then being turned into a WW1 hospital before being embraced by Bevan’s NHS of 1948. The hospital played a key role in the Lewisham Rail Disaster of December 4th 1957.

Local midwives who are members of Lewisham Pensioners Forum, which is located adjacent to the hospital buildings, remember pedalling round the streets, delivering babies in homes. Other members recall the struggle to pay for a GP visit and parents going without food to pay for their child’s care.

Enduring through some difficult years, now latterly under the leadership of CEO Tim Higginson and Chair, Elizabeth Butler, Lewisham Hospital has in the past five years been assessed as being in the Top 40 hospitals nationally - an award which recognises “outstanding” performance and is judged by independent healthcare intelligence provider CHKS.

The Lewisham NHS Trust is one of only four in London to make the top 40 which rewards clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

In 2006 a new addition to what had been a careworn set of Nightingale wards was opened to create the Riverside Building incorporating spacious wards and treatment space in a solar powered building. This was funded by a PFI contract but one which unlike those developed from their introduction in '92 through the worst years of their implementation in the 90s and early noughties, this was carefully drawn up, affordable and with a completion end-point. Mayor, Sir Steve Bullock explains :

‘While the Riverside building opened in 2006 there were at least 5 years of planning and preparation to deliver a much needed improvement to the hospital which was sustainable both environmentally and economically. Everyone involved was aware of at least some of the risks involved in PFI and were at pains to make sure that these were managed. Crucially it was not a "whole hospital" scheme so did not come to dominate the Hospital's finances. The care that went into the planning of it should not be underestimated - for example the fact that the beds are at the back of the building with views of the green space beyond is not accidental - we worked very hard to make sure it happened’

Through this careful planning, Lewisham Hospital also became part of the **NHS Forest** which brings with it a range of added green benefits (see index for further details). Indeed, there is mounting research evidence which backs up the case for NHS Forest , to show that hospitals built with wooded sites will realise proven health, social, environmental and financial benefits. Research has shown that patient recovery rates improve even if they can only view trees from their hospital window. Thus we can see the Riverside development had an innovative reach.

Hospital gardens can provide the following:

- Facilitate stress reduction which helps the body reach a more balanced state
- Help a patient summon up their own inner healing resources
- Help a patient come to terms with an incurable medical condition
- Provide a setting where staff can conduct physical therapy, horticultural therapy, with patients
- Provide staff with a needed retreat from the stress of work
- Provide a relaxed setting for patient/visitor interaction away from the hospital interior

Cooper, M. C. 2005: Healing Gardens in Hospitals, The Interdisciplinary Design and Research e- Publication, 1(1), 1-27. cabeurl.com/6w.

'Future health – Sustainable places for health and well-being', CABE 2009

(Pain in its environmental context; implications for desiging environments to enhance pain control. Malenbaum, S., Keefe, F.J., Williams, A.C., Ulrich, R., and Somers, T.J (2008) Pain 134-244.)

Other benefits (shown in full in the index) demonstrate :

Improved community health The health of patients, staff and local communities can be dramatically improved by providing opportunities to exercise outdoors and access green spaces including woodlands but less than 10% of the population have access to local woodland within 500m of their home.

Greater social cohesion Trees and woods can enhance social cohesion between the NHS Estates and local communities through joint involvement in planting, maintenance and enjoyment of trees and woodland.

Improved air quality Trees and woodland have a measureable impact on air quality, in particular by adsorbing pollutants such as sulphur dioxide and ozone, intercepting harmful particulates from smoke, pollen and dust and releasing oxygen through photosynthesis, thus reducing the incidence of diseases exacerbated by air borne pollutants. The negative effects of air pollutants are proportionately greater in urban areas, where trees are close to sources of pollution and nearer to people who might be affected – yet tree cover in urban areas is under threat.

Noise reduction Trees can reduce urban noise through sound deflection and absorption and this can in turn improve the environment for patients and staff.

Reduction in the impact of global temperature rise Trees and woods can reduce the impact of the 'urban heat island effect' which occurs when hard surfaces in summer act as giant storage heaters, absorbing heat during the day and releasing it at night.

Less surface water flooding Trees can reduce the likelihood of surface water flooding, when rain water overwhelms the local drainage system, by regulating the rate at which rainfall reaches the ground and contributes to run off.

Reduced carbon emissions Trees can help mitigate climate change and thus reduce the NHS carbon footprint by absorbing carbon dioxide from the atmosphere and reducing the amount of energy used in heating and cooling a building. It is estimated that the NHS Forest could directly absorb up to 260,000 tonnes of CO2.

Economic benefits

There are numerous economic benefits to be gained from the provision of high quality green space and wooded areas. These include:

Reduced costs through health prevention, energy use, flood prevention, lower maintenance costs and value from leisure use.



In 2010, the now acclaimed Birth Centre was opened and in May 2012 a new £12million A&E was opened. With its' teaching reputation also in the ascendency, Lewisham Hospital was stable and thriving.



By contrast, the neighbouring South London Health Trust, found itself classified as the worst performing trust in the country, for a range of reasons including staffing and management issues as well as the badly formulated PFI arrangements – particularly the one relating to QEH Woolwich (the terms originally worked up by past SoS Virginia Bottomley and then signed off in 1998) which left the hospital in serious and increasing weekly deficit. At the worst point a £1million per week loss by the South London Health Trust as a whole was recorded.



Locally, concerns had begun to be voiced about the impact on the NHS of the Health & Social Care Bill which became an Act on April 1st 2012. In 2011, the local Labour party funded a campaigning group Lewisham SOS NHS who took these concerns onto the streets with stalls, leafleting and petition signing. This group worked in tandem with Lewisham KONP and Lewisham Pensioners Forum who were also raising concerns for the future of the NHS.



In April 2011 Lewisham SOS NHS joined with Lewisham KNOP to perform street theatre in Lewisham Market to raise awareness about the threat to the NHS. The Lewisham SOS NHS street petition in protest against the Health & Social Care Bill was presented to the floor of the House of Lords by Lord Roy Kennedy on November 2nd 2011 :

'My Lords I beg leave to present a petition from Lewisham Save Our NHS. The petition prays that the House will recognise the clear present and future danger of the health and social care bill 2011 to the health and well-being of the people and that the bill be withdrawn from further consideration forthwith.'

Furthermore a local fundraiser at the Rivoli Ballroom later that month funded the printing of **Breaking the NHS – Stealing England's Health Through Reckless Reforms** <http://www.scribd.com/doc/81678939/Breaking-the-Nhs> which was used to lobby members of both houses in the run-up to debates and which has since helped to inform a range of policy books.

Then, suddenly, on September 29th 2012, Lewisham's NHS campaigning shifted to an entirely local focus. Matthew Kershaw, who had been appointed by Andrew Lansley as TSA to the failing South London Health Trust under Section 5A of the 2009 amendment to the 2006 Health Act, suddenly announced that he would also be including Lewisham Hospital in his plans. The rest of the story is already embedded as a key element in NHS history.

The Proposals

The initial draft report from TSA Kershaw was released exactly 12 months prior to the culmination of events in the Court of Appeal. A further report was released in January 2013 following a consultation which was originally designed for the SLHT – with no mention of Lewisham within the questions format. Jeremy Hunt then presented his verdict to the House of Commons on January 31st.

Organisational changes

As part of the Kershaw recommendations the SLHT would be broken up with other organisations taking over its services.

- Queen Elizabeth and Lewisham would merge to create a new organisation.
- The Princess Royal Hospital could be acquired by King's College Hospital NHS Foundation Trust. An alternative would see a procurement process allowing any NHS or private sector provider to bid for its services.

The Kershaw recommendations were as follows :

The dissolution of the SLHT – which had been losing £1m per week and by 2011 had a deficit of £69m, through clear evidence of inefficient management which also involved the by then out of control PFI debt. The plans involved a writing off of the PFI debts (33% of accumulated debt) and a £20m to £25m annual payment from the Department of Health to offset future interest payments.

A range of other organisations should take over the management and delivery of the NHS services it provides.

Department of Health to provide additional funds to the local NHS to cover the excess costs of the private finance initiative buildings at Queen Elizabeth Hospital, Woolwich, and the Princess Royal University Hospital, Farnborough.



Dr Chris Welsh, Dr Andy Mitchell, Dr Jane Fryer and other Office of the TSA staff with Matthew Kershaw at the Calabash Centre consultation session held on the anniversary of the Lewisham Rail Crash, where angry crowds were unable to access the hearing due to insufficient space.

Additional recommendations :

- Improving "operational efficiency" of trust sites, including cutting the workforce.
- Developing Queen Mary's Hospital into a Bexley Health Campus, providing day case elective surgery, endoscopy and radiotherapy. It would be owned by Oxleas NHS Trust. Dartford and Gravesham NHS Trust would provide case elective surgery on an interim basis.
- Selling off "vacant and poorly utilised premises" around the Queen Mary's site and Bromley estate.
- The sale of Orpington Hospital and Beckenham Beacon.

A range of changes to Lewisham Hospital which would include :

Downgrading the A&E to an Urgent Care Centre plus 1 consultant

Closure of the ICU

Closure of Paediatric Services – including Paediatric A&E

Closure of Obstetric provision – replaced by a 'low risk' Midwifery Unit

Turning the remainder of Lewisham Hospital into an elective centre for non-complex inpatient procedures, like hip and knee replacements.

In particular, Recommendation 5 revealed the full extent of the impact on Lewisham, which in reality would entail :

- 60% demolition of the site, losing (without any consultation) all Paediatric provision including highly regarded A&E; ICU (used by Pan-London patients); brand new A&E; and a range of services housed in the target premises which would essentially take out all acute provision from the Borough.
- Retention and adaptation of Riverside to provide an elective care centre, midwifery unit and Urgent Care Centre.

The way the elective care centre would work means that the hospital trust would only receive income from the rental of theatre space. The 'money follows the patient' model would mean that the bulk of money generated would go to the surgical teams who would rent the space. Thus there was an immediate sustainability issue.



Total cost of proposed re-configuration :

£12million loss of PFI building but requirement to pay it off

£37 million loss from land sale

(£55 million demolition costs less £17 million land sale)

£39 million expenditure on alterations to Riverside

£32 million expenditure on facilities in other hospitals to compensate

£195 million closure costs

plus

£220 million revealed as an additional dissolution underestimate September 2013

Plus other costs related to QM and PRU.

Significantly it would be at least twice as expensive to get rid of Lewisham as it would be to keep it.

There was no clinical or economic rationale for this 'back-door re-configuration' – which means the only conclusion possible is one of an ideological assault on a high performing NHS facility as a springboard to the Government's determined dismantling of NHS services.

We can clearly demonstrate that Lewisham Hospital occupies a prime site – with buildings designed to meet the specific needs of the surrounding community. Disgraceful then, that the government saw it fit only for the demolition wrecking ball, leaving the Riverside as an unsustainable rump of the NHS hospital, set to be snapped up by a private health company at a favourable rate in the same way as the Royal Mail has recently been lost at great deficit to the taxpayer.

It soon emerged that :

- Hunt's so-called A&E did not meet the standard according to the Royal College of Emergency Medicine and would provide no more than an Urgent Care Centre plus one consultant which blue light ambulances would be obliged to pass by at a time when all of London's A&E's are facing a capacity crisis which has as yet not been addressed by the government.
- the low risk unit would be unlikely deliver any more than 2 babies per day at a cost of £1million to Lewisham CCG with mums who encounter problems finding themselves in a blue light ambulance at traumatic points of their labour.
- the claim of '100 lives saved' was misplaced and inaccurate – Jeremy Hunt having failed to show that the proposals concurred with consultation feedback had used old statistics from Sir Bruce Keogh which were completely irrelevant to the situation. This was clearly shown in a dossier drawn up by senior consultants from Lewisham Hospital which was presented to Boris Johnson in a meeting at City Hall, obtained after he had taken a drubbing at his own People's Question and Answer event at the Catford Broadway. The Mayor afterwards took this by hand to a meeting with Jeremy Hunt on the matter.

Consultation

Consultation has for decades been a core element in service design and delivery – the watchword for ensuring that funds are spent in the most applicable way. Matthew Kershaw duly stated that a public consultation exercise involving Lewisham would begin on Friday, November 2nd 2012. Unfortunately the questions had been customised for the SLHT respondents and did not relate to Lewisham. It also became apparent that the consultation arrangements did not adhere to accessibility criteria – in particular for the disabled. There were angry scenes outside one small venue which had left hundreds unable to access the meeting. The decision to hold the last meeting on the anniversary night of the Lewisham Rail Disaster where Lewisham Hospital had provided vital care was also badly received.



4th December 1957

The Four Key Criteria

All parties were assured that any decisions made would be based upon four key criteria originally designed in May 2010 by Andrew Lansley and which were meant to be inherent to the TSA consultation.

These were set out as follows :

- 1. support from GP Commissioners will be essential**
- 2. arrangements for public and patient engagement including local authorities should be further strengthened;**
- 3. there should be greater clarity about the clinical evidence base underpinning proposals;**
- 4. that proposals should take into account the need to develop and support patient choice**

Petitions and letters protesting the proposals were presented by the community, by more than 400 GPs and by 90 local clinicians. It was hoped that along with large scale protests from across the community that this would show Msrs Kershaw and Hunt that the consultation criteria would need to be honoured in support of Lewisham.

On January 31st, the Secretary of State Jeremy Hunt told the House of Commons that he supported the Kershaw Plan but would ‘rescue’ the A&E whilst further downsizing the midwifery provision to no more than a basic ‘low risk’ unit. He also stated that it would take ‘no more than a minute’ extra to reach QEH Woolwich by blue light ambulance and ‘no more than two’ by public or private transport. Hunt maintained that this would ‘save 100 lives’ – which was also reiterated by Mayor Boris Johnson.



the Lewisham community prepares to tackle Mayor Boris Johnson

Hunt’s wildly inaccurate timing was immediately dismissed by filmed evidence already produced by the Save Lewisham Hospital Campaign that it would take at least 1hr 45 by bus. Afterwards, the South London Press accompanied patient Carol Brown to show that it takes 2hrs door to door between the hospitals by bus in the rush hour. Since that point Hunt has simply said these moves – and other plans to downsize the number of A&Es will ‘save lives’. The evidence garnered by Lewisham will, we believe, prove useful in the future.

Lewisham's Response

A Campaigning Tradition

There was already a strong campaigning tradition in the borough, borne out by the motto :

Salus Populi Suprema Lex (The welfare of the people is the highest law).



As already outlined there were various local campaigns groups in place who were well placed to combine forces and take a community approach to the issue. Thankfully this happened and with Terms of Reference defining the campaign as being non-politically affiliated and dedicated purely to securing the future of Lewisham Hospital and promoting the survival of the NHS. A very dim view was taken of anyone who tried to represent the campaign as being aligned to a specific political party. This was to be a community campaign in every sense of the word.



It seems in other areas, one organisation – whether a council, a union or a political party has tried to take a lead, however there is evidence emerging that this is not productive in rallying the community. Lewisham Labour felt strongly that the campaign should have its own identity whilst the Council would have a complimentary campaign working in tandem.

Labour's response to the threat to Lewisham Hospital came from a combined approach thus :

- **Lewisham Council Labour Group & Mayor who led the Council's fight**
- **Support for the Save Lewisham Hospital Campaign**
- **Lewisham's elected Labour MPs**
- **The office of the Shadow Secretary of State Andy Burnham MP**

Solid support for the hospital came from a majority Labour Council and three Labour MPs:

Heidi Alexander (Lewisham East).

Jim Dowd (Lewisham West & Penge)

Dame Joan Ruddock (Lewisham/Deptford)

It could be argued that the Coalition government targeted Lewisham as a quintessentially Labour Borough, however looking further afield their target primarily seems to be the NHS - using Lewisham as a vehicle for their re-configuration plans by dint of its' proximity to the SLHT as well as its' political makeup.



Lewisham MPs accompanying Lewisham Hospital clinicians and local GPs to present the 52,000 signature petition protesting the proposed closures and downgrade at No 10 Downing St.



Lewisham Council

On September 29th the Council passed a motion to protect the NHS

On Wednesday, November 28th the Council passed a motion

“Lewisham Council notes with great concern the recommendations published by the Trust Special Administrator on October 29th.”

“This council notes its strong opposition to the Trust Special Administrator’s draft recommendations; ...recognises the essential service that University Lewisham Hospital’s A&E and Maternity Units provide; acknowledges the dedication of Lewisham Hospital staff; and notes the strength of local public opinion in Lewisham on this issue.”



In February 2013, after Jeremy Hunt failed to respond to requests to reconsider his decision or respond constructively, Lewisham Council, along with the Save Lewisham Hospital Campaign committed to taking the Secretary of State to the High Court.

On August 21st 2013 the Council committed to defending Justice Silber’s verdict in the Court of Appeal . The Save Lewisham Hospital Campaign put significant effort into fundraising in order to continue the joint fight.



Support for the Save Lewisham Hospital Campaign

Lewisham Council immediately took the decision to take a very public stand against the plans and also to support the Save Lewisham Hospital Campaign formed out of a public meeting attended by more than 800 people which spilled into various meeting halls inside and outside the hospital. This was rapidly to evolve into an extraordinary and unique community campaign involving doctors, hospital workers and a wide variety of local residents, some of whom had also been patients of the hospital.

This remarkable campaign would put Lewisham on the map in a way which is unprecedented for a health campaign – and in terms of local campaigns, perhaps nothing since the days of the Jarrow March has made such a resonance with the public, receiving national and even international recognition. The government certainly made a mistake when they picked on the people of Lewisham!

Further public meetings and two now famous marches involving 15,000 and then 25,000 marchers from inside and outside the Borough demonstrated to the country – as well as to Mr Hunt, exactly how far his actions were meeting with near-universal disapproval. (*See full campaign details in the index of extensive events organised by the energy and dedication of the Save Lewisham Hospital Campaign*).



Lewisham Labour supports the community – Save Lewisham Hospital Victory Parade

Lewisham Council would work with the Save Lewisham Hospital Campaign with two interdependent legal teams to challenge Jeremy Hunt in the High Court and then the Court of Appeal.



Mayor Sir Steve Bullock and Save Lewisham Hospital Chair Dr Louise Irvine speak at the Rivoli Ballroom fundraiser, September 2013.

Lewisham in Parliament

As can be evidenced from Hansard, Lewisham's MPs made every effort to keep the Lewisham Hospital question at a high profile in the House of Commons. A variety of measures were taken – dedicated debates, PMQs, Adjournment Debate, Committee Stages and an EDM.

November 28th emerged as Lewisham Super-Wednesday.

Simultaneously a public meeting in the Catford Broadway Theatre held by the Save Lewisham Hospital Campaign took place along with the key meeting of Lewisham Council condemning the inclusion of Lewisham coincided with an Adjournment Debate in the House of Commons on the '**Unsustainable provider regime and special administration in the NHS**' secured by Lewisham West & Penge MP, Jim Dowd:

Adjournment Debate: (Hansard November 28th)

"the intolerable price that the people of Lewisham are being expected to pay in terms of poorer, less accessible and more inconvenient services"

.....It is not just the proposals themselves that are making people so angry; it is also the devious and underhand way in which they are being enacted." **Jim Dowd MP**

This was followed with increasing regularity by targeted questions and input to debates on the floor of the House by each of the Lewisham MPs, which put continuous pressure upon Secretary of State Jeremy Hunt and indeed the Cabinet.

Westminster Hall : Hospital Services (South London) Jan 22nd - which took place 9 days before Hunt announced his decision to the House of Commons :

Heidi Alexander MP Lewisham East

'In the two and a half years that I have been the MP for Lewisham East, I have not known an issue to cause as much anger and concern as the proposals that are currently on the table to close the A and E department and the maternity department at Lewisham hospital. I know from my colleagues, my right hon. Friend the Member for Lewisham, Deptford (Dame Joan Ruddock) and my hon. Friend the Member for Lewisham West and Penge (Jim Dowd), that in the 20 or so years that they have served the people of Lewisham, they too have not witnessed such outrage and disbelief over an issue.

It is not possible to close and A and E department that sees 115,000 people a year and axe a maternity department in which more than 4,000 babies are born each year and not to expect other hospitals to feel the impact.

This issue affects not only Lewisham but people across south London. The real problem is that there is no free capacity in the other hospitals close by to deal with the demand for hospital services that will be displaced'.

I think that there will be a ripple effect across the whole of south-east London and beyond if the A and E department and maternity services at Lewisham hospital close.'

On the matter of impact on the elderly and those with mental health conditions :

Dame Joan Ruddock: *One hallmark of the work at Lewisham hospital is that extremely important steps have been taken to integrate with community care. That is relevant for the elderly, who may have to be admitted for a short time before going back into the community, and for the young people with mental health problems, who need there to be integration between those who see them when they have an episode and those who receive them back into the community. All that will be lost if the proposals go ahead.*

On the matter of impact on surrounding hospitals :

Harriet Harman MP

'the effective closing of maternity and A and E services at Lewisham hospital will hit like a tidal wave at King's College hospital, because of the numbers of people involved. The health service estimate is that the number of people at King's College A and E will increase by 45%'.

Heidi Alexander: My right hon. and learned friend encapsulates the issues in relation to King's College hospital perfectly.

The fact of the matter is that millions of pounds will have to be spent at neighbouring hospitals to enable them to do the job that doctors and nurses at Lewisham hospital are already doing very well. Roughly £200 million has to be spent on making those changes happen, and that is not to mention the £12 million that has just been spent on Lewisham hospital's A and E department.

In my view, this process is sheer madness. I do not think that there is any guarantee that money will be spent in the right places. If the predictions about where people will go after the closure of the A and E department and maternity department at Lewisham hospital are not right, we will end up spending money on the wrong hospitals. That could result in complete chaos. I cannot see the sense in the proposal, and neither can thousands upon thousands of people in south-east London.



The proposed closure of Lewisham's A and E department and maternity department would also mean that two thirds of the building and land at Lewisham hospital would be sold off. These plans were hidden in an appendix to the initial proposals document, which was first published at the end of October last year.

I cannot overstate the opposition to these plans. More than 40,000 people have signed a petition against the closures; not one Lewisham GP is in favour of the changes; and the chair of the local commissioning group is also opposed to them. Put simply, these changes are unwanted.

.....The trust had, and still has, serious financial problems. I should be clear: Lewisham is not part of the trust; nor does it share the trust's financial problems. Lewisham hospital is a solvent and successful hospital. Its management has worked hard during the past five to 10 years to improve standards of care and to make the hospital more efficient. Yet, because Lewisham hospital is next to the South London Healthcare NHS Trust, because it has only a modest private finance initiative, so there are not as many constraints on the site as on the two big PFI hospitals at Woolwich and Farnborough, and possibly because of its location in relation to surrounding hospitals, the special administrator decided to recommend the closure of its A and E and maternity departments.'

On the matter of consultation, Heidi Alexander also noted in the Westminster Hall debate :

'There ensued six weeks of the worst public consultation that I have ever seen. There was no direct mailing to the people affected, and there were opaque and complicated questions in the consultation document. There was not even a direct question about the closure of Lewisham A and E. To add insult to injury, there was no question at all about the sale of the land at the hospital'.

Then, as later cited in the Silber Judgment of 31st July, Dame Joan Ruddock MP PMQs 9th January

'Yesterday, the Secretary of State for Health received a report recommending the downgrading of maternity services and the closure of the A and E department at Lewisham hospital. Does the Prime Minister recall the coalition promise to end the forced closures of A and E and maternity services? If this is not to be on the list of broken promises, will he ensure that these closures do not go ahead?'



The Prime Minister: *What the Government and I specifically promised was that there should be no closures or reorganisations unless they had support from the GP commissioners, unless there was proper public and patient engagement and unless there was an evidence base. Let me be absolutely clear: unlike under the last Government when these closures and changes were imposed in a top-down way, if they do not meet those criteria, they will not happen.*

Due to the level of public engagement with the campaign, the overall Lewisham response could visibly be assessed thus :

- Support from GP commissioners – opposed;
- Strengthened public and patient engagement – only in opposition;
- Clarity on the clinical evidence base – barely asked and not present;
- Consistency with current and prospective patient choice – reduced

The degree of community engagement proved to be vital - not only in shaking the arrogant complacency of the Secretary of State and indeed the government, but also in offering a visible representation of the community voice to the Judiciary who deemed the two ensuing court cases to be of great importance – not just from a legal perspective but also due to the profile of the case, as was also borne out by the ongoing press interest.

Shadow Secretary of State for Health, Andy Burnham MP



Andy Burnham [Verified account](#)

[@karriewilly](#) This back-door reconfiguration at Lewisham is an abuse of process.

Will be writing to Hunt soon.

2:50 PM - 28 Nov 12

On 9th December 2012 Andy Burnham wrote to Jeremy Hunt :

South London Healthcare NHS Trust - Trust Special Administrator Review

'We accept the need for changes at the Trust and there are several good recommendations in the Draft Report of the TSA.

It builds on the Picture of Health review agreed under the last Government, but which was stalled by your predecessor. To improve the financial position in the short term many of the Picture of Health proposals could be implemented, and we would support that.

However, we cannot accept the inclusion of recommendations affecting the reconfiguration of services at Lewisham Hospital within the TSA Report and believe the consultation on these should be stopped immediately.

Lewisham Hospital is outside the purview of the TSA terms of reference and I am clear that the powers associated with the Failure Regime policy were not intended to be used to encompass service changes in other hospitals and allow back-door reconfigurations of services without proper public consultation.

I believe that consideration of services at Lewisham Hospital, as part of the TSA review breaks an important principle. The 2009 Health Act, paragraph 65F 'Draft Report' clearly states:

“(1) Within the period of 45 working days beginning with the day on which a trust special administrator’s appointment takes effect, the administrator must provide to the Secretary of State and publish a draft report stating the action which the administrator recommends the Secretary of State should take in relation to the trust.”*

It is clear that the inclusion of proposals for service changes at Lewisham Hospital within the TSA report is in breach of the provisions above and therefore should be stopped’

** in relation to – was to emerge as a key phrase within legal argument*

Legal Conclusions

The High Court

A three day hearing in the High Court took place 2nd – 4th July before Mr Justice Silber. Lewisham Council was represented by Elisabeth Laing QC and the Save Lewisham Hospital Campaign by David Lock QC.

The cases heard conjointly would focus on the point of ultra vires (ie had Kershaw acted outside his legal remit by insisting on including a hospital outside of the designated Trust) and also the consultation pledge as promised by both Secretary of State Hunt and the Prime Minister, David Cameron.

On 31st July, Mr Justice Silber delivered his verdict which resoundingly supported the *ultra vires* prosecution and upheld that the views of GPs in particular had been ignored.

<http://www.judiciary.gov.uk/Resources/JCO/Documents/Judgments/Lewisham-v-SSH310713.pdf>

Ultra Vires

Mr Justice Silber's judgment found that that the decision of the Secretary of State must be “quashed” as he had acted outside his powers as Secretary of State, and in breach of the National Health Service Act 2006, when he announced to Parliament that services at Lewisham Hospital would be downgraded and closed.

The judge gave 8 reasons for his decision, which included :

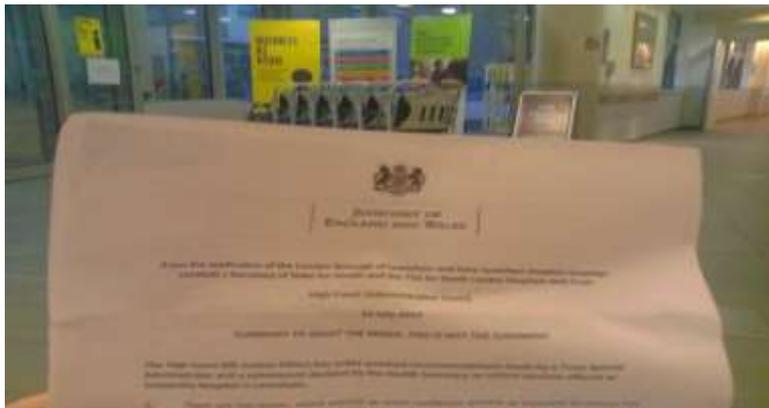
‘a construction of “in relation to” so as to include these other Trusts would give the words “in relation to” an unreasonably and an incorrectly wide meaning’

‘the words “in relation to” are used frequently in the 2006 Act. Mr Lock says these words appear on 243 occasions. They clearly mean “concerning” when used elsewhere in the 2006 Act and so the ordinary rules of construction would lead to them having the same meaning in the provisions in Chapter 5A, which was added later.’

‘the Parliamentary draftsman chose to distinguish between “the interests of the Health Service” and those of the Trust.’

As submitted by Ms Laing ‘ the Statutory Guidance, which was issued by the Secretary of State in accordance with his obligation under Section 65M of the 2006 Act, supports the narrow interpretation.’

In particular he said that the interpretation of the TSA role as presented by Hunt’s barrister Mr Rory Phillips QC ‘*could lead to absurd results*’.



Consultation

After the Coalition Government came to power, Sir David Nicholson, the Chief Executive of the NHS in England, wrote a letter on 20 May 2010 to all NHS Chief Executives and to various other bodies explaining that the Secretary of State had identified four key areas in which the reconfiguration processes needed to improve as plans for significant service change were developed and consulted upon. Those four key areas or requirements were that:-

- 1. support from GP Commissioners will be essential**
- 2. arrangements for public and patient engagement including local authorities should be further strengthened;**
- 3. there should be greater clarity about the clinical evidence base underpinning proposals;**
- 4. that proposals should take into account the need to develop and support patient choice**

The judge went on to cite the words of Andrew Lansley – former Secretary of State, saying that this was not a ‘tick box’ exercise but ‘a tough test which every proposal must pass if it is to succeed.’

Justice Silber in notably cited the promises made to Dame Joan Ruddock MP (Lewisham Deptford)- and then broken, by both Jeremy Hunt and the Prime Minister. (see page 9)

He also noted that the TSA had written to Councillor Muldoon of Lewisham, who was also Chair of its Healthier Communities Select Committee, introducing his draft report, and summarising his draft recommendations. The TSA explained that Councillor Muldoon was “*someone whose views I am keen to hear and consider in order to inform my final recommendations*” and he was invited to provide a formal written response to this “consultation”, which was to close at midnight on 13 December 2012.

However Justice Silber cited the experience of Councillor Muldoon, in his verdict note thus :

- the extent of the TSA’s engagement with local authorities as “superficial and limited”, although this is not one of Lewisham’s grounds of review.

Councillor John Muldoon makes the following observations about the process :-

‘As chair of Lewisham Council’s Healthier Communities Select Committee, I would start by noting that the Unsustainable Provider Regime, including the appointment of a Trust Special Administrator, specifically excludes any accountability through the usual scrutiny process. Ordinarily, if there is to be a substantial variation in service provision, or a major reconfiguration (e.g. the “A Picture of Health” changes), there is a clear and agreed protocol for engagement of health scrutiny. This was not, then, the case with SLHT.

However, I, with the committee’s vice-chair, Cllr Stella Jeffrey, did have two brief meetings with the TSA, neither of which could be considered “consultation”. He was not required under the UPR to meet me.

I was heartened when I read Mr Justice Silber’s judgment (I was in Afghanistan at the time!) I can do no better than to let him tell the story:

[Councillor Muldoon] and his Vice Chair, Councillor Jeffrey, met the TSA twice with the first meeting taking place on 16 October 2012. Councillor Muldoon explained that on that occasion, the TSA was not requesting input from him and his colleague as would have been expected at a consultation meeting but that instead the TSA was reporting progress. What is important was that Councillor Muldoon observed that “there was no suggestion that a major downgrading of Lewisham Hospital was in contemplation” and “there was no statement that the TSA was seeking the views of the Council on a substantial downgrade of Lewisham Hospital”.

At his second meeting with the TSA when he was accompanied again by Councillor Jeffrey, Councillor Muldoon said that the TSA gave a general update and he explained that “in parallel to carrying out the consultation they have been preparing the final report to the tight time scales”. If the Secretary of State was proceeding down the Section 8 route, I would agree with the conclusion of Councillor Muldoon that both of these meetings “fell far short of the consultation required in respect of a proposal to downgrade services at Lewisham Hospital as was proposed by the TSA”.

So, in my opinion, whilst giving the impression of engagement, at no time did the TSA actually formally take the views of the Select Committee. I submit this would have been both ideal and appropriate in respect of the recommendation to the Secretary of State, but, importantly, essential if the Secretary of State intended to use Section 8 powers as a fall back.’

On the matter of GP support, the judge observed :

‘It is noteworthy that special and crucial importance is attached to “the GP Consortia ...where majority of the patients will be most affected by the proposed service changes’

”.....The Lead GP consortia, in my opinion, would be Lewisham as its patients would be most affected by the proposed service changes at LH.’

Although the Judge then went on to refuse Mr Lock’s case of lack of adherence to consultation points 2-4, this was still a significant victory for Lewisham – however as this was the first instance in which Section 5A had been tested in the Courts, he was obliged to offer the government the right of appeal.



Save Lewisham Hospital Campaign banner holds pride of place outside the High Court

Mayor Sir Steve Bullock : Victory for Lewisham Parade September 14th

Good afternoon - to all who signed a petition, who wrote to the Secretary of State and who marched in the rain – and the sun – and played a part in winning this battle to save Lewisham Hospital’s A&E, maternity and paediatric units. But it is only the first battle – we are involved in a struggle which is far from over and there are more battles ahead.

In part, that struggle is against arrogance – against people who know nothing of this part of London and its people but think they can descend on us with their expensive advisers and do just whatever they like.

When they are told that the law does not allow them to behave in this way they simply ignore it and do what they want anyway.

We told them they were wrong – and they ignored us.

So we took them to court – and a judge told them they were wrong too.

So how does an arrogant person respond? He tells the judge he is wrong of course!

Well we will be back in court next month and once again we will make it clear that they were wrong in the beginning and they are still wrong now!

But this is also a struggle for something beyond different interpretations of Acts of Parliament.

It is a struggle to assert the right of the people who use and deliver health services to have a real say in their future.

This has been an intelligent, well informed campaign – it has not been about knee jerk responses that nothing can ever change.

It has thought been about saying to those arrogant people who think they know all the answers – why don’t you stop, listen to us, talk to us and let us locally work out the best way forward.

The NHS is perhaps the greatest institution Britain has produced – it is our pride and we want it to go on serving us and our children and our children’s children down through the years.

In local hands it will change to meet changing circumstances – but it will be safe. But if the arrogant people from the centre have it their way – it will never be safe again - here or anywhere else.

And that is why together we will go on fighting – and winning these battles until our NHS is safe again.

Thank you

The Court of Appeal

Government lodges last minute appeal against Lewisham judgment :

'The Government yesterday (21 August 2013) confirmed that they will appeal the judgment in the High Court, handed down on 31 July 2013, that found that the Secretary of State for Health, Jeremy Hunt MP, had acted unlawfully in deciding to substantially cut services and close departments at Lewisham Hospital.'

On the last day and in the last hour it could lodge its appeal, the Government lodged a formal application to take July's judgment by Mr Justice Silber to the Court of Appeal.

On the matter of the Justice Silber ruling and subsequent Appeal, Andy Burnham said :

'This ruling fires a shot across the bows of a Tory-led Government which is taking the NHS backwards by prioritising finances over patient care and riding roughshod over people.

"Jeremy Hunt's refusal to listen to Labour's warnings means he has wasted taxpayers' money defending the indefensible and severely damaged fragile trust in the way the NHS manages changes to hospitals and that must be repaired.

"This is a humiliation for Hunt and a vindication for the people of Lewisham. They have stood up not just for their own community, but also for the millions who object to the damage this out-of-touch Government is doing to the NHS.

"Instead of appealing this ruling, Jeremy Hunt should now apologise to the people of Lewisham and guarantee the future of their A&E. Anything less will just prove that you really can't trust the Tories with the NHS."

Six weeks later, and with no word of the grounds for said Appeal, the following enquiry was made by Heidi Alexander MP :

'To ask the Secretary of State for Health if he will publish his grounds of appeal against the judgment issued by Mr Justice Silber on 31st July 2013 in the High Court regarding the South London Healthcare Trust and Lewisham Hospital.'

Victory for Lewisham

Following just over a day's hearing in the Court of Appeal where the government's attempt to overturn the *ultra vires* and GP Commissioning verdicts reached by Mr Justice Silber, the Master of the Rolls with Lords Justice Underhill and Sullivan took just three minutes to come to their unanimous decision – one which enabled Mayor Sir Steve Bullock to announced in his blog of 29th October :

Lewisham wins hospital appeal

Lewisham Council and the Save Lewisham Hospital Campaign have won the appeal brought by the Secretary of State for Health against the High Court quashing of his decision to downgrade Lewisham Hospital emergency and maternity service.

The verdict was delivered earlier today and confirmed that the Secretary of State and the Trust Special Administrator did not have the legal powers to make changes at Lewisham Hospital under the Unsustainable Provider Regime (UPR).

This is a great result. I was confident of our case but I am still very relieved. This is another victory for each and every individual who signed a petition, who wrote to the Secretary of State and who marched through the streets of Lewisham.

Together we have fought to assert the right of the people who use and deliver health services to have a real say in their future. And we have won. We knew the Secretary of State and the TSA were wrong in the beginning and today we all know they are still wrong now. We all now need to work together with our great local hospital and make sure it can continue to serve our community long into the future

The Court of Appeal judgment had used strong words in their own written verdict which was published on November 8th, such as 'strained and unnatural' and 'misplaced' were used to roundly condemn the government for their actions. This, combined presumably with the speed of their decision persuaded Jeremy Hunt not to pursue the matter to the Supreme Court. The case was indeed won.



Future

NHS England/NHS London

On the final day of the High Court hearing in July, the government chose to announce their intention to instigate a top down unconsulted re-configuration of London A&Es which would result in the closure or downsize of 9 hospitals, which they said would include Lewisham. This was clearly deliberate intimidation tactics.

Since that point Sir Bruce Keogh has announced a mass downgrading of A&E's nationally on the premise that this will save lives. However FOI submissions to the Dept of Health by the Mail on Sunday have shown that in the case of the Newark and Hartlepool re-configurations the opposite is true. (MoS journalist Stephen Adams regularly contacts the SLHC press team for input.)

Hospitals merger

Lewisham NHS Healthcare Trust had its' final Trust AGM on September 10th. The hospital merged with QEH Woolwich on October 1st to form the Lewisham & Greenwich NHS Trust.

Clearly the merger brings with it both opportunities and risk.

Lewisham having been well on its way to becoming an FT in April 2013 had found this was suddenly curtailed at the point of the Kershaw review and the Trust was told it would not qualify. Meanwhile QEH with enormous problems most certainly would not meet FT criteria on its' own. Both hospitals therefore came under threat of private takeover if they do not obtain Foundation Trust status within the required timeframe. Lewisham Hospital managers took the view that they would be stronger together and had proposed from the outset that this arrangement would be preferable to the Kershaw proposals – as long as the QEH Woolwich PFI were dealt with.

Since the merger, Lewisham staff have found a plethora of problems and challenges at QEH – from over-purchasing of equipment, to poor line management, to a complete absence of desks and bleepers for new managers. However the management skills which have seen Lewisham in the Top 40 hospitals for five years running should be useful in sorting out the worst aspects quickly and also in taking measures for long term improvements.

Chair Elizabeth Butler said at the final Lewisham AGM

' it has been a difficult year with lots of uncertainty..... but whatever happens it is business as usual. There are huge opportunities with the merger which will make us more resilient and better placed to gain FT status.'

The abiding concern for local campaigners is the burden of debt from the PFI and the risk of services being downsized. However if the new management team can trim areas of wastage in Woolwich without cutting key staff then there is hope for the future, but there is no denying that considerable challenges exist.

In response to a question put by Lewisham Pensioners Forum member Nina Grey Lyons, Lewisham's finance director John Hennessey said

'there is no need for us to pay the PFI debt. The Dept of Health will fund the excess and also the link to inflation for the life of the PFI. This greatly neutralises the costs.'
Liz Butler also added that this was legal binding.

Chief Executive Tim Higginson said :

' our work with GPs and an A&E support programme is to be featured in an RCP paper Only 2 or 3 of the top 40 hospitals are in London so we are very proud.We need to maintain our focus on high quality and safe provision which responds to local need as a top priority.'

TSA Model

The government laid down Care Bill Amendment 168A in the Lords, just a week before the Court of Appeal hearing – more than inferring that despite their protestations otherwise (witness Earl Howe in the Lords debate 21st October), they felt on very wobbly ground with their Appeal.

- **Whatever the government may do with the TSA model in the future it cannot be applied retrospectively to Lewisham**
- **The Judges ruled that Lewisham Hospital's rating means that it should not be subjected to a TSA regime – even following the merger because QEH had been part of the failing SLHT.**
- **We believe that this safeguards Lewisham Hospital for the foreseeable future.**



Lord Philip Hunt, Shadow Health Minister joins Heidi Alexander MP and campaign members to present a petition at Dept Health October 21st prior to the 168A Amendment debate

Re-Configuration Implications for London & England

On 31st October, Shadow SoS Andy Burnham questioned Jeremy Hunt's announcement of service closures and downsizing in North West London at a time when A&E targets in London have been missed on 48 out of the past 52 weeks due to extreme pressures on the service – and cited the Lewisham victory thus :

'The victory won in the court by the people of Lewisham will give hope by people who are disappointed by today's announcement'.



Challenges

There can be no doubt that the NHS is under pressure as never before.

Currently the key areas of threat include :

- Chaos caused by the Health & Social Care Act and timeline for repeal
- A&E crisis and accompanying cutbacks
- Ongoing cuts to care provision and other community health services
- Lack of preparedness within Monitor & CQC
- Privatisation and competition – especially Section 75
- Impact on the CCG & development of effective H&WB Board
- Clause 118
- PFI instability
- Invitation to Private Equity firms to tender for CSUs
- Competition Law and potential threat of EU/US Treaty if health is not safeguarded
- Ambulance service cuts
- Rising pan-London health inequalities and the pending age-related changes in funding mechanisms, which will significantly disadvantage the London Borough of Lewisham.

This is of great concern to Lewisham East CLP. It is to be hoped that we will be able to put into practice the integrated model of health and social care as expressed by Andy Burnham, which will give our Councillors and our community the opportunity to customise our local health services in line with local need, rather than under the deeply misguided ideology of the current government, which in part so nearly cost us our highly regarded hospital and is sadly purpose-built to destroy the NHS.

Chronology

July '12 Matthew Kershaw appointed by then SoS Lansley as Trust Special Administrator under the 2009 amendment to the 2006 Health Act to oversee the South London Health Trust incorporating QEH Woolwich, Princess Royal Hospital Bromley & QM Sidcup.

Lansley is succeeded by Hunt in the autumn re-shuffle

Sept 29th TSA Kershaw announces that Lewisham will become part of the consultation as he views measures for Lewisham Hospital to be the solution for SLHT.

Several groups already existing in Lewisham, convene a meeting where it is decided to launch a campaign, hold a series of public meetings and a march in protest

October

800 people attend the first public meeting held at Lewisham Hospital which results in 3 spill-out rooms with screens being set up to ensure everyone can join in

November

Lewisham Borough Council immediately alerting the borough to the threat plus a mass leafleting enterprise undertaken by volunteers

15,000 marchers progress through Lewisham in the pouring rain to a rally in Ladywell Fields

Second public meeting held at Catford Broadway Theatre attracts more than 500 attendees

Consultation events held by TSA Kershaw draw criticism for being too small/inaccessible

The online consultation questionnaire draws criticism because it does not mention Lewisham and is inaccessible to many would-be respondents. eg. only the short summary is in Braille – nothing else.

Anger when Kershaw chooses the anniversary of the Lewisham Rail Crash for his final consultation in a building – the Calabash Centre - which is far too small for purpose.

December 6th - 'consultation' closes

January '13

Simone's Bus Trip - video of bus journey to QEH from Lewisham, taking almost 2 hours

January 8th - Hunt receives recommendations from Kershaw

BBC Question Time, Goldsmiths College - Lewisham Hospital features highly in the questions and as a result the story gains a strong profile nationally

March of the 25,000 - an additional 10,000 join the November marchers to peacefully protest in a march through Lewisham to a rally and music in Mountsfield Park

A 200 foot petition is presented to Richmond House along with around 30,000 signatures on a petition organised by Heidi Alexander MP's office

31st Jeremy Hunt announces to the House of Commons that he supports all of the Kershaw recommendations - with 2 small provisos :

he states that he has 'saved' the A&E (afterwards clarified by the College of Emergency Medicine as being inaccurate because what he has proposed only qualifies as an Urgent Care Centre plus one consultant - an A&E has to have acute back up of which there would be none) ; also has reduced maternity provision even further than Kershaw proposed to a midwifery unit (which would only have the capacity to look after one or 2 births per day of the most straightforward type - at a cost of £1million per annum to the CCG!).

Hunt did not mention it but the plan would also entail the full-scale sweeping away of all paediatric services - including a highly regarded paediatric A&E. At no point was this consulted upon.

February

The Buggy Army is formed - 120 buggies and accompanying parents converge on Richmond House, Whitehall on Valentine's Day and sing to Jeremy Hunt 'come on Jeremy our babies are getting cold' and in the end persuade his secretary to come out and receive 'gifts' in the shape of a bouquet of red baby socks knotted to look like roses and fixed to greenery stems and tied off with tags written by mothers detailing the ways in which Lewisham Hospital has saved their own and their babies' lives.

March

Boris Johnson visits Lewisham for a pre-scheduled People's Q&A. He is well and truly roasted for his uninformed response to the Lewisham Hospital situation. He is asked on camera to come and meet a delegation and he unwillingly has to agree - largely because itv chased him up on the point.

Music Video is co-produced to promote the campaign with words and music by Question Musiq and Charles Bailey

Born in Lewisham commemorative hands around the hospital event

Rapper Question Musiq is joined by members of the Lewisham Healthcare Trust Choir and campaign members to sing the fundraising rap 'I need my A&E' on the pitch at Millwall for the FA Cup Quarter Final - players wear T Shirts to warm up - they also wear them before other games, including the FA Cup Semi at Wembley.

April

Two events on the same day! Following an intensive lobbying of MPs and Lords, we hold our Section 75 rally at the Houses of Parliament in the morning. In the afternoon a delegation of doctors and 2 patients meet Boris. He chairs the meeting himself (which is unusual!) and is impressed by the dossier the doctors have produced which clarifies that the 100 lives saved premise is a fallacy and promises to deliver it to Jeremy Hunt - which he does 2 days later.

Lewisham Pensioners Forum organise the March of the Pensioners to present their petition to support Lewisham Hospital

May

Public meeting Goldsmiths College - several hundred attend

Defend London's NHS - core Lewisham campaigners play a key role in organising this peaceful protest march which made its way through central London

Hunt for Hunt - busloads of campaigners from across London and organised by SLHC converge in peaceful fashion on Jeremy Hunt's constituency to explain to local people what their MP is doing to the NHS and to hospital services. All but two people welcome them warmly.

Lewisham NHS Healthcare Choir (from Gareth Malone's Sing While You Work) perform a fundraiser concert at St Mary's Church - A&E's Dr Chidi Ejimofa a star turn!

June

The People's Commission - which entailed a colossal amount of organising!

Michael Mansfield QC is joined by Baroness Mary Warnock, novelist Blake Morrison and Lord Owen to listen to testimonies by a range of medical and lay practitioners, patients and local health workers about the impact the closure of Lewisham Hospital will have on the community as well as the wider implications for SE London and the NHS. The initial summary report was damning of the Kershaw methodology and Hunt recommendations - the full report is due out imminently

July

Lewisham Borough Council organise Justice for Lewisham dustcarts and support the campaign in postering the borough

2-4 High Court hearing - two joint Judicial Reviews launched by Lewisham Borough Council and Save Lewisham Hospital.

Did TSA Kershaw act Ultra Vires (outside of his remit) in incorporating Lewisham? Did TSA Kershaw (and Hunt) adhere to the 4 key criteria set by Hunt : listening to GP, clinicians and local people?

6th 65th Anniversary Party for the NHS organised by Anita Downs and Jill Mountford.

31st Victory for Lewisham - Justice Silber quashes Hunt's recommendations by rendering them unlawful in as much as he and TSA Kershaw did not use the 2006 Act in the way intended and tried to use the legislation 'in relation to' more than one health trust instead of the designated one ie SLHT. He also found they had failed to take note of the grave concerns of local GPs.

August

21st notified of Appeal by govt at the last possible minute

September

14th Sept - Victory March plus Party in Ladywell Fields attended by several hundred in the rain

27th Sept - Rivoli Ballroom - Victory Dance attended by over 800 people

October

28th – 29th Court of Appeal

Definitive victory on Ultra Vires argued by Ms Elisabeth Laing QC for Lewisham Council and

David Lock QC for Save Lewisham Hospital Campaign – 12 months to the day since the first statement is released by Kershaw.

November

Release of the Lewisham People's Commission Report by Michael Mansfield and the Save Lewisham Hospital Campaign

Throughout this there has been a raft of fundraising activities by Save Lewisham Hospital Campaigners-

Weekly stalls in markets - leafleting and petitioning with merchandising items such as bags and mugs

Shaking tins and buckets by invitation at a range of events

Auctions, pub quizzes

School cake stalls and dressing up days

2 councillors ran the T2T 5k

Delhi Bicycle donates food, printing costs of leaflets

Millwall donation towards the legal fund

38Degrees fundraising towards Save Lewisham Hospital legal fund

NHS FOREST - Notes

IMPROVED COMMUNITY HEALTH

The health of patients, staff and local communities can be dramatically improved by providing opportunities to exercise outdoors and access green spaces including woodlands but less than 10% of the population have access to local woodland within 500m of their home.

- **Researchers from the Universities of Bristol and East Anglia found that people living closer to green spaces were more physically active, and were less likely to be overweight or obese, and people who lived furthest from public parks were 27% more likely to be overweight or obese.** E. Coombs, A. Jones, & M. Hillsdon (in press) 'Objectively measured green space access, green space use, physical activity and overweight.'
- **Greater opportunities for exercise provided by close proximity to a park reduced weight gain in teenagers by five kilograms over a two year period.** 'Neighborhood Greenness and 2-Year Changes in Body Mass Index of Children and Youth': Janice F. Bell, PhD, MPH, Jeffrey S. Wilson, PhD, Gilbert C. Liu, MD, MS. Am J Prev Med 2008;35(6):547-553
- **A University of Glasgow study found that, for England as a whole, people living closer to green space had lower death rates and less heart disease. Amongst lower income groups, 1,300 extra deaths occurred each year in areas where the provision of green space was poor.** Mitchell R, Popham F. 'Effect of exposure to natural environment on health inequalities: an observational population study.' Lancet 2008; 372: 1655-1660
- **Regular physical activity contributes to the prevention of more than 20 conditions including coronary heart disease, diabetes, certain types of cancer, mental ill-health and obesity.** Department of Health 2005: 'Choosing Activity: a physical activity action plan', Cm 6374, London, Department of Health. cabeurl.com/2o
- **Trees and woods can have a restorative and therapeutic effect on the mind.** Hartig, T., Evans G.W., Jamner L.D., Davis D.S., and Gärling T. (2003). 'Tracking restoration in natural and urban field settings.' Journal of Environmental Psychology 23, 109-123.
- **Recent studies have looked at the beneficial effects of natural surroundings on children with Attention Deficit Hyperactivity Disorder.** Taylor, AF et al (2001) 'Coping with ADD, The Surprising Connection to Green Play Setting', Environment and Behaviour, Vol. 33, January 2001, pp 54-77
- **Trees have been found to enhance mood, improve self esteem and lower blood pressure. Research in the Netherlands and Japan indicated that people were more likely to walk or cycle to work if the streets were lined with trees and live longer and feel better as a result.** Van den Berg, A.E., Koole S.L., and van der Wulp N.Y. (2003). 'Environmental preferences and restoration: (how) are they related?' Journal of Environmental Psychology 23, 135-146.
- **Two reports, sponsored by RSPB, published in 2004 and 2007 outlined the benefits to physical and mental health arising from contact with the natural environment. These included the reductions in obesity, heart disease, diabetes, cancer, stress, ADHD, aggression and criminal activity, amongst others.** Bird, W (2004) 'Natural Fit', RSPB - www.rspb.org.uk/Images/natural_fit_full_version_tcm9-133055.pdf, W (2007) 'Natural Thinking', RSPB - www.rspb.org.uk/Images/naturalthinking_tcm9-161856.pdf
- **Environmental volunteering, including tree planting, can be as effective as aerobics in improving fitness. Independent evaluation of BTCV's Green Gym concluded that overall the physical health status of volunteers significantly improved, with 99% of participants reporting enhanced health and confidence.** Yerrell, P. (2008) 'National Evaluation of BTCV's Green Gym.' Oxford Brookes University www2.btcv.org.uk/display/greengym_research
- **National Ecosystem Assessment report:**The NHS Forest is discussed as a key sustainability initiative through its focus on both tree planting, community engagement and the health benefits of the green space in the UK National Ecosystems Assessment. Our project is mentioned in Chapter 8 with a box 8.3 detailing the NHS Forest. <http://uknea.unep-wcmc.org/Resources/tabid/82/Default.aspx>
- **Ian Higgins MA Dissertation identifying the feasibility of the NHS Forest and the healing properties of the creating of greenspace on NHS Estates.** [The NHS Forest Dissertation](#)

•**Regular exercise in greenspace can boost immune system!** http://info.evergreen.ca/en/blog/entry/green-time-just-what-the-doctor-ordered?utm_source=Canadian+Green+Health+Care+Digest+Issue+%2378+-+March+27%2C+2013&utm_campaign=Green+Digest+%2378&utm_medium=email

•**Conference Proceedings from the 2011 ICF - Trees, people and the built environment.** Sections on Promoting green networks and human wellbeing, management of the urban forest and the value of communities in successful urban greening among other chapters are relevant to the NHS Forest.

•**Sustainable Health and Social Care: Connecting Environmental and Financial performance.** This document produced by the Kings Fund provides an overview of the environmental impacts of health and social care and examines the evidence available. www.kingsfund.org.uk/sustainability

•**Forests, Trees and Human Health** Nilsson, K.; Sangster, M.; Gallis, C; Hartig, T.; de Vries, S.; Seeland, K; Schipperijn, J. (Eds.) 2011. Springer

•**Trees and Woodlands, Nature's Health Service.** Liz O'Brien (2005) Forest Research

•**Why Nature should not be seen as an expensive add on!** A good article relating to the Ecosystems Assessment report in the Guardian. <http://www.guardian.co.uk/sustainable-business/nature-heart-economic-social-policy-making?CMP=>

•Mind has demonstrated that: **Ecotherapy would contribute to three of the government's six key priorities set out in its Public Health White Paper:** increase exercise, improve mental health and reduce obesity. The report provides evidence of studies confirming that participating in green exercise activities provides substantial benefits for health and well-being. *Ecotherapy could contribute to reducing the £338 million that antidepressant prescription costs the public health service.*

• **Populations living in greener environments have lower levels of income related health inequality.** R.Mitchell, F. Popham (2008) Effect of exposure to natural environment on health inequalities: an observational population study. The Lancet, 372 (9650). pp 1655-1660

• Australian researchers found that members of land conservation groups experience higher levels of health and well-being than non-members. **The positive health benefits derived from participating in conservation activities include improvements to physical health and general mood and, in addition, to enhanced social capital.** Moore M, Townsend M and Oldroyd J. 2006. Linking human and ecosystem health: the benefits of community involvement in conservation groups. *EcoHealth* 3(4) 255-261

•**Participation in a range of green exercise activities leads to significant health and social benefits.** Self-esteem levels are significantly improved and feelings of anger, confusion, depression and tension all significantly improve post-activity. Pretty J, Griffin M, Peacock J, Hine R, Sellens M and South N. 2005.

•**A countryside for health and well-being; the physical and mental health benefits of green exercise.** Countryside Recreation Network, Sheffield. Pretty J, Peacock J, Hine R, Sellens M, South N and Griffin M. 2007. Green Exercise in the UK Countryside: Effects on Health and Psychological Well-Being, and Implications for Policy and Planning. *J. Environ. Planning and Manage.* 50(2) 211-231

•**Great Outdoors: How Our Natural Health Service Uses Green Space To Improve Wellbeing**
An action report by the Faculty of Public Health http://www.fph.org.uk/uploads/r_great_outdoors.pdf

•**Direct and Indirect health benefits of urban parks:** <http://www.ifpra.org/images/park-benefits.pdf>

Benefits for staff of greenspace/ plants within your office <http://metro.co.uk/2013/09/16/sick-building-syndrome-get-some-air-4019902/>

GREATER SOCIAL COHESION

Trees and woods can enhance social cohesion between the NHS Estates and local communities through joint involvement in planting, maintenance and enjoyment of trees and woodland.

- **Numerous studies on green space and particularly woodland have shown that they are highly valued by communities.** MORI, 2002, 'The Environment: Who cares?'

- **Access to woodland is not only important for health benefits through exercise but also makes visitors feel 'happy', 'relaxed' and 'close to nature'** Coles R.W. and Bussey S.C. 2000, 'Urban forest landscapes in the UK - progressing the social agenda.' Landscape and Urban Planning 52, pp181- 8

IMPROVED AIR QUALITY

Trees and woodland have a measureable impact on air quality, in particular by adsorbing pollutants such as sulphur dioxide and ozone, intercepting harmful particulates from smoke, pollen and dust and releasing oxygen through photosynthesis, thus reducing the incidence of diseases exacerbated by air borne pollutants. The negative effects of air pollutants are proportionately greater in urban areas, where trees are close to sources of pollution and nearer to people who might be affected – yet tree cover in urban areas is under threat.

The UK already has one of the world's highest rates of childhood asthma, with about 15 per cent of children affected, and research by the British Lung Foundation suggests that one in every seven people in the UK is affected by lung disease – almost 8 million people. The predicted rise in air pollution will increase attributable deaths and hospital admissions, with as many as 1,500 additional deaths and hospital admissions each year ('Future health - Sustainable places for health and well-being', CABE 2009).

- **Columbia University researchers found asthma rates among children aged four and five fell by a quarter for every additional 343 trees per square kilometre.** Lovasi, G., Quinn, J., Neckerman, K., Perzanowski, M. & Rundle, A. (2008) 'Children living in areas with more street trees have lower prevalence of asthma.' Journal of Epidemiology & Community Health, 62(7), pp. 647-649.

- **It has been estimated that doubling the tree cover in the West Midlands alone would reduce mortality as a result of poor air quality from particulates by 140 people per year.** Stewart, H., Owen S., Donovan R., MacKenzie R., and Hewitt N. (2002). 'Trees and Sustainable Urban Air Quality'. Centre for Ecology and Hydrology, Lancaster University

REDUCTION IN NOISE

Trees can reduce urban noise through sound deflection and absorption and this can in turn improve the environment for patients and staff.

- **High noise levels have been found to increase perceived stress levels in staff, and bring about anxiety and sleeplessness in patients.** Ulrich, R. 2000: 'Effects of healthcare environmental design on medical outcomes', 'Design & Health: The Therapeutic Benefits of Design'. Proceedings of 2nd International Congress on Design and Health, Karolinska Institute, Stockholm, Sweden, pp. 51, 52

HELP REDUCE THE IMPACT OF GLOBAL TEMPERATURE RISES

Trees and woods can reduce the impact of the 'urban heat island effect' which occurs when hard surfaces in summer act as giant storage heaters, absorbing heat during the day and releasing it at night. Dramatic summer temperature differences of as much as 10 degrees C between London and its surrounding areas have been recorded, which in turn exacerbate the symptoms of chronic respiratory conditions. Projections suggest this problem will get markedly worse. The cooling benefits of trees can also help in heat waves, which are also projected to become more frequent. The very old, chronically ill and poor are most susceptible to heat-related illnesses. By 2012, there will be a 1 in 40 chance that the South-East of England will experience a serious heat wave causing over 3,000 immediate heat-related deaths and 6,350 further heat-related deaths soon afterwards (DH, 2008a).

- **A study by the University of Manchester has shown that increasing tree cover in urban areas by 10 per cent can reduce urban surface temperatures by as much as 4°C.** Handley, J and Carter, J (2006) 'Adaptation strategies for climate change in the urban environment', Draft final report to the National Steering Group, Centre for urban and regional ecology, University of Manchester
www.sed.manchester.ac.uk/research/cure/downloads/asccue_final_report_nat...

LESS SURFACE WATER FLOODING

Throughout the UK winter is predicted to be wetter and summers drier and there is also a predicted increase in the frequency of very heavy rainfall. Trees can reduce the likelihood of surface water flooding, when rain water overwhelms the local drainage system, by regulating the rate at which rainfall reaches the ground and contributes to run off. Slowing the flow increases the possibility of infiltration and the ability of engineered drains to take away any excess water. This is particularly the case with large crowned trees.

- **Research by the University of Manchester has shown that increasing tree cover in urban areas by 10 per cent reduces surface water run-off by almost 6 per cent.** 'Using green infrastructure to alleviate flood risk', Sustainable Cities – www.sustainablecities.org.uk/water/surface-water/using-gi/

REDUCED CARBON EMISSIONS

Trees can help mitigate climate change and thus reduce the NHS carbon footprint by absorbing carbon dioxide from the atmosphere and reducing the amount of energy used in heating and cooling a building. It is estimated that the NHS Forest could directly absorb up to 260,000 tonnes of CO₂.

- **Research in the USA suggests a per tree saving in carbon emissions for shade and shelter trees as a result reduced building energy use of around 10-11kg per year.** Akbari, H. (2002) 'Shade trees reduce building energy use and CO₂ emissions from power plants', Environmental Pollution, Volume 116, Supplement 1, pp.119-126

ECONOMIC BENEFITS:

There are numerous economic benefits to be gained from the provision of high quality green space and wooded areas. These include:

REDUCED COSTS THROUGH HEALTH PREVENTION:

- **If just 1% of the 2.5 million people on incapacity benefit in Britain could be helped back into the workplace through active lifestyles encouraged by a better environment, it would save the country £67million a year.** Speech by Andy Burnham MP, Secretary of State for Health, 13 August 2009, 'Fit for the future – can we build a more active Britain?' Department of Health - www.dh.gov.uk/en/News/Speeches/DH_104324)
- **If every household in England were provided with good access to quality green space it could save an estimated £2.1 billion in health care costs.** Our Natural Health Service – 'The role of the natural environment in maintaining healthy lives', Natural England 2009 – www.naturalengland.org.uk/publications
- **People who live within 500 metres of accessible green space are 24 per cent more likely to meet recommended levels of physical activity.** Coombes, E. G., Jones, A. P., Hillsdon, M (2009). 'The relationship of physical activity and overweight to objectively measured green space accessibility and use.' Social Science and Medicine, under review
- **Reducing the sedentary population by just one per cent could reduce morbidity and mortality rates that have been valued at £1.44 billion for the UK.** 2005 CJC Consulting, Willis, K., Osman, L., 2005. 'Economic benefits of accessible green spaces for physical and mental health: scoping study'. Forestry Commission
- **The overall costs to the economy of physical inactivity in England are estimated to be £8.2 billion per year.** Allender, S. Foster, C. Scarborough, P. Rayner, M. 2007, 'The burden of physical activity-related ill health in the UK'. J. Epidemiol Community Health, 2007, 61:344 – 348('No charge? Valuing the natural environment', Natural England 2009 - www.naturalengland.org.uk/publications)
- **The benefit of air pollution absorption by woodland greater than two hectares has been estimated at around £900,000 per year. However, the health benefits from air pollution absorption within smaller woodland (less than two hectares) are not included and are likely to be much greater. Many of these woods and trees are located closer to urban populations and to sources of pollution.** CJC Consulting (2009), 'The Value of Benefits Arising from Trees and Woodland in the UK'

- **The Corporate back-40 Employee benefits of wildlife enhancement efforts on corporate land.** Kaplan R., Barwell, L. V., Ford H. A., Kaplan, S. (1996) Human Dimensions of Wildlife Vol 1. Issue 2.

- **Psychological Benefits of greenspace.** A longitudinal study has been carried out by ECEHH following the same people over 17 years and has enabled them to compare the benefits of greenspace against other factors:

<http://www.ecehh.org/publication/would-you-be-happier-living-greener-urban-area>

REDUCED COSTS LINKED TO FLOOD PREVENTION:

- **The insurance cost of the 2007 flooding was thought to have been around £3 billion** (Newratings, 24th June 2007, UK floods likely to cost £3bn in insurance - www.newratings.com/en/main/company_headline.m?id=1577047) but the Environment Agency expect the regular annual cost of damage to property alone to be in excess of £1 billion. When the cost of further disruption, damage to infrastructure and loss of business is added this increases to £2.5 billion and could rise to £4 billion by 2035. Environment Agency, 'New reports highlight GBP20Bn investment over 25 years is needed to protect England from flooding' www.environment-agency.gov.uk/news/108705.aspx

REDUCED ENERGY COSTS:

- **By providing shade and shelter trees can contribute to a reduction in a building's energy budgets. Deciduous trees in particular provide shading during hot summer months, reducing the need for air conditioning, whilst allowing solar gain to buildings during the winter, reducing the need for heating.** UK Government (2009), 'The UK low carbon transition plan – national strategy for climate and energy', The Stationery Office

REDUCED SITE MAINTENANCE COSTS:

- **In general woodlands are considerably cheaper to manage than mown grassland. Large simple areas of gang mown grass are as cheap (but no cheaper) to manage than woodland but contribute little to urban environmental quality. Urban woodlands provide more interesting landscapes for people to enjoy than open grassland and they make valuable contribution to the overall woodland resource in the UK. They also offer an achievable alternative to close mown grassland, at no extra management cost** 'Trees or Turf: Best value in managing urban greenspace', National Urban Forestry Unit, 1998

VALUE FROM LEISURE USE:

- **Woodland is an important leisure resource. Benefits from public access were estimated in 2003 to be £392m per year in GB (£447m at 2007/08 prices).** CJC Consulting (2009), 'The Value of Benefits Arising from Trees and Woodland in the UK'

The Forestry Commission has produced this useful document aimed at urban planners outlining the importance of trees: www.forestry.gov.uk/forestry/INFD-87YEK2