

# **Southwold Town Council Submission in Response to NHS Property Services Ltd.'s Request for a Review of the Listing of Southwold Hospital as an Asset of Community Value**

## **1. Introduction**

1.1. On 26 November 2015, Southwold Town Council (STC) applied to Waveney District Council (WDC) to list Southwold Hospital as an asset of community value (ACV). WDC listed the hospital as an ACV on 18 January 2016. On 11 February 2016, NHS Property Services Ltd (the Owner) notified WDC that it was requesting a review of this decision under Section 92(1) of the Localism Act 2011.

1.2. STC files this submission, with annexed documents, in support of the continued listing of Southwold Hospital.

## **2. Summary of the issues**

2.1 The Owner contends that Southwold Hospital should be delisted as an ACV because, as a healthcare facility, it does not fit the definition of buildings or amenities that play a vital role in community life and there is no evidence of any social interaction taking place on the land which could be construed as furthering the social wellbeing of the local community.<sup>1</sup>

2.2 In response, STC submits that the listing should be confirmed because: 1) all health care delivery involves promoting social wellbeing; 2) WDC was right to list it as an ACV because, as a *community* hospital, Southwold Hospital self-evidently played a vital role in its community; 3) there is more than sufficient evidence in this submission to confirm that Southwold Hospital – founded by the community, for the community, and financially supported by the community for over 100 years – was a cherished local institution that furthered the social wellbeing of the local community.

## **3. The applicable law**

3.1 The Localism Act 2011 requires a local authority to form an opinion as to whether the nominated land/building is of community value. This requires applying the two-part test set out in Sections 88 (1) and (2).

3.2 There are differences, not relevant to this case, between sections 88(1) and 88(2) that relate to whether the building's or land's community use is current or in the recent past. Section 88(2) applies to Southwold Hospital which the Great Yarmouth and Waveney CCG voted to close in November 2016. Section 88 (2) states:

‘(2)For the purposes of this Chapter but subject to regulations under subsection (3), a building or other land in a local authority's area that is not land of community value as a result of subsection (1) is land of community value if in the opinion of the local authority—

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<sup>1</sup> Owner's letter of objection, Paragraphs 2.4 and 2.5.

(a) there is a time in the recent past when an actual use of the building or other land that was not an ancillary use furthered the social wellbeing or interests of the local community, and

(b) it is realistic to think that there is a time in the next five years when there could be non-ancillary use of the building or other land that would further (whether or not in the same way as before) the social wellbeing *or* social interests of the local community.’

3.3. In essence, Section 88(2) requires a local authority first to decide whether, in the recent past, the building/land was used to further the social wellbeing *or* interests of the local community. If so, in next five years, could it be used, albeit in a different way, to further the social wellbeing or social interests of the local community? (Italics added.)

3.4 The use of the conjunction ‘or’ makes clear that buildings/land can achieve ACV status via two different routes – either by furthering the *social wellbeing* of the local community *or* by furthering the *social interests* of the local community.

3.5 S. 88(6) specifically defines ‘social interests’ as including ‘(in particular) each of the following – cultural interests; recreational interests; sporting interests.’ It is fair to infer from this definition that the phrase ‘social interests’ expresses the leisure context of social relationships.

3.6 In contrast, there is no statutory definition of ‘social wellbeing.’ Terms that are not defined in a statute are usually given their ordinary and natural meaning. The on-line Oxford Dictionary defines ‘social’ as ‘Relating to society or its organization’ and ‘well-being’ as ‘The state of being comfortable, healthy, or happy.’<sup>2</sup>

3.7 The meaning of the phrase ‘social wellbeing’ differs depending on context. The Owner proposes the following definition: ‘the interaction and relationships with others within a community.’<sup>3</sup> This definition is an unexceptionable description of ‘social’ but it lacks the positive content of ‘wellbeing.’

3.8 The STC prefers the definition proposed by HALcyon, an inter-disciplinary academic research programme into aging that is funded by six research centres that include the Medical Research Council.<sup>4</sup> ‘Social wellbeing is a sense of involvement with other people and with our communities.’ This definition has been adopted by the Royal Borough of Windsor and Maidenhead (RBSM) in its guidance on the Community Right to Bid.<sup>5</sup>

3.9 The fact that ‘social interest’ is defined in the statute, and ‘social wellbeing’ is not, suggests that the latter is a broad and flexible concept.

3.10 Two non-statutory DCLG publications support this conclusion. Their thrust is that, in creating the Community Right to Bid, the government intended to provide local communities with a tool to protect buildings and amenities that play a vital role in local life, are of great

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<sup>2</sup> <http://www.oxforddictionaries.com/definition/english/social>.

<sup>3</sup> Paragraph 2.4 of Owner Letter of Objection.

<sup>4</sup> <http://www.halcyon.ac.uk/?q=work-packages-two>).

<sup>5</sup> [https://www3.rbm.gov.uk/info/200125/budgets\\_spending\\_and\\_performance/661/community\\_right\\_to\\_bid/4](https://www3.rbm.gov.uk/info/200125/budgets_spending_and_performance/661/community_right_to_bid/4)

importance to communities, and contribute to the development of vibrant and active communities.

- i. The Plain English Guide to the Localism Act 2012 (Plain English guide) states; ‘Every town, village or neighbourhood is home to buildings or amenities *that play a vital role in local life*. They *might* include community centres, libraries, swimming pools, village shops, markets or pubs. Local life would not be the same without them, and if they are closed or sold into private use, it can be a real loss to the community.’<sup>6</sup>(Italics added).
- ii. ‘The Community Right to Bid: non-statutory advice note for local authorities, 2012’ refers to local amenities and buildings that have ‘*great importance*’ to communities’ and contribute ‘*to the development of vibrant and active communities*.’<sup>7</sup> (Italics added.)

3.11 It is reasonable to assume that any use that delivers these benefits will further either the social wellbeing or social interests of a local community.

3.12 A body of case law on ACV’s is being developed through Tribunal decisions. Two decisions assist with analysing whether a building/land’s use furthers a community’s social wellbeing.

- i. In *Crostone Ltd v Amber Valley Borough Council* [2015] UKFTT CR/2014/0010 (GRC), Judge Lane stated: ‘What constitutes furthering the social wellbeing or interests of the local community is a highly contextual question, depending upon all the circumstances of a particular case.’ (Paragraph 17). In this case, the Black Swan, which had been a pub for 100 years, was converted into a restaurant with a small bar area in 1997. Locals occasionally dined there and some community events, such as a wake, were held there. Judge Lane agreed with the applicant that in a small, rural community, the continuing use of the Black Swan by local people, not just as a place to get food but to go in the expectation of seeing other locals, as well as using it for bigger community events, furthered the social wellbeing of the community. (Annex 1)
- ii. In *Firoka (Oxford United Stadium) Ltd and Firoka (Oxford) Ltd v Oxford City Council* CR/2013/0010, Judge Warren highlighted that the feelings of a community are part of social wellbeing. He decided it was correct to include the stadium and its car parks as ACVs because, among other things, the existence of a home town club, ‘fosters community pride.’ (Annex 2)

3.13 Sections 88 (1) and (2) make it clear that each local authority must form its own opinion as to whether the community use of land and buildings promotes the community’s social wellbeing. The rationale for this is explained in the Forward to DCLG’s non-statutory advice note on the Community Right to Bid. ‘This scheme requires an excellent understanding of the needs of the local community. As such local authorities will have a pivotal role in implementing the Community Right to Bid.’

3.14 Local authorities have listed the following assets as furthering the social wellbeing of the local community: hospitals, health clinics and surgeries; schools; nurseries; post offices, pharmacies; residential care home; former ambulance station; former police station; markets;

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<sup>6</sup> P.8

<sup>7</sup> Minister’s Forward

town halls; council administrative office; business start-up centres; public toilets; bus shelters; phone boxes.<sup>8</sup>

3.15 Winchester District Council,<sup>9</sup> the Royal Borough of Windsor and Maidenhead,<sup>10</sup> and Wiltshire all regard hospitals and health centres as proper subjects for ACV listing. STC submits that Wiltshire's guidance, set out below, contains a correct statement of the law.<sup>11</sup>

'Although the act notes that 'social interests' includes 'cultural, recreational and sporting interests' the phrase 'social well-being' can apply to a much broader set of activities. Assets of community value might include any land or building where the main purpose is as below - although this is not meant as an exhaustive or definitive list.

**The provision of public services directly to the public for the purposes of education, health and wellbeing or community safety.**

This could include:

- Nurseries and children's centres
- Health centres, surgeries and hospitals.'

3.16 STC has identified five hospitals that are currently listed as ACVs.

- i. Old Minehead Hospital. At the request of the NHS, the listing of this hospital was reviewed on the same grounds urged in this case; the reviewing officers confirmed the hospital's listing.
- ii. Cranleigh Community Hospital;<sup>12</sup>
- iii. Ashby Community Hospital, North West Leicestershire District Council;<sup>13</sup>
- iv. Royston Hospital, 2013;<sup>14</sup> North Hertfordshire Council approved the ACV listing because they were of the view that "use as a hospital is a use that furthers the social wellbeing or interests of the local community." (Annex 3)

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<sup>8</sup> See 'Assets of Community Value Guide, Blighting of Development or Boosting the Local Community,' Christopher Cant, 9 Stone Buildings, Lincoln's Inn, London, P. 5. This commentary covers tribunal decisions through November 2015. <http://www.christophercant.co.uk/wp-content/uploads/2015/11/Assets-of-Community-Value-guide-12-11-15-Third-version.pdf>

<sup>9</sup> Winchester District Council lists as potential ACV's health centres, surgeries and hospitals along with nurseries and schools, children's centres, day care centres and residential care homes because they provide public services directly to the public for the purposes of education, health & wellbeing or community safety.

<sup>10</sup> RBWM uses its definition of community facilities in its Local Plan in its Right to Bid guidance. It would 'normally consider these as assets of community value: day care centres for pre-school children and the elderly, schools, hospital and health facilities, churches, public halls, meeting halls, places for public religious worship, libraries, theatres, cinemas, museums, arts centres and Citizens Advice Bureau.

<sup>11</sup> <http://www.wiltshire.gov.uk/planninganddevelopment/planningcommunityrighttobid.htm>.

<sup>12</sup> <http://locality.org.uk/wp-content/uploads/Companion-Guide-for-Local-Authorities-Empowering-Communities.pdf>.

<sup>13</sup> [http://www.nwleics.gov.uk/files/documents/successful\\_and\\_unsuccessful\\_asset\\_of\\_community\\_value\\_nominations/Asset%20of%20Community%20Value%20listings.pdf](http://www.nwleics.gov.uk/files/documents/successful_and_unsuccessful_asset_of_community_value_nominations/Asset%20of%20Community%20Value%20listings.pdf)

<sup>14</sup> <http://mycommunity.org.uk/stories/royston-hospital-action-group-shaping-local-health-services/>

- v. Zachery Merton Hospital, Arun Zachery Merton Hospital, listed by Arun District Council. Arun District Council, by way of email to the STC Town Clerk, provided the following explanation of its reasoning.

‘The nomination was received from the local Parish Council who are keen to see the facilities that the hospital provides within the Parish.

Zachary Merton Hospital is a Community Hospital now owned by NHS Property Services Limited. It has been a hospital in various guises since it was built in 1937 from monies bequeathed by Zachary Merton in his Will.

As a Community Hospital local GP’s make referrals to the hospital enabling elderly and recuperating patients to convalesce near to their relatives many of whom are elderly or infirm themselves and would otherwise have difficulties with visiting. Members believed that this was enough reason to list the building as an Asset of Community Value.’ (Annex 4)

3.17 Section 92 gives an owner the right to request a local authority to review its listing. Section 92(5) authorises local authorities to develop procedures for listing reviews. WDC’s procedure allows for additional evidence and representations. This is a fair and cost-effective approach for all parties. The law bars STC from appealing an adverse ruling, but does not prohibit it from curing defects in the application with a new application to list. The law gives the Owner the right to appeal to a Tribunal, which is a *de novo* reconsideration of the listing where STC could make additional representations. Early sight of STC’s case at the listing review stage could save the Owner (arguably a public body, not entitled to compensation<sup>15</sup>) the time and expense of an unsuccessful Tribunal appeal.

#### **4. The Owner’s claim of improper listing is not supported in law or fact**

4.1 The Owner’s argument is obscure. It appears to be making two claims.

4.2 The first is based on a misunderstanding of the law. In the Owner’s Submission (Para. 2.4), it argues that Southwold Hospital was wrongly listed because Southwold Hospital is a health facility and health facilities are not mentioned in the ‘Plain English’ guide. In fact, the list is clearly not all-inclusive; the verb form ‘might be’ in this context expresses a possibility or makes a suggestion.<sup>16</sup> No significance can be attached to an omission from a list of *possibilities or suggestions* of what *might*, in the opinion of a local authority, be buildings or amenities that play a vital role in a community.

4.3 The owner’s second argument appears to be based on its definition of social wellbeing: ‘the construct relates to the interaction and relationships with others within a community.’ (Owner’s Submission, Para 2.4) ‘There is no evidence of any social interaction taking place on

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<sup>15</sup> The Secretary of State is the sole owner of NHS Properties Services Ltd and approves all appointments to the Service’s board. See <https://www.nao.org.uk/wp-content/uploads/2014/05/Investigation-into-NHS-Property-Services-Limited.pdf>.

<sup>16</sup> <http://www.oxforddictionaries.com/definition/english/might>

the land which could be construed as furthering the social wellbeing of a community.’ This statement defies common sense. All types of social interaction would have occurred in Southwold Hospital, including the primary caregiving relationship of doctor and patient but also among other staff and patients, between patients, families, friends, carers, work colleagues visiting patients, priests and pastors, etc.

4.4 The Owner refers the Listing Review officer to two Listing Review decisions by other authorities that accepted the argument made by the Owner in this Review. The Owner did not bring to WDC’s attention the decision of the Reviewing Officer in West Somerset who upheld the ACV listing of Old Minehead Community Hospital after challenge by NHS Property Services Ltd. (Annex 5)

4.5 How much credence WDC chooses to give to another authority’s Listing Review decision is entirely up to WDC. STC submits that both decisions referred by the Owner are unhelpful because they were wrongly decided.

- i. The Uttlesford District Council review of Saffron Walden Community Hospital’s listing refers to ‘social welfare,’ a term not used in the statute. It wrongly interprets the non-statutory Plain English guide as providing an all-inclusive list, instead of suggesting possibilities.
- ii. Paragraphs 4 and 5 of the terse Review decision for Old Malvern Hospital makes the same error.

## **5. WDC’s initial listing of Southwold Hospital was appropriate; a community hospital is self-evidently an ACV**

5.1 The Act empowers each local authority to create its own listing form, which should record the evidence for deciding that the land is of community value. In Section F of WDC’s form, the evidence given by WDC is that Southwold Hospital is a community hospital. It is reasonable to assume that the initial listing officer considered it self-evident that a community hospital would further the social wellbeing of the local community. See Section 3.12 above. STC submits this approach is allowed by the statute, which does not specify a quantum of evidence.

5.2 A community hospital self-evidently furthers social wellbeing because social wellbeing is included in health. The UK is a member of the World Health Organisation. The WHO’s preamble to its constitution says: ‘Health is a state of complete physical, mental and *social well-being* and not merely the absence of disease or infirmity.’<sup>17</sup> (Italics added)

5.3 This point is driven home by the British Medical Association’s response to the publication of the Marmot Review.<sup>18</sup>

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<sup>17</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

<sup>18</sup> In 2008, the then Secretary of State commissioned Professor Sir Michael Marmot to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England. [http://www.local.gov.uk/health/-/journal\\_content/56/10180/3510094/ARTICLE](http://www.local.gov.uk/health/-/journal_content/56/10180/3510094/ARTICLE)

‘The process of helping patients, recognising the signs and symptoms with which they present, adding to those the doctor’s observations and making a diagnosis includes a great deal more than dealing with abnormal results from observations and tests of the physiology, anatomy and biochemistry of the patient. It also includes consideration of the patient as a person within the context of his/her family, community and workplace. This is often called a holistic approach to medical practice. It has a natural home within general practice, as practitioners may live in the same communities as their patients, will know the communities in which their patients live, often treat the patient and his/her family, neighbours and workmates, and can clearly see the social, cultural and other environmental factors that affect the health of the population.’<sup>19</sup>

5.4 The specific role of community hospitals within the NHS hospital structure was to provide facilities for minor treatment and interventions; care of patients after discharge from an acute hospital before they were ready to go home; and, perhaps most important, end of life hospice care – all delivered close to a patient’s home and community. Hence the name – community hospital. To use colloquial language, a community hospital furthers the social wellbeing of a community because it “does what it says on the tin.”

5.5 Now that the STC has seen WDC’s listing form, provided in the Owner’s bundle, it is apparent that the form could have been completed more thoughtfully. The tick box approach to filling out Section H resulted in Yes ticks to clearly irrelevant factors. However, the first five ticks do elaborate on how, in the local authority’s view, a community hospital furthers social wellbeing. More importantly, mistakes in filling out the form do not alter the fact that any community hospital will play a vital role in the community.

5.6 The STC’s submission contains representations that elaborate on how Southwold Hospital, as a community hospital, furthered the community’s social wellbeing.

- i. Dr Alexander Walker. A retired Lowestoft GP, Dr Walker looked after his patients in the Lowestoft community hospital and was himself a patient at Southwold Hospital. He describes how a community hospital gives dying patients ‘a feeling of being in the bosom of their community, being looked after by local people, with a quality of familiarity, and having their loved ones close at hand... Perhaps the obvious needs to be said – community hospitals were webs of social interactions. All of this interaction created a sense of trust and the perception by the community that the hospital and its staff were part of “us.”’ (Annex 6)
- ii. Dr Andrew Eastaugh. A Southwold GP associated with Southwold Hospital for over 30 years, explains: ‘One of the basic needs of any one who is ill, especially if terminally ill, is to feel held by the familiar... One of the functions of the community hospital is to provide that sense of safety and holding. It is a known place, it is staffed by people who often live in that same community. The doctors are the same as the doctors in the surgery, the other patients may be neighbours and friends. The view from the hospital window is a familiar view. Visitors can pop in on there [sic] way to or from work, the school run, the shops, all of which are familiar to the patient and so create a sense of being in a place which is recognisable and in which the patient is recognised as person with a history, a family, an individual. This par excellence is the role of the community hospital -- a role that is inseparable from the community.’ (Annex 7)

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<sup>19</sup> ‘Social Determinants of Health – What Doctors Can Do,’ BMA, October 2011, P.12

- iii. Dr Helen Tucker, and Suzanne Baker. Dr Tucker is Vice-President of the Community Hospitals Association and was a Management Consultant to the League of Friends. Suzanne Baker was the former Matron at Southwold Hospital. They present academic research on community hospitals and also provide examples of the bond between Southwold hospital and the community – school children singing for the patients; respite care for patients to give families and carers a break; a hospital float at the Town Carnival; art exhibitions by local artists to create a healing environment; Adnams, the local brewery, financing and contributing management expertise. (Annex 8)

**6. Southwold Hospital is an integral part of the community because it was founded by the community, for the community, and paid for by the community for over 100 years.**

6.1 Writing recently to the Lowestoft Journal, Dr Eastaugh gave an account of the hospital's founding. 'In 2003 we celebrated the 100yr history of the hospital and were reminded how it had been founded by the leadership and foresight of the then vicar supported by the mayor and council. How the people of Southwold raised the money to buy the Fieldstile road site, erect the building and pay for the nurses. Throughout its history the people of Southwold and District have contributed through fund raising and legacies to further its work. It has always been an integral part of the community.' (Annex 9)

6.2 The decision to build the hospital was taken on 20 April 1897 at a meeting held by the Mayor. Within three years, a committee of 'influential people' had raised sufficient money to begin building the hospital, whose foundation stone was laid in 1901. The Bishop of Ipswich officially opened the hospital in April 1903.<sup>20</sup>

6.3 Up until the hospital's transfer to the NHS in 1948, it was entirely supported by community funding. Bob Jellicoe, Southwold Museum Trustee, recounts that 'Monies were raised by fetes, bazaars, entertainments, collecting boxes, subscriptions, donations, from employees of local firms, etc. Gifts of as little as three old pennies are recorded in the Archive's records. One document records at least 450 subscribers and donators over a particular year. One of the most touching contributions was from a Mr. Harry Stannard, a fisherman who exhibited a porpoise he caught at his premises in Trinity Street and raised 8 shillings.' (Annex 10)

6.4 After its transfer to the NHS in 1948, the community continued to raise money to improve its facilities, and fought to keep it open. In 1967, the Southwold Rotary Club formed the League of Friends for Southwold Hospital (The Friends). Key civic groups – the Rotary Club, Southwold Trust, the British Legion, the Southwold W.I., the Walberswick Common Lands Charity, the Trefoil Guild, the Round Table and the Reydon Home Guard – all contributed to the initial funding of the Friends. In a report to the Rotary Club, George Bumstead, Chair of The Friends for many years, described how, through the 'staggering generosity of the community at large,' the Friends 'channelled in the region of quarter of a million pounds into the buildings and equipment. This has enabled the authority to develop and increase the out-patient department – Physiotherapy, Occupational Therapy, nine clinics, and an ophthalmic unit. ... The League of Friends of Southwold Hospital is very confident that in the years to

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<sup>20</sup> 'Southwold Hospital,' Barbara Davis, in 'Southwold: Portraits of an English Seaside Town,' edited by Rebecca and Stephen Clegg, P. 128.



come it will continue to get financial support from people of Southwold and district. This will make it difficult for the N.H.S. or the Anglian Harbours Trust to contemplate closing the hospital.’ (Annex 11)

6.5 Beginning in 1972, Adnams and all of its employees (then approximately 150) took out a seven-year covenant to pay 10 pence per week; with tax, this would have been equivalent to £7.8 per employee per year. Over the seven years this amounted to £7840, which the company doubled. The total contribution was £15,680. (Annex 12)

6.6 In 1998, the League of Friends and the Southwold Trust (formed in 1962 by local benefactors to meet the needs of the Southwold community) donated a total of £205,000 to pay for new rooms and equipment.

6.7 There was concern at the time that the hospital might be closed in the future and a desire to make sure that the donated monies were returned. The Chairman of the Southwold Trust, wrote to the Chairman of the Allington Trust (Anglian Harbours Trust’s successor) expressing strong concerns ‘that an undertaking should be given to the Community of Southwold that in the event of closure in the future, the Southwold Hospital should be returned to the community or at least the assets put up over the years by the people of Southwold be returned to them in that event.’ The Allington Trust’s Chair, Dr Frank Wells, wrote back, ‘I have taken careful note of the strong feelings expressed in your letter and hope, like you that the closure of Southwold Hospital is never even considered.’ (Annex 13)

6.8 The Friends also obtained an undertaking from Allington NHS Trust that if the facilities and equipment were no longer used to treat patients, the Trust would consult with The Friends on how to dispose of the facilities and endeavour to ensure that they would continue to be used for charitable purposes. (Annex 14)

6.9 The Friends continued to donate money to the Hospital up until shortly before it was closed. Between April 2014 to the date of closure, the Friends contributed £22,000 directly to the hospital and a further £12,000 for ophthalmic equipment which was transferred to the Sole Bay Health Centre in Reydon. (Annex 15)

6.10 From the very beginning, the community has celebrated its civic pride in its achievement of creating and sustaining a hospital that was part of the community.

- i. When the Bishop of Ipswich opened the hospital, a service at St Edmunds Church celebrated the occasion; civic groups marched to the band of the 1<sup>st</sup> NVA to the church.<sup>21</sup>
- ii. When new wings were added to the hospital in 1998, the Chairs of the Southwold Trust and the League of Friends jointly presided over the opening ceremony. A minute from the Southwold Trust notes, ‘Because of the large numbers expected, there will be a ‘knees up’ at St Edmund’s Hall.’ There is an exultant tone in another minute: ‘Popular opinion is that this, the biggest and most ambitious projected ever supported by the Trust, is a great Success.’<sup>22</sup>

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<sup>21</sup> Op Cit, “Southwold Hospital,” P. 128

<sup>22</sup> Annex 12

- iii. In 2003, Dr Eastaugh organised a centenary celebration for the hospital, attended by the Two professional story tellers were commissioned to tell the story of Southwold Hospital at St Edmund's Hall, using stories, letters and interviews provided by staff and patients at Southwold Community Hospital and others who provided stories, letters and interviews. A DVD was made of the performance; it is now part of the Museum's Southwold Hospital Archive.

6.11 The community's deep affection for its hospital, and sense of loss on learning of the intention to close it was evident in the public consultations held by the Great Yarmouth and Waveney CCG over the hospital's proposed closure. There was standing room only at the first consultation event held at the Millennium Hall; reflecting the strength of feeling, the CCG held a second event at the Millennium Hall. The turn-out for the Town Council meeting where the hospital's designation as an ACV was the largest in the town's recent history. (Annex 16)

6.12 Since its listing, a community group, Save Our Southwold Hospital, has been formed with the intention of conducting a feasibility study into making a bid for the site, with the involvement of the Southwold Town Council. The first public meeting is scheduled for 9 May at 6 pm, at St Edmunds Hall. Posters have been circulated throughout the town and neighbouring parishes. Town and Parish Councillors have been invited. Speakers include the Chief Executive Officer of Adnams, the town's largest employer, and the Head of Suffolk Library Services, Alison Wheeler. (One of the proposed 'recycled' community uses is to provide a space for the Southwold Library.).

## **7. Conclusion**

7.1 Different forms of words have been used to convey the meaning of a building that furthers the social wellbeing of a community: buildings that promote a sense of involvement with other people and with our communities; an amenity that plays a vital role in local life which if closed would be a real loss to the community; buildings of great importance to the community. Southwold Hospital fits all of these definitions. As a community hospital, it delivered health care (which includes social wellbeing) close to home so that patients could be looked after within their communities. It was founded by the community, for the community, with monies raised by the community through charitable donations and fund raising events. The community continued to contribute to it financially for over a century. It was a much loved institution, a source of civic pride and celebration. There is a strong feeling within the community that, if it can no longer deliver health care services, the hospital, which the community paid for, should be used for new community purposes.