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Local Councillors react to hospital merger idea

29 March 2026



From Councillors Eber Kington (RA) and Steven McCormick (RA)

Dear Editor,

Your article of 26th March exposing the plans by Epsom and St Helier University Hospital Trust to merge with St George's Hospital Trust is most welcome. However, the fact that the decision was taken behind closed doors three weeks ago, without public comment, with no reference on the ESHUHT website, and clearly no intention to engage with residents, is quite alarming.

The stated position, that the Trusts "have not agreed to merge" but will "submit a strategic case for merger to NHS England, asking them to approve developing a full business case" is hard to believe. Of course there is nothing fully worked up, but even a strategic case will have been developed by reviewing and testing options for cost savings such as merging services in single sites or in just two rather than three.

And the fact that patients and residents generally were the last to know of these plans, and only through the press, does not augur well if NHS England does agree that the Trusts can develop a full business case. But if that is what is to happen, the ESHUHT Board must be open from the start about what is within scope of any plan and what is not.

We also note that our own MP was aware of the developing proposal yet also decided not let residents know. She suggests that her priority is to ensure that residents in the Trust area "continue to receive the high-quality healthcare they deserve." However, we believe that most residents in Epsom and Ewell will also want reassurance that those key services are not stripped out of Epsom Hospital and located at St Helier and far away St George's Hospital.

Clearly, the state of the Hospitals' finances is behind this decision, as Epsom, St Helier and St George's Hospitals have all been set targets to clear debts, and Government support is due to be withdrawn over the next three years. However, the need to find ways to deliver current and new services in a more efficient way does not have to be done in secret. It can, and must, be an open process that encourages patients, members of staff, and residents to be part of the work that shapes their hospital services for years to come. And our residents need to know right now, that greater openness will be the case.

Yours

County Councillor Eber Kington and County Councillor Steven McCormick

Related report:

Epsom Hospital to "merge" with St Georges in Tooting?

Epsom Hospital to "merge" with St Georges in Tooting?

29 March 2026



A major NHS reorganisation affecting Epsom residents appears to have been approved behind closed doors, with no public announcement or consultation to date.

Information shared with the *Epsom and Ewell Times* indicates that St George's Hospital is set to formally merge with Epsom and St Helier University Hospitals NHS Trust under plans approved by their boards on 5 March.

The proposal, described in NHS terms as a "strategic outline case", is understood to be the first formal step towards a full merger. If progressed, it would ultimately result in Epsom and St Helier ceasing to exist as a separate organisation, with

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all services brought under a single management structure.

The development was first reported by Putney News, which described the move as having been agreed “behind closed doors” and without any public announcement or consultation. According to that report, no press release has yet been issued and residents have not been formally informed.

Financial pressures driving change

Documents referenced in the material seen by EET suggest the move is being driven by mounting financial pressures across the hospital group.

The combined shortfall is reported to be around £176 million for the current financial year. While government support has historically offset much of this gap, those payments are now being phased out. St George’s has reportedly been given two years to break even, while Epsom and St Helier has been given three.

Epsom and St Helier is also said to be under formal NHS England supervision in relation to its finances, waiting lists and emergency care performance.

No public consultation announced

Despite the scale of the proposed change, there appears to have been no public consultation process announced.

Material circulated internally suggests that staff have been informed and Integrated Care Boards briefed, but that wider public engagement has not yet taken place.

The apparent lack of transparency may raise concern locally, particularly given previous assurances when the two trusts began closer working in 2021 that they would remain separate statutory organisations.

MP response focuses on patient care

Epsom and Ewell’s MP Helen Maguire said she was aware of the developing proposal but emphasised that patient care must remain the priority.

She said: “I am aware the Trust has put a business case forward to the NHS on the possibility of a merger. From my perspective, my primary concern lies with ensuring that regardless of administrative decisions, residents across my constituency and the wider Trust area continue to receive the high-quality healthcare they deserve. I look forward to meeting with Michael Pantlin to discuss these priorities, and will continue to engage with key stakeholders throughout the process to ensure consistency of service provision.”

Her comments suggest the proposal remains under consideration at NHS England level, with further discussions expected.

Hospital Management Response

A spokesperson for St George’s, Epsom and St Helier Hospitals and Health Group (gesh) said: “We have not agreed to merge – at this stage, we have agreed an intention to submit a strategic case for merger to NHS England, asking them to approve developing a full business case.

“This builds on the work we have already done to strengthen the ties between both Trusts – sharing expertise and resources, whilst leveraging the strengths of our services to further improve patient care.

“We want to reassure people that there are no related planned changes to our services.”

Long-term implications for services

If it proceeded the merger could have significant implications for how services are delivered across south-west London and Surrey, including for Epsom residents relying on local provision.

It also comes against the backdrop of delays to the long-promised Specialist Emergency Care Hospital in Sutton, now expected to open in the 2030s rather than mid-2020s.

While NHS leaders are reported to view the merger as a route to achieving Foundation Trust status and improving financial stability, questions remain about how local services may be affected and when residents will be formally consulted.

Sam Jones – Reporter



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Epsom Hospital to share new surgery robot

29 March 2026



A patient has spoken of his gratitude to the NHS after he received life-saving robotic surgery – as hundreds more patients across London and Surrey are set to access the cutting-edge technology.

Paul Wickens, who lives in St Mary's Bay in Kent, was one of the first heart disease patients at St George's Hospital in Tooting to receive robotic-assisted surgery – an innovative procedure minimising recovery time for heart operation patients. Care worker Paul had lived with the condition for 24 years and his symptoms had deteriorated in recent years, leaving him "tearful" over what this could mean for his health.

The 66-year-old support worker was given new hope when he had a robotic coronary artery bypass grafting (CABG) surgery in December 2025 – one of the first of its kind at the hospital group, one of only three units in London who can perform the innovative procedure. His surgery was assisted by one of two da Vinci surgical robots – one of the most advanced systems of its kind – at St George's, which have resulted in fewer complications for patients, lower readmission rates and shorter length of stays across other specialities.

Now, more patients like Paul across Surrey and London are set to benefit from a brand new da Vinci Xi surgical system now at Epsom Hospital, enabling surgeons to carry out more life-saving procedures on hundreds of patients every year.

Paul said: "I didn't really understand what robotic surgery involved, but I felt very trusting of the surgical team and was immediately put at ease. I was in a little pain afterwards, although it was managed well with medication, and I was able to talk to my family that afternoon."

Traditional surgery for coronary artery bypasses typically involves an incision in the middle of the chest (sternum) with multiple bypass grafts. Robotic-assisted surgery is less invasive, using small incisions and a high-definition 3D camera to allow greater precision. This results in less damage to surrounding tissue, reduced blood loss and lower levels of post-operative pain.

Paul returned home within four days rather than the week in hospital that is typically expected. He is planning on returning to his role in the care sector next month, where he has worked for the past thirty years. He added: "I am so grateful and lucky to be born in a time when such technology has come to the fore and I can't thank the team enough – my symptoms have gone and I can move on with my life."

Dr Richard Jennings, Group Chief Medical Officer for St George's, Epsom and St Helier University Hospitals and Health Group, said: "We are embracing the latest technologies including robotic-assisted surgery, to improve care for thousands of patients – cutting waiting times, speeding up recovery and getting patients home sooner. Paul is one of many patients we expect to treat with robotic-assisted surgery in the coming years, in a major step forward for our hospitals. I'm very pleased that Paul is doing so well and I am proud of the way our teams are working together every day to provide innovative, safe and up-to-date care to our patients."

The debut cardiac procedure is leading the way in the hospital group's commitment to using innovation to improve patient outcomes and recovery times. The new robotic da Vinci system, part funded by Epsom and St Helier Hospitals Charity, will be shared by surgical teams from Epsom and St Helier and St George's hospitals – with the first patients being treated this week.

It will be used for a range of procedures including general surgery, colorectal cancer surgery, and gynaecological surgery as well as urology and ENT (ear, nose and throat) procedures. It is expected to treat around 300 patients in the first year, rising to over 550 annually as more surgeons complete specialist training.

Molly Simpson, Head of Charity and Fundraising for Epsom and St Helier Hospitals Charity said: "We're incredibly proud to help more local people access cutting-edge surgery by part-funding the new surgical robot at Epsom Hospital. Thanks to our generous donors and fundraisers, we're able to make every penny count and deliver real benefits for patients."

St George's, Epsom and St Helier University Hospitals and Health Group

Paul Wickens – robot op patient

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The big child smartphone use debate starts in Surrey

29 March 2026



Parents are facing “no bigger issue” than the impact of smartphones and social media on their children, says Godalming and Ash MP Jeremy Hunt.

The former chancellor told a public meeting in Godalming that his own family are now also “in the thick of it”, debating whether to allow their kids to have smartphones and social media.

Doctors, teachers, parents and politicians gathered at Wilfred Noyce Community Centre in Godalming on March 13 to discuss concerns around children using smartphones and social media, and whether there should be a ban for under-16s.

The discussion forms part of ongoing work with the campaign group Smartphone Free Childhood Surrey, which have been working with Mr Hunt and other local campaigners to raise awareness on the impact smartphones might be having on young people’s learning and wellbeing.

Concern is growing among parents, carers and educators that smartphones are disrupting classrooms, compromising safety and chipping away at children’s mental health. Evidence shared at the meeting suggested only around 11 per cent of schools are currently smartphone-free, despite research indicating pupils in such schools can achieve GCSE results one to two grades higher.

Audience members also heard stark anecdotal evidence from a frontline healthcare professional in a statement she sent to be read at the meeting. Consultant paediatrician Dr Louise Mills described several cases she had treated linked to online trends and cyberbullying. They included a 14-year-old admitted after suffering a seizure while attempting a TikTok challenge, and an 11-year-old who suffered life-changing burns after copying something seen online. Another 14-year-old patient took their own life following sustained cyberbullying.

GP Susie Davies, founder of the charity PAPAYA (Parents Against Phone Addiction in Young Adults), said young people were experiencing a “mental health epidemic”.

She said teenagers now spend on average two to three hours a day on social media (some spend more than five) exposing them to constant comparison and harmful content.

“The tech is addictive by design,” she said. “It is structured with dopamine reward pathways which the teenage brain is particularly vulnerable to.”

Ms Davies told the community centre that problematic phone use makes young people more likely to experience depression. She added that children are missing out on sleep, real-world experiences and face-to-face friendships, with some even suffering trauma after viewing disturbing content online.

Shadow education secretary Laura Trott MP told the audience smartphones and social media were “not safe for our young people”. She argued schools should remove smartphones from classrooms and ensure technology is only used when it has proven educational value.

The MP for Sevenoaks, Swanley and the Dartford Villages said: “We’ve sleepwalked into the overuse of screens in schools to the detriment of education.”

Leader of Waverley Conservatives Councillor Jane Austin said: “As a mum of four, I’ve seen directly the impact smartphones and social media can have on children. A number of Surrey schools have already adopted no-smartphone policies, and the evidence is clear that this helps children focus and achieve better outcomes.

“If elected to run West and East Surrey, Conservatives will work to ensure all Surrey schools are smartphone-free so that children can learn without constant digital distraction.”

Some Year 11s in the audience raised the issue that some children might get VPNs to work round the social media ban, or might find other ways to source smartphones. “We have bans on alcohol and cigarettes for children,” she said. “They’re not 100 per cent perfect but they exist because those things are harmful. The same is true for social media.”

Campaigners from the group Smartphone Free Childhood also called for cultural change, arguing that delaying children’s first smartphone until at least 16 could dramatically improve attention spans, wellbeing and learning.

Headteacher Adam Samson said his school, Godalming Junior, already requires pupils to hand in phones at the start of the day, with Year 6 pupils sometimes allowed a simple “brick phone”. The policy has reduced cyberbullying incidents to zero, he said.

“Once children have a smartphone, they always have one,” he said. “We’re simply delaying it and giving them more time to be children.”

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Emily Dalton LDRS

Some Surrey care services at a crossroads?

29 March 2026



A Surrey charity has warned that unpaid carers could be pushed “beyond breaking point” after Surrey County Council ended contracts for two carer support services.

Crossroads Care Surrey said the county council has withdrawn support for its Emergency Care Provision and Carer Emergency Planning services, decisions it claims were made with little notice and without consultation with carers who rely on them.

The charity said the changes follow earlier reductions in respite support for carers and could leave many families struggling at the most critical moments, particularly when dealing with medical emergencies or caring for loved ones at the end of their lives.

Crossroads said it received notification only days ago that Surrey County Council (SCC) would no longer support its end-of-life respite service, which enables unpaid carers to take short breaks while supporting terminally ill relatives at home.

The Carer Emergency Planning service will also end at the close of March, giving what the charity says is only three weeks’ notice. Crossroads says almost 1,500 carers who already have emergency plans in place will lose the safety net those plans were designed to provide.

The charity warned the changes could have “serious and far-reaching consequences” for vulnerable residents and already stretched health and care services.

It suggested that without emergency support, more carers could reach exhaustion and be unable to continue caring at home, potentially leading to avoidable hospital admissions or crisis interventions from social services.

Terry Hawkins, chief executive of Crossroads Care Surrey, said unpaid carers provide care worth an estimated £162 billion a year across the UK, a contribution broadly equivalent to the NHS budget.

He said: “Over the past year we have already seen vital support reduced following the removal of respite services. Now, further contracts are being ended early, leaving carers with fewer and fewer places to turn.

“Unpaid carers are the invisible backbone of our health and care system. Without them, the NHS and social care services would simply not cope.

“These services provide the basic safeguards that allow carers to keep going, knowing that if something happens to them, or when families face the end of life, support is there.

“Removing them risks pushing already exhausted carers beyond breaking point.”

Crossroads also questioned why the decision had not been considered by Surrey County Council’s Cabinet, arguing that services affecting thousands of vulnerable residents should be subject to public scrutiny.

The charity has said it will attempt to launch its own emergency support service to help carers who may now find themselves without practical respite assistance.

Surrey County Council has defended the decision, saying the contracts had not delivered the impact expected and that a new approach to supporting carers will replace them.

Sinead Mooney, Deputy Leader of the council and Cabinet Member for Adult Social Care, said the authority had carried out a review before deciding not to renew the agreements with Crossroads.

She said: “After careful review, we’ve decided to end – or not renew – contracts with Crossroads Care Surrey for carer support services because the contracts have failed to achieve the impact we expected.

“Take-up has been lower than we intended and we can’t justify continuing to fund the arrangements.”

Cllr Mooney said the council would introduce a new model of support, including a flexible £300 wellbeing break payment for carers.

She said the council would also work with NHS partners and other care providers to ensure carers can access help through the wider health and social care system.

“Surrey’s carers do an extraordinary job, often in challenging circumstances,” she said. “We’re absolutely committed to making sure the transition from these contracts for carers is smooth, responsive and supportive.”

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The council also rejected suggestions that emergency support would disappear, saying replacement care in crisis situations would continue to be provided by the county council.

Cllr Mooney added that carers currently receiving support through the end-of-life contract would see no reduction in services until that agreement ends in September, after which support could be delivered by a different provider.

She said carers concerned about support should contact the council's information and advice service.

The dispute highlights the continuing pressure on social care services across Surrey, where unpaid carers play a central role in supporting vulnerable residents at home.

Sam Jones – Reporter



Related reports:

Carers respite at the Crossroads in Surrey?

Green light for MRI scanner at Leatherhead Leisure Centre

29 March 2026



Surrey will get a new MRI machine at Leatherhead Leisure Centre after councillors were "all in favour" of building the musculoskeletal scanner. The new machine will be housed in a temporary building, with the aim of bringing accessible, community-based imaging technology to the area.

The idea has been in motion for the past 18 months after it emerged there was a significant shortfall in MRI access and missed waiting time targets. Leatherhead Leisure Centre, in Guildford Road, Fetcham, was identified as the ideal location to help cut travel distances and relieve pressure on NHS hospitals, papers presented to Mole Valley's March development management committee said.

The application was not without obstacles as the centre sits on green belt land where new buildings are normally considered inappropriate unless exceptional circumstances can be demonstrated. In this case, the pressing need for new medical facilities available to all patients, together with the temporary five-year nature of the development, proved compelling enough.

Officers told the meeting: "The centre lies within the green belt but in this case the very special circumstances – the need for this type of medical facility and the proximity to the centre, with its car parking space – are strong." Originally the building was to be navy blue but a change of provider means it will now be white. Two staff members will occupy the site at any one time, with space for a waiting room and a separate scanning area.

Councillor Roger Adams (Liberal Democrat: Bookham West) said: "I am all in favour of additional health facilities in this area." The plans were approved by nine votes in favour, with no objections and two abstentions.

Questions were raised about whether the land might be reclassified as previously developed green belt land after the temporary building is removed, amid concerns this could open the site to future development. Officers said the five-year nature of the scheme, together with its valued community use, would see the site revert to its original protected status.

Members also pushed for the building to be finished in a colour less likely to show wear and tear, but were told the appearance was determined by the materials available rather than a simple paint choice

Chris Caulfield LDRS

Leatherhead Leisure Centre (Image Google) – the padel centre will be built behind the facility

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Epsom author shares personal epilepsy journey amid town’s historic link to the condition

29 March 2026



An Epsom author has published a deeply personal account of living with epilepsy, adding a modern voice to a local story that stretches back more than a century.

Madeline Bolton-Smith, who lives in Epsom and works as a probate assistant at a family-run accountancy firm in nearby Fetcham, has written *Diary of an Epileptic*, a book describing her experience of diagnosis, treatment and life with the neurological condition.

Epilepsy affects around one in every hundred people in the UK, yet many newly diagnosed patients still feel isolated when confronting the condition for the first time. Bolton-Smith says her motivation for writing the book was to provide reassurance and solidarity to others navigating similar uncertainty.

“When I was diagnosed with epilepsy, I often felt very alone,” she explains. “Writing the book was my way of saying to others in that position that their feelings are valid and that they are not facing it on their own.”

Her account follows the realities of living with epilepsy from the moment of diagnosis through investigative medical procedures, struggles to secure treatment funding and undergoing Laser Interstitial Thermal Therapy (LITT) surgery. When the surgery did not bring the hoped-for outcome, she had to confront the challenge of adapting to life with epilepsy once again.

The book reflects openly on the emotional impact of the condition – fear, frustration and isolation – but also the resilience required to continue forward. Bolton-Smith hopes the honesty of her story will help readers and families dealing with epilepsy feel less alone.

Epsom’s historical link to epilepsy

Bolton-Smith’s story also resonates with a significant but little-known chapter of local history.

In the early twentieth century Epsom was home to the **Ewell Epileptic Colony**, later known as St Ebba’s Hospital. Established during a period when epilepsy was poorly understood and widely feared, the colony reflected the prevailing belief that people with the condition should live apart from mainstream society.

Opened in 1903, the colony formed part of the wider Horton Estate of hospitals built by the London County Council to treat mental illness and neurological disorders. Hundreds of patients with epilepsy lived and worked there in what was intended to be a self-contained rural community.

Residents grew food, maintained workshops and followed strict daily routines designed to create stability for those prone to seizures. While some patients experienced relative independence compared with traditional asylum conditions, the colony nevertheless represented an era when epilepsy carried heavy stigma and separation from ordinary life was seen as necessary.

The institution eventually became St Ebba’s Hospital and continued operating for decades before closing in the late twentieth century as attitudes and treatments changed.

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Remembering the patients buried in Horton Cemetery

The lives of many former residents of the Horton hospitals, including St Ebba's, are remembered today through the work of the **Friends of Horton Cemetery**. The charity seeks to restore this historic Epsom cemetery, the largest asylum cemetery in Europe, to community ownership and researches the lives of those buried there.

More than 9,000 patients from the surrounding hospitals were laid to rest in the cemetery, many with little recognition during their lifetimes. The charity's website, **hortoncemetery.org**, shares their stories.

The contrast between that earlier era and the present day illustrates how far attitudes toward epilepsy have progressed. Modern medicine emphasises treatment, independence and inclusion rather than segregation.

CLICK here for the story of Matilda DUNKINSON

Changing understanding of epilepsy

Medical knowledge of epilepsy has advanced dramatically over the past century. Once widely misunderstood and surrounded by superstition, epilepsy is now recognised as a neurological condition caused by abnormal electrical activity in the brain.

Treatments today range from anti-seizure medications to specialised surgical procedures such as the LITT therapy Bolton-Smith underwent. Support networks, advocacy groups and greater public awareness have also helped reduce stigma.

Yet challenges remain, particularly for those newly diagnosed. Bolton-Smith believes that sharing lived experiences can play a vital role in helping others understand the realities of the condition.

Through *Diary of an Epileptic*, she hopes to contribute to that wider conversation while offering practical reassurance to readers facing similar circumstances.

Diary of an Epileptic: The Hidden Reality is available online.

Sam Jones – Reporter



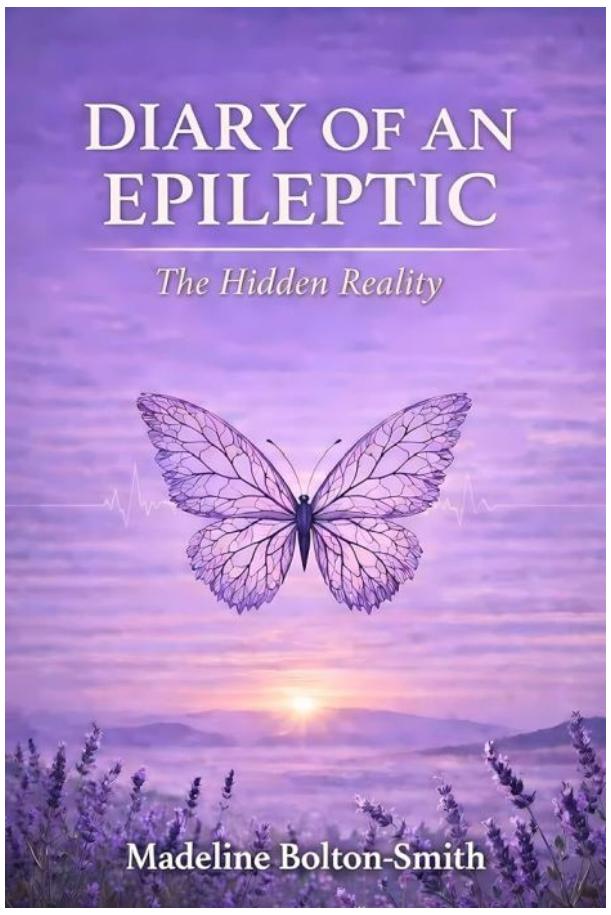
Photo: The author on Epsom Common

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Epsom and St Helier Trust doctor appointed by Privy Council to GMC

29 March 2026



The General Medical Council (GMC) has announced a paediatrician as the latest member of its governing body, the GMC Council. Dr Lucinda Etheridge, a consultant in general and adolescent paediatrics, is the latest registrant member to join the body. She joins from St George's Epsom and St Helier University Hospitals and Health Group in Surrey, where she is Site Chief Medical Officer. Her appointment replaces Dr Alison Wright on the Council, who stepped down after being elected as President of the Royal College of Obstetricians and Gynaecologists.

The Council's primary role is to protect the public by setting the GMC's strategy and goals and overseeing the work of the regulator. It is led by GMC Chair, Professor Dame Carrie MacEwen, and comprises up to six lay members and six registrant members. Following her appointment by the Privy Council, Dr Etheridge will start her role on Tuesday, 3 March. She has worked with the GMC since 2007, initially in the development of fitness to practise assessments, then as a performance assessor and training others for that role, before becoming a Responsible Officer for an acute trust.

Dr Etheridge, whose clinical interests are in the management of eating disorders, will step down from her current medical director role in spring 2026. She will then combine her work at the GMC alongside three days of clinical practice each week.

Professor Dame Carrie MacEwen said: "I'm delighted to welcome Dr Etheridge to the Council. She brings a wealth of experience to support us in our role overseeing the GMC and supporting registrants to deliver the best possible care. Dr Etheridge joins at an important time as we continue our work to be a more compassionate and effective regulator, and ahead of vital reform to the regulation of UK healthcare professionals. I would also like to thank Dr Alison Wright for her work and her contributions to Council. On behalf of the GMC, I wish her the very best in her new role."

Dr Etheridge said: "I am delighted to be joining the GMC Council as a registrant member. I look forward to working collaboratively across the four nations to help shape a fair, transparent and forward-looking regulatory environment that enables registrants to provide the highest standards of care for patients."

GMC Council members work a minimum of three days each month with the regulator. More information about the Council is on the GMC website.

The GMC Press Office

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Epsom MP sponsors special youth art in Parliament

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Surrey young people using NHS mental health services have taken their artwork to the heart of government, with an exhibition at the House of Commons offering MPs an insight into their experiences and the support they received.

The exhibition, taking place from 10-15 February, showcases work created by young people supported by the STARS and New Leaf services, part of Mindworks Surrey. STARS supports young people affected by sexual abuse and assault, while New Leaf supports those who are in care, leaving care, adopted or under special guardianship orders.

Young people are sharing their artwork with MPs to showcase how creativity supports young people's mental health and to highlight the positive impact of the services.

The pieces explore identity, hope, growth and recovery, capturing what can be difficult to articulate in words and offering an honest reflection of young peoples' lived experiences of mental health support.

One young person whose artwork is being exhibited said: "STARS has changed my life, I can be me now. I was shocked when I heard my art would be at the House of Commons, I am really proud that people like my picture and what I created."

Rebecca Robertson, Specialist Mental Health and Art Therapist said: "The young people we support have expressed their thoughts and feelings around their life experiences using art materials.

"Art making can provide an important alternative to more traditional verbal therapies and can be a vital part of helping young people to engage in support, particularly when working with trauma."

The House of Commons event was sponsored by **Helen Maguire, MP for Epsom and Ewell**, who attended the exhibition last summer and supported bringing the art to Parliament.

Helen said: "I'm delighted to see this exhibition come alive. It demonstrates the powerful work that New Leaf and STARS do and the importance of young people getting the right care and support for their mental health."

Emina Atic-Lee, Service Manager for STARS and New Leaf services, said: "We are incredibly proud to see the voices of the young people we support take to the stage at the House of Commons. Each piece offers an honest and powerful window into how young people use creativity to make sense of their experiences, express emotions that are hard to put into words, and recognise their own strength.

"To showcase this work in such a nationally significant setting is a truly special moment for them and for everyone involved in the services."

Press release from Surrey and Borders Partnership NHS Foundation Trust

Epsom therapist seeks to lift our moods in gloomy weather

29 March 2026



It feels like Epsom has hardly seen the sun lately, making winter feel longer and delaying the arrival of spring. This kind

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of dullness is often described as “typical British weather”, but at the time of writing some parts of the UK have seen rain fall every single day of the year so far.

When daylight is limited and the rain never seems to stop, it is entirely normal to feel low, tired, or less motivated than usual. The good news is that there are some simple, evidence-based steps that can help support your mood, even when the weather is working against you.

Here, Mark from Mind & Meaning Therapy shares three proven mental health tips to help give your mood a boost.

A small social check-in each day

We are social creatures, and even small social connections can improve our mood. These do not need to be big events or require a lot of energy. Simple ways to stay socially connected include sending a text to a friend, scheduling a short phone call, or asking someone to meet for a drink.

These small check-ins can significantly increase feelings of connection. Research shows that regular positive social interactions are linked to better mood, greater life satisfaction, and lower levels of stress.

Get outside and get some natural light

Even on grey days, daylight is far stronger than indoor lighting. Try to dodge the showers and get outside for 10–20 minutes once a day. A walk to the shops or a quick loop around the park is enough to help.

Natural light helps regulate the body clock, which in turn supports both mood and sleep. Studies have found that people who spend more time in daylight during the winter months are less likely to report depressive symptoms than those who remain indoors with low light exposure.

Do one thing to improve your sleep

Sleep and mood are closely linked, and improving sleep can make a noticeable difference to how you feel emotionally. Simple, proven steps include going to bed and waking up at roughly the same time each day, reducing smartphone use before bedtime (for example by leaving your phone in another room), keeping the bedroom cool while ensuring a warm bed, avoiding caffeine late in the afternoon, and leaving an hour or two between your last alcoholic drink and bedtime.

Better sleep helps the brain regulate emotions and reduces stress, making it easier to cope with everyday ups and downs.

What to do if low mood is persistent

If your mental health feels poor over a longer period, or if everyday life feels unusually overwhelming, speaking to a mental health professional can help. Support can make a real difference.

You can contact Mark at Mind & Meaning Therapy in Epsom to explore what may be behind how you are feeling and to find support that suits you.

Mind & Meaning – Therapy in Epsom & Online
mindandmeaning.co.uk
Email: hello@mindandmeaning.co.uk



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Images: Pink umbrella in the rain, Erik Witsoe and The sun is shining through the clouds in the sky, Alireza Banijani Unsplash License

Epsom and Ewell’s MP champion’s Friends of Horton Cemetery mission on “Time to Talk Day”

29 March 2026



On the edge of Epsom lies Horton Cemetery — quiet, overgrown and easy to miss. More than 9,000 people are buried there. Most never had headstones. Many never had visitors. Almost all were patients of the former Epsom Cluster of psychiatric hospitals, men and women whose final resting place reflects how society once viewed mental illness: something to be hidden, managed and ultimately forgotten.

In 2026, on Time to Talk Day, [5th February] Horton Cemetery forces us to ask an uncomfortable question: how far have we really come?

Horton Cemetery was created to serve what was once the largest cluster of psychiatric hospitals in Europe. At its height, the Epsom hospitals housed thousands of people with severe mental illness, learning disabilities and complex needs. Those who died without family or money were buried together anonymously. This was not ancient history. Horton Hospital closed in 1997. Some of those buried there lived into the late twentieth century — into the era many of us think of as modern and progressive.

Sites like Horton Cemetery challenge us to ask not just whether we are talking more openly about mental health, but whether we have truly confronted the stigma that shaped places like this, and whether we are prepared to protect the dignity of those still buried there.

Today, the cemetery has been sold to a private owner, with hopes of future development. Like many historic pauper burial sites nationwide, it sits under pressure from land values and planning decisions. I have urged the government not to grant exhumation licences at Horton Cemetery and to properly safeguard similar sites as places of remembrance, not obstacles to development. These are not empty plots. They are graves. How we treat them matters, because how we remember the dead reflects how we value the living.

Friends of Horton Cemetery, families, and Professor Alana Harris of King’s College London have worked tirelessly

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through initiatives such as the Lost Souls Project, which seeks to recover the names and stories of those buried anonymously in former asylum cemeteries. Their work is a quiet act of justice — restoring identity where the system erased it, and dignity where stigma once prevailed.

But local efforts can only go so far. That is why there are growing calls for a national memorial to those who lived and died in Britain's historic mental health institutions. Such a memorial would not rewrite history, but it would acknowledge it, signifying that now is the time to talk.

Time to Talk Day is often framed around everyday conversations — a coffee and a chat, a poster on a train reminding us to check in on loved ones. These things matter. They help chip away at silence and shame. Horton Cemetery asks us to go further.

Epsom tells the story of how this country has treated mental illness. It was once the centre of a system built on isolation and control. Today, it hosts the headquarters of the Samaritans — an organisation rooted in compassion and listening. That journey should give us hope. But it also gives Epsom, and Horton, a responsibility. If we are serious about confronting mental health stigma, this is one of the places where that conversation must begin.

Because today, people with severe mental illness still face some of the deepest inequalities in our society. Recent data paints a stark picture: those facing the longest waits for mental health care are now waiting nearly two years — an average of 658 days — more than twice as long as people waiting for elective physical health treatment. The consequences are devastating. Adults living with severe mental illness, including bipolar disorder and schizophrenia, have a life expectancy 15 to 20 years lower than the general population.

These are not abstract statistics. They reflect lives cut short, needs unmet, and a system that still too often talks about people with severe mental illness rather than listening to them.

The Government now has the opportunity — and the responsibility — to show that mental health reform means more than warm words. Safeguarding sites like Horton and recognising the historic mistreatment of people with mental illness would be a powerful signal that dignity is not conditional and remembrance matters. I look forward to discussions with ministers about how we protect Horton Cemetery and similar sites across the country — not as relics of an uncomfortable past, but as places of reflection and learning.

Time to Talk Day should not only ask whether we are speaking openly. It should ask who we are hearing, whose voices are still missing, and whether, finally, we are willing to restore dignity to those whose voices were never heard.

Horton Cemetery is a quiet reminder that stigma thrives in silence. In 2026, are we ready to listen to what it is telling us?

Helen Maguire MP



For further information about the work of the charity The Friends of Horton Cemetery visit their website HERE

Image: Horton Cemetery with former patients photos

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A woman has criticised Surrey Police for giving her an anti-social behaviour warning after officers intervened while she considered taking her own life. She has claimed the move left her feeling “ashamed” and too scared to call for help if she experiences the same struggles again.

The 40-year-old, who asked to remain anonymous, said she was issued with a Community Protection Warning (CPW) in October 2025 after officers intervened when she was at risk of suicide in Guildford town centre late at night. The supermarket worker said she later received a second warning in December, despite claiming she had not breached the first.

CPWs are normally used to tackle anti-social behaviour that harms or causes disturbance to the community. This could include harassment, vandalism or persistent nuisance. However, the Guildford resident said these anti-social behaviour powers are being wrongly used against vulnerable people rather than preventing crime.

A Surrey Police spokesperson said the warnings are to set “behavioural boundaries” and are “not about criminalising behaviour”. The Force uses a national framework ‘Right Care, Right Person’ to ensure health-related incidents are handled by specialists (NHS, social care) rather than the police.

The woman said the notice, which warns of potential consequences such as arrest or £100 fines if the behaviour continues, has had a chilling effect on her and has left her “too ashamed” to tell her close friends and family what happened. “It’s made me less safe,” she said. “If anyone had concerns about me they couldn’t call the emergency services because if I survived [there would be] consequences. And that puts my friends and me in a horrible position.”

The Guildford resident explained she did everything to avoid disrupting the public and was not being attention-seeking, as she fears some people may label her. “They are completely mis-using something designed to protect communities from things like youths carrying knives,” she said. “We are giving them money and power to tackle anti-social behaviour and that is not what they are doing.”

The woman described how officers initially spoke calmly with her, telling her she was not in any trouble and persuaded her to come to safety. However, she said the atmosphere “completely changed” as soon as she was safe. “When I say that I try to get help and say there isn’t any, the [police] sort of imply that I’m not trying hard enough.” The woman said she feels “failed” by mental health services and wants the police to recognise the pressure on this sector.

The 40-year-old said she was sent the first warning to her home address and the second warning was given in her workplace, in front of colleagues, which she said was humiliating. Although she made a complaint to Surrey Police, the woman said she was told no action would be taken. A police spokesperson has said they cannot comment on individual cases when a complaint is subject to review and an ongoing investigation.

The woman raised concerns about something called SIM (serenity integrated mentoring): a controversial model that once linked police with mental health services. In some areas around 2022, this was used against those who frequently sought emergency services help in a crisis. But Surrey Police said it is committed to delivering ‘Right Care, Right Person’ in making sure health-related incidents are dealt by specialists.

A Surrey Police spokesman said: “An initiative is underway in Surrey, based on similar models elsewhere in the UK, which is aimed at supporting the policing response to individuals who frequently present to police with suicidal behaviour which could put them at risk of danger. The response focuses on the core policing duties outlined under Right Care, Right Person to set boundaries and provide a consistent response from front line officers.

“The project involves working with partner agencies, such as health and social care colleagues, to signpost risk and vulnerability to the most suitable agency. Where necessary police interventions, such as community protection warnings, will be considered as part of the approach to reduce disproportionate demand and set behavioural boundaries. These would not be issued without the support of the relevant partner agencies.

“Setting these behavioural boundaries is not about criminalising suicidal behaviour – they are put in place to ensure that these individuals are accessing the right service to provide them with the support they need.”

Anyone can contact Samaritans FREE any time from any phone on 116 123, even a mobile without credit. This number won’t show up on your phone bill. Or you can jo@samaritans.org or visit www.samaritans.org.

Whatever you are going through, you don’t have to face it alone. Call Samaritans for free on 116 123, email jo@samaritans.org or visit www.samaritans.org for more information.

Emily Dalton LDRS

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