

Evidence to the Health and Wellbeing Review Committee 19 October 2009 Campaign to Save Finsbury Health Centre

Background

The Campaign to Save Finsbury Health Centre (SaveFHC) has been going since late August 2008. Much of the impetus for the campaign, besides the desire to keep the community health services currently offered there, and affection for the building, came from the fact that our area has seen nearly all of its other public buildings and amenities sold off in the last 20 years. What has gone: Merlin St swimming baths and laundry; Myddelton School, latterly an FE college which also provided adult education; Rosemary Special School, also on that site; Chequers Adult Education Centre; Finsbury Town Hall, latterly the local Council office and the most popular Registry Office in London; St Luke's Library; Pine St Day Centre for people with mental health problems. These have not been replaced.

Without knowing much about the history of the building, and less about the different government bodies which could have a say in its fate, we felt very strongly that this building and the services it houses are far too important to lose. Some had seen a press release from March 2008 announcing the PCT's intention to close and sell Finsbury Health Centre (Endnote 1); a series of articles in the Islington Tribune about the history of the building and the PCT plans finally galvanised us into action in August 2008.

Petition & Freedom of Information requests

We published a petition at the end of that month, calling on then Health Secretary Alan Johnson to ensure that money be found to refurbish the health centre and that local community health services stay there. (2) The petition had just under 1900 mainly local signatures when we handed it into the Department of Health on 12 January 2009. The electronic version is still gathering signatures. This brings the total signatories now to over 2100 people.

We also made two of Freedom of Information requests that September - regarding the cost of work on the Finsbury Health Centre over the last ten years by the PCT, and about the LIFT monies promised (£2 million) and the actual costs involved in refurbishment. The existence of a consultation exercise by SparkNow in 2003 costing £69,000 was at first denied, and then admitted to be 'lost' when we wrote back that we'd been in touch with the company who had done it and had seen a draft copy. The detailed breakdown of the refurbishment cost (at that point said by the PCT to be in total around £5 million) were branded 'commercially confidential'. (3)

Public meeting 6 November 2008

In early November 2008 we organised a public meeting 'Finsbury Health Centre: Ways Forward' to which we invited the PCT to speak, answer questions, and listen to what local people, Finsbury Health Centre staff and several architecture and conservation experts had to say about the plans to close and sell the building, and what alternative there might be. Although the PCT now claims this meeting as part of their 'consultation', the fact is that they did not allow posters for the meeting to go up in Finsbury Health Centre itself unless we took Finsbury Health Centre out of the title. (4)

Despite this, over 100 people of all ages attended. The experts who spoke included John Allan, who restored a third of Finsbury Health Centre in 1994, Dorian Crone of English Heritage, David Gibson of the Islington Buildings Preservation Trust, James Dunnnett of Docomomo, a modernist buildings conservation group, Jon Wright of the 20th Century Society, Dr Richard Sykes, former

chair of the De La Warr Trust. Two GPs and a contraception nurse who work at Finsbury Health Centre also spoke.

During this meeting all the experts present questioned the PCT's assumptions: about the actual cost of refurbishment (by that time increased by the PCT to £6 million); the strictures actually pertaining to the building's Grade I listed status; the supposed 'added cost' of maintaining a refurbished building; the impossibility of making it accessible for wheelchair users; the impossibility of finding outside funding; their ability to knock down the Pine St building next door without it being connected to the preservation of Finsbury Health Centre as a health centre. Two conservation experts closely involved with the earlier discussions about refurbishment described how shocked they were when the PCT announced its intention to sell: as of summer 2007 the Conservation Management Plan had been agreed and everything seemed set for a refurbishment scheme. There was also a suggestion that the PCT should look at the possibility of a not-for-profit community trust which could relieve the NHS of the burden of refurbishing and maintaining the building, and would be in a better position to attract outside grant funding.

All of these points have now had a much more detailed airing by many of the same and other experts before Islington Council's Health and Wellbeing Review Committee. We can only hope that committee members will give them more consideration than the Executive Board of Islington Primary Care Trust did in January of this year.

Local people were very angry that the PCT's consultation did not directly ask them about the potential closure of Finsbury Health Centre. They also talked about the evident lack of maintenance despite the claim a few months earlier that the PCT was spending £1.5 million a year to maintain it; the problems posed by having to take two buses to Hornsey St; the carbon cost of closing Finsbury Health Centre, knocking down Pine St and the extra travel to moved services. They felt Finsbury Health Centre is 'our St Pauls' - the community's building which the PCT had no moral right to sell without asking the community. Staff talked about their affection for the building, Finsbury Health Centre's convenience for people who work in the City and West End. They countered Tony Hoolaghan's claim that wheelchair users could not currently use Finsbury Health Centre. (5)

Gathering support

At the November meeting we read messages of support from local MP Emily Thornberry, former MP (Lord) Chris Smith, the then Chair of the Health and Wellbeing Review committee Cllr Paul Convery, and several local people who had signed our petition. We have had strong practical support from both Unison and Islington Trades Council, and the Church of the Holy Redeemer on Exmouth Market. Emily Thornberry accompanied us to hand in our petition in at the Department of Health on 12 January. In late January, John Cooper, chair of Architects for Health, and an architect with no interest in conservation, intervened with a statement on the building's modern suitability for providing healthcare facilities. By the time of our 'Love your Health Centre' information day on 14 February, the HWB had referred the PCT's decision to close the building to the Department of Health, and we had the support of local historian Mary Cosh, the Islington Society, Angela Sinclair then chair of the Islington Pensioner's Forum, and comedian and former local resident Alexei Sayle. 18 former and current Finsbury Health Centre staff have either signed our petition or told us privately that they supported our campaign to keep the building open. (6)

At our fundraising party on 18 June, 'Nothing is too good for ordinary people' (Lubetkin's statement about the philosophy behind his work) 27 local businesses, 9 artists and 12 other individuals donated time, music and prizes for an auction and raffle which raised over £3000. A last minute cheque for

£3000 was generously donated by another local resident. Architect, BBC presenter and local resident Maxwell Hutchinson also gave his support at that time. (7)

Consultation

For our report to the PCT Executive Board in January 2009 we analysed the answers to the misleading consultation document carried out the previous autumn. Although there were no direct questions about moving services out of Finsbury Health Centre, not even the PCT claims that it resulted in a clear public endorsement of their plans. The majority of respondents chose 'Neither agree or disagree' or 'Disagree', plus many reported to us that they refused to tick any box ('No response'), in protest that they were not being asked specifically about the plans to close Finsbury Health Centre.

If it was their most successful consultation in terms of response, we believe this can largely be put down to the publicity generated by our campaign. Otherwise no one would have understood, without somehow being attracted by the anodyne title, 'Help us improve health services in Islington', that the proposals involved closure of Finsbury Health Centre.

One written comment on the consultation protested: "Why are you wasting money on this? Isn't it your job to figure these things out?" (8) Of course everyone is going to say that they want services as close-by as possible. The PCT's primary job, according to the Department of Health, is to assess patient need. This should be a straightforward empirical process: according to the illnesses they are suffering, the services they need and where they live. The scatter maps lately produced by the PCT should have been the first piece of evidence to be taken into consideration, not the last.

Patient need

We believe the evidence concerning purely health service need strongly supports our case.

The scatter maps of where patients using the different services live, supplied by the PCT only in September 2009, speak for themselves. Anyone can understand them, and they are beyond any spin. Councillors should note that in the recent PCT evidence to them, while the maps were labelled 'Users of Finsbury Health Centre', in a recent answer to an FOI request by us, the exact same maps were labelled as plotting all users of each particular service. Taken as the former, they show a clear preference in the whole southern half of the borough for the services at Finsbury Health Centre; as the latter they show that the bulk of people who need the services at Finsbury Health Centre live near it, or can get there easily on the way to the West End or the City. One could even say from these maps that there should be more Primary Care services offered on the east side of Finsbury, as well as Hornsey St - but not at the cost of removing them from Finsbury Health Centre. (9)

Population projections worked out in 2008 by the GLA show the resident population in Islington's six southern most wards (Clerkenwell, Bunhill, St Peters, St Marys, Barnsbury and Caledonian) increasing by 36% between 2001 and 2011 (54,005 to 73,941 persons), and only 13% in the rest of the borough (179,857 to 202,664) persons. (10) Islington Council's Strategic Policy Unit have also stated that the working population in Clerkenwell adds another 40,000 daily at present and this figure expected to increase with the completion of Cross Rail.

From the time the original decision was made to press ahead with closure plans in July 2008, throughout the consultation, evidence to the IRP, and even now to the Health and Wellbeing Review Committee, the PCT has never given a clear, evidence-based rationale for why certain services are deemed 'local' and others 'borough-wide'. Since people are at their most vulnerable, encumbered either with small children or physical disability, when they need access to child health

and physiotherapy services, logic would dictate the location of these services in at least two locations in the north and south of Islington as at present, if not more.

Transport

The Campaign investigated transport links to the proposed locations. Our research showed that residents in the south of the borough will need to travel increased distances on foot and, for more frequent bus services, take a minimum of 2 buses to reach relocated care services. (11).

Although Transport for London data indicates that journeys are more straightforward in the north of the borough – at least, on paper - questionnaire responses from patients from all 3 centres overwhelmingly mention the transport difficulties and multiple journeys they would need to undertake.

South of the borough:	
Finsbury Health Centre – Hornsey Street	Walk, 2 buses and walk to location 1 bus and walk to location Bus journey times range from 44-50* Walk or bus, tube, and walk to location Tube journey times range from 43-50*
Finsbury Health Centre – Bingfield Street	Walk, 1 bus, walk to location Bus journey times range from 28-38*
Finsbury Health Centre – St Luke's	(St Luke's not yet built) Walk, 2 buses, walk to location Walk, 1 bus, walk Walk Bus journey times range from 32-40*
Finsbury Health Centre – River Place Health Centre	Walk, 1 bus, walk Bus journey time (27)*

(*TfL - Journey time is maximum journey time and excludes waiting times. All journeys are shortest routes to destination and leave from original practice address)

The service reconfiguration plans do not take into account the accessibility needs of older or disabled people and women with young children in our area, whom the plans clearly disadvantage. The increased transport and lengthening of journey time also increases the possibility that patients will arrive late to appointments in the event of transport delays. Patients who are delayed by more than 10 minutes lose their appointment. These cost the PCT somewhere between £7 - 18 per missed appointment(12), possibly as much as £1.5 million a year. (13)

The last-minute introduction of a 'taxi' scheme, the Healthcare Travel Costs Scheme (HTCS) mentioned at NHS Islington's Board meeting in January as a panacea to the possible travel difficulties due to relocation, is both means-tested and excludes those who are holders of the Freedom Pass (concessionary off peak travel pass for those over 60 and the disabled), ie, those groups with the greatest accessibility needs and who most need local healthcare services. Free taxis can be arranged for these groups, but they must be booked through GPs three weeks in advance. We also understand the PCT have invested in additional buses/ambulances to transport patients to and from Hornsey Street. No additional annual costs -financial management/maintenance, employment and carbon creation - for these alternatives have been included in the PCT reports.

The PCT also have not taken into account common commuting routes into the West End and the City, which make Finsbury Health Centre convenient for people who live farther north in Islington. Evidence for this again lies in the scatter maps, and has been supported by Finsbury Health Centre staff.

All of this flies in the face of the PCT's original contention that Hornsey St is more suitable for everything but Child Health because it is in the geographic centre of Islington. The scatter maps' population projections and transport implications also call in to question the PCT's decision to put all specialist Child Health services in the Northern Health Centre. Even if it could be proved that Finsbury Health Centre were hopelessly outdated, not amenable to change and too expensive, both the scatter maps and Finsbury Health Centre service managers (14) agree that the primary care services housed there are needed where they are.

Alternative sites?

In the wake of our campaign the PCT claimed that they can put 'satellite' services in St Luke's Community Centre; councillors should consider the practical reality of this claim since development of a new community centre there is under threat in the wake of the housing market collapse. The developers have withdrawn and it is still a mystery where the money will come from, despite the PCT's assurances. (15) There is also the inconvenient fact that there has been no approach to Islington's Planning Department about the suitability of St Luke's community centre (new or old) for the provision of healthcare services. Where are the actual plans for this?

Even if everything were all set to go ahead as originally planned, however, there is the irony that the St Luke's option would mean losing three popular football pitches along Central Street next door to St Luke's. Removing sports facilities used mainly by local young people will threaten their health at a time when the Government points to obesity among young people as a major health issue.

Even the claim that GP services can be put into a new building next door to Finsbury Health Centre is under question. The PCT was warned by English Heritage back in November that they would not look favourably on plans to knock down the existing building without this demolition being deemed essential to the refurbishment and retention of Finsbury Health Centre. The building is not listed. But it is in a conservation area, historically important in its own right as the first public mother and child health clinic, and is still in good condition. The Council's Head of Planning and English Heritage recently gave evidence to this committee that the PCT has to this date still not discussed the prospect of demolishing this building with them.

Health by design

As shown by Gordon Cullen's 1938 cartoons (16), both the mental and physical aspects of patient and staff well-being, and the accommodation of changes in service, were considered in the original design of Finsbury Health Centre. This building was a pioneer, not only by housing the free community health services which later became a model for the NHS, but also by design putting preventative medicine and health education at the forefront of patient care. More than mere aesthetics, the building's good design for function is the reason why Finsbury Health Centre is still relevant and studied by architecture students around the world. A recent CABA booklet described the building: "Form and function went hand-in-hand and...the building made the maximum use of natural light. Here was a flexible, sustainable centre dedicated to its neighbourhood. Here was the prototype polyclinic and walk-in centre." (17)

An article in the British Medical Journal just after the centre was built shows that Finsbury Health

Centre did in the past house services the PCT claim they'd have trouble putting in there now, and that its design was appreciated by doctors:

'...a design has been worked out...having in view no other consideration than the needs of the various public health services to be...organized in the building. These services are...an x-ray department...a bacteriological laboratory for the diagnosis of infection and contagious diseases...It is approached by a ramp, a piece of thoughtfulness for the large proportion of users of the same centre who will be sufferers of some sort of disability...Many interesting details take the attention, such as the large continuous ranges of windows...the reinforced concrete walls lined with cork slabs to afford sound and heat insulation...the open forecourt laid out with grass and shrubs, and the roof terrace...The planning has been such as to allow for all possible flexibility in the disposition of the rooms, and if rearrangement of departments or the installation of fresh equipment becomes necessary, partition walls can be removed without major structural alterations...' (18)

Although Lubetkin is largely credited with coming up with the numerous design innovations, this article also adds, 'many of the ideas incorporated into the enterprise owe their origin to Dr C K Katial, Chair of the public health committee of Finsbury Borough Council.' Katial, originally from the Punjab, had his own experience with the causes of public health problems as a Medical Officer for Health and over half a century of research by fellow MOHs into the diseases of poverty to draw upon. (19) The research into public health which informed the design of Finsbury Health Centre later resulted in the national Parker-Morris building standards for light and space in housing adopted after World War II, abolished by the Thatcher Government in the early 1980s, now being reinstated in the Government's "Housing Strategy Review".

Dozens of patients and staff have said both to us and in answers to the consultation that the building 'makes them feel better' when they enter and use it. In fact this general feeling is supported by the latest research into healthcare design. Professor Roger Ulrich has researched and written extensively on the beneficial mental and physical effects of natural light in health buildings. His and Zimrungs' research survey into the effects of environment on health concluded with, among others, these recommendations for hospital design:

- Provide patients stress reducing views of nature and other positive distractions.
- Develop wayfinding systems that allow users, and particularly outpatients and visitors, to find their way efficiently and with little stress.
- Improve lighting, especially access to natural lighting and full-spectrum lighting." (20)

These findings were supported in a recent UK research paper: "Patients highlighted the increased space and light, ... greater comfort, and novel works of art... Staff workplace satisfaction increased significantly...an enhanced environment is associated with improvements in patients' perception of patient-doctor communication, reduction in anxiety, and increases in patient and staff satisfaction." (21)

In reviewing the research quoted above, a senior healthcare architect at Harvard wrote: Other types of life-enhancing environmental elements might add a slight cost premium...However, when the choice of these elements is grounded in the findings of quality research, the return on investment for the additional cost increment can be justified within the overall life cycle performance of the environment...[We should] shift our understanding of these expenditures from the more traditional paradigm of non-recoverable costs to thinking of them, rather, as 'investments' that will produce enhanced outcomes." (22)

These same principles were used in the award-winning design for the new Kentish Town Health Centre, and in fact all involved in that project referred to Finsbury Health Centre as a major

inspiration. (23)

In terms of Finsbury Health Centre's current suitability for refurbishment and updating, the committee has heard several architecture and conservation experts counter the PCT's specific claims against the building in great detail. The Conservation Management Plan, agreed by both English Heritage and the PCT in July 2007, specifically states: "The level of significance is not a determinant of whether change is allowed or not allowed. High significance does not preclude intervention. It is possible to propose change in any part of the building - the degree to which the change is acceptable is a function of the nature and quality of the proposals." (24)

What we ask at this stage is for councillors take into consideration the fact that the PCT's own architects, Sprunt, after a 3-year feasibility study in 2005 stated: 'The result of the study has been to prove that this amazing building can indeed move forward into the 21st Century and continue to provide Primary Care services'. (25) What has changed since then?

Cost of refurbishment

Throughout this year the PCT have been careful to emphasise how much extra rent they would have to pay after refurbishment under the LIFT scheme and have avoided quoting the actual cost of refurbishment, even to their own board members. The report to the PCT board meeting of 24 July 2008 did not give the whole figure but said it was about "£4.4 million more than the cost of a new building providing the same amount of space," without offering the comparison figures either. Indeed it took two Freedom of Information requests and a large public meeting for specific figures about the capital cost to emerge from under the cloak of 'commercial confidentiality'.

At our 6 November meeting PCT Locality Director Tony Hoolaghan claimed that this figure was about £6 million. "We didn't just take the costs from our partner and say, yes, right, we believe that is how much it costs. We had the costs independently verified." Rachel Tyndall, PCT Chief Executive, said under pressure from the audience, "if our figures are wrong...then the whole theory runs down." (26)

It should be noted by Councillors that the same Tony Hoolaghan claimed in a letter to Islington Tribune, 22 August 2008, that Finsbury Health Centre was costing £1.5 million a year to maintain. (27) According to the PCT's own documents, it transpires that this figure is not how much the PCT have actually been spending on maintenance but the amount needed to catch up with the backlog after over 15 years' neglect. One of the GPs at Finsbury Health Centre told us that doctors and other staff were recently so worried about the neglect they actually discussed holding a "painting party" to repaint the inside of the building themselves.

A letter from Emily Thornberry 28 November, in Appendix 7 of the PCT's evidence to the Health and Wellbeing Review committee, mentions a figure of £5 million. The figure of £5-6 million was itself challenged by several experts last autumn in light of the partial restoration in 1994, although £5 million is actually closer to what most are saying now.

Late in December 2008, the PCT produced an A4 spreadsheet from their LIFT partner giving the cost as £9.8 million (no date given), and then in January brought out a 'varification' document from Davis Langdon placing the cost at £9.1 million. It should be noted by councillors that this document is dated 13 January 2009, not prior to Tony Hoolaghan's statement in November. It is based on speculative plans drawn up by Sprunt in 2006, not a fully designed scheme, a year before the Conservation Management Plan was agreed. It was done without consultation with Sprunt, which is not standard practice.

Sprunt literature also claims that their plans were costed in 2005; we have made an Freedom of Information request to find out what those costs were, how much the feasibility study they did cost the PCT, and what its precise findings were. We will supply the committee with these details as soon as we have them.

LIFT and PFI finance

The one thing which is not disputed by any party is the huge cost of financing refurbishment through the LIFT company Camden and Islington Community Solutions. We don't understand how it can make sense to pay £25 million over 25 years whether the capital cost of the work is five, or nine million. According to a 2007 article in *Property Week*, over half of PCTs around the country opted out of the LIFT programme, which calls into question the PCT's stated 'need' to use it. (28) Allyson Pollock (Head of the Centre for International Public Health Policy at the University of Edinburgh) in her study 'NHS Plc' showed that PFI building schemes in Scotland cost the NHS over three times the amount they would have spent by commissioning the work directly. The advantage or otherwise of the PCT's 10% stake in the LIFTco Camden and Islington Community Solutions is unclear - according to one of the FOI responses, 'the PCT has no relationship with CSIS [the private partner which has a 60% stake].' (29)

As it is, the PCT reported a capital underspend of £4.6 million in their accounts last year (30), which would have nearly covered the lower capital cost figure. There is a curious item in the Financial Outlook paper presented to the PCT Executive Board last May, £450,000 for 'prevention of health centre refurb's'.(31)

Alternative finance

The committee has heard from both Dr Richard Sykes, former chair of the De La Warr Trust, and Matthew Crowther of Heritage of London Trust Operations (HoLT Ops), about the possibilities inherent in using a not-for-profit trust to access grant funding and relieve the NHS of the burden of overseeing refurbishment and maintenance. We won't add to their evidence except to say that so far we have identified three major funders who regularly make multi-million pound grants to capital projects, and have both heritage and healthcare listed as their priorities: the Wellcome Trust, the Wolfson Foundation and the Clore Foundation. From their own documents it seems the PCT did not look at any outside funder besides the Heritage Lottery Fund, which is severely restricted at the moment. It should also be noted that in March 2009 the PCT refused to meet with ourselves and HoLT Ops to explore alternative funding possibilities, and in their evidence seems to have dismissed HoLT Ops merely on the basis of looking at their website.

Sustainability

We have included in our appendix a short 2005 report by the Sustainable Development Commission called 'Healthy Futures - buildings and sustainable development' (32) which sets out principles by which NHS bodies should commission new and refurbished buildings to reduce carbon footprint and provides a list of resources to help them do this. We can report that at our meeting on 6 November 2008 Chief Executive Rachel Tyndall admitted that these were not taken into account when considering the closure of Finsbury Health Centre, and was dismissive of the sustainability and carbon footprint issues raised by members of the audience.

Heritage and Wellbeing

Of course everyone's first thought is for the building's heritage; we would not have fought so hard if we didn't feel this aspect to be vital to our community's wellbeing. The Architectural Heritage Fund summarized research into the connection between heritage and well-being: "many heritage-

led regeneration projects do offer substantial social benefits, and can bring about real change in social cohesion and community pride....communities are encouraged by a successful restoration...both area and individual building regeneration projects can have a beneficial impact, bringing communities and groups together with a focus and the means to make a contribution and thereby improving feelings of wellbeing.” (33)

The fact that people do generally feel some connection is embodied in large organisations like English Heritage and the National Trust, and the thousands of local conservation groups around the country. Islington itself has several groups which concern themselves with the historic fabric of the borough, and it is hardly surprising that all of them have supported our campaign. As the British Regeneration Association points out, “Historic buildings can act as focal points around which communities will rally and revive their sense of civic pride.” (34)

Finsbury Borough Council spoke of this connection in 1958: ‘It is an accepted fact that the best type of new development is by neighbourhood units in imitation of the natural development of a village. Post-war large scale redevelopment which has ignored this has resulted in an excessive incidence of minor nervous complaints... and a decline in civic morale and awareness of social obligation...Redevelopment must therefore be effected on a district basis with regard for...local historic traditions which give an established area that civic pride which isolated new development completely lacks.’ (35)

As Alec Forshaw said in his evidence, ‘Public buildings are important community landmarks’. The AHF report points out that they can be a source of pride amongst long-term residents and an anchor for new ones. None has served both functions better than Finsbury Health Centre.

There is local and international recognition of the achievement Finsbury Health Centre represents in both the provision of public healthcare, and in design for healthcare. The fact that it was a precursor to the NHS is well-known among local residents, especially those who have long family connections to the area. This is reflected in the written comments on the PCT’s consultation and on our petition, and in the strength of support we’ve had from the local community. ‘Civic pride’ is often cited in studies as contributing to ‘community cohesion’ which in turn is said to contribute to a community’s mental and social well-being. The NHS itself is often cited as the most popular national achievement since the Second World War - is it any wonder that many have described as ‘unbelievable’ the current attempt to abandon a major inspiration for the NHS and our community’s contribution to it?

In terms of anchors like Finsbury Health Centre being important to new-comers in communities, there is evidence for this in the Architectural Heritage Fund paper referenced above. Our campaign has also had strong support from many people who have recently moved to the Finsbury area. Indeed one of the great pleasures of working on this issue has been the breadth of support, which cuts across all the divisions in our community, most particularly those based on differences in income and length of residence in the area.

Conclusion

In function, form, history and numbers of users the Finsbury Health Centre is the most important public building left in South Islington. Many would say that it is worth retaining regardless of cost. While SaveFHC started from this premise, we now believe that neither patient need, the true costs of refurbishment nor the different financial options have been adequately considered by the PCT board. We hope that once these have been fully aired in public thanks to the efforts of the Health and Wellbeing Review Committee, the PCT will reconsider their position. Failing that, this matter

should be returned to the Department of Health for investigation by the Independent Reconfiguration Panel, and determination by the Secretary of State for Health.

References:

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 - (3) SaveFHC Freedom of Information requests and the responses. Available: <http://savefinsburyhealthcentre.wordpress.com>, Freedom of Information Correspondence
 - (4) Email, Tony Hoolaghan to Barbara Jacobson 1 Nov 2008. Appendix 2
 - (5) Video clips of 6 Nov 08 meeting available on <http://savefinsburyhealthcentre.wordpress.com/meeting-nov-6/>
 - (6) Available: <http://savefinsburyhealthcentre.wordpress.com/support/>
 - (7) Acknowledgement poster for 18 June. Appendix 3
 - (8) Written responses to consultation, in PCT evidence to HWB, 10 Sept 2009.
 - (9) Scatter map given in answer to SaveFHC FOI request for Physiotherapy 24 Sept 09.
- Appendix 4
- (10) Percentages calculated from information in Greater London Authority 2008 Round Ward Demographic Projections, PLP low projections.
 - (11) Transport data from TfL website www.tfl.com.
 - (12) Curtis L, Netten A. "Unit costs of health and social care, pg 135. Canterbury: Personal Social Services Research Unit, University of Kent and Canterbury, 2003.
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- Appendix 5
- (15) <http://www.slpt.org.uk/newcentre/centre-plans.html> (Dec 2008 update)
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 - (23) 'A remedy for sick buildings' Rowan Moore, Evening Standard 22 July 2009. Appendix 8
 - (24) Finsbury Health Centre: Conservation Management Plan, Purcell Miller Tritton July 2007, page 13, point 3.1.5.
 - (25) Project: Finsbury Health Centre, Sprunt Architects. Available: <http://www.sprunt.net/projects-page.php?id=89>. Appendix 9

- (26) Video clips from November 6 2008. <http://savefinsburyhealthcentre.wordpress.com/meeting-nov-6/>
- (27) Letters page, Islington Tribune 22 August 2008. Available: http://www.thecnj.co.uk/islington/2008/082208/iletterso82208_05.html
- (28) 'Waiting for express LIFT' Richard Heap, Property Week 13 July 2007. Available: <http://www.propertyweek.com/story.asp?storycode=3091107>
- (29) PCT response to FOI 25 September 2008 Available: www.savefhc.org.uk
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- (32) Sustainable Development Commission, 'Healthy Futures - buildings and sustainable development' 2005. Appendix 10
- (33) 'The Social Impact of Heritage Regeneration' Architectural Heritage Fund 2006 pp14,17, 31. Available <http://www.ahfund.org.uk/advice.html>
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(<http://www.foresight.gov.uk/OurWork/ActiveProjects/Mental%20Capital/ProjectOutputs.asp>)

the principle of maximising natural light and space to promote mental health is supported by numerous articles among the 280 reviewed.