

## **Campaign to Save Finsbury Health Centre**

### **Response to: Results of the Public Consultation on Proposals to relocate some Community Health Services within Islington 29.01.09**

#### **Summary**

The Campaign to Save Finsbury Health Centre believes that the consultation was flawed. (Item 1) Despite this it shows considerable opposition to closing Finsbury Health Centre and moving services elsewhere. Even with stairs people prefer to keep health services local, although of course a lift could be added. (Items 2, 5, 8) The timetable for moving is open to question where buildings have not yet been built. (Item 3) Current demographics and recent population growth projections by Islington Council have not been considered, and the Planning Department has not agreed to the demolition of the Pine St Centre. (Item 4) Opposition to the proposals was not fully reported. (Item 5) Professional opinion doubts the costs given for refurbishment, and these are not adequately balanced against the costs of building new, and moving services. (Items 6, 7) User comments on our petition and the consultation reveal considerable local affection for the building, pleasure using it and pride in its heritage, which are crucial health considerations. (Item 8)

**An alternative to abandoning Finsbury Health Centre does exist. It is likely to be more economical than moving, as well as beneficial to all concerned. Refurbishment would be handled by a not-for-profit trust which would be able to gather funds not accessible to the NHS and leaseback the building on terms more favourable than those projected under PFI. (Item 9)**

#### **Recommendations/Actions Requested**

That the board vote to keep the current community health services as provided at Finsbury Health Centre and explore more fully another option available for refurbishment, that of handing the building to a not-for-profit trust.

#### **Risks**

If the Board of NHS Islington votes to remove services from Finsbury Health Centre and put it up for sale on the basis of this consultation and the Executive's report, the Campaign to Save Finsbury Health Centre will ask the High Court to review whether:

1. There has been a breach of the public's legitimate expectation that the consultation has been a *bona fide* exercise which has taken into account all reasonable arguments and disregarded irrelevant information;
2. The consultation documents, questionnaire, and other information provided to the public and the board by NHS Islington has fettered the discretion of both the public and the board.

#### **1. Our approach to the Consultation**

**1.1 Complaints about methodology:** While discussing the report of the consultation, we will leave aside the details of methodological problems with both the distribution and content of the consultation brief and questionnaire. Although not reported as such by NHS Islington, there are 59 complaints in the written comments about the way the consultation was carried out, and complaints have been made by both local MPs. We have voiced the principle problem many times: respondents were not given the explicit option in the questionnaire to register an opinion that services should stay at Finsbury Health Centre.

**1.2 Tally of responses:** We heard from many people that they either did not answer the multiple choice questions or marked 'neither agree nor disagree' in protest that there was

not an explicit option given to keep services at the Finsbury Health Centre. Therefore the bulk of answers which are not 'agree' can be seen as actually not agreeing with the proposals. Taken together with the written comments (where the feeling of 'agreement' was rather amplified by the report) the feeling is overwhelming that the community wants the Finsbury Health Centre to remain providing NHS health services and for it to be refurbished.

**1.3 Not favourable anyway:** While we dispute the manner in which the consultation was carried out and its scope, even within its own terms the consultation can hardly be said to have resulted in a ringing endorsement of NHS Islington proposals. The report claims that Finsbury Health Centre staff agree with the proposals but there is no evidence to support this - our experience talking to staff is very different, and several have supported our campaign. Questionnaires from the other centres were even more negative towards the proposals.

## **2. Access**

**2.1 Not 'local'?** The two services which the Executive has insisted are least 'local' - physiotherapy and the Michael Palin Stammering Centre - drew the most obvious opposition to removal. 70% of MPSC users were not in full agreement, while 82% of physiotherapy users did not explicitly agree that they wanted to see this service moved service to Hornsey Street.

**2.2 Michael Palin Stammering Centre:** The written comments regarding the movement of the MPSC services reveal that its central location within the ring of mainline train stations make the Finsbury Health Centre actually much easier for out-of-towners to get to than the Northern centre. It also has parking spaces for those who need to drive.

**2.3 Opposition from physiotherapy patients:** The strength of opposition to moving physiotherapy is interesting because by definition all of its users have some sort of mobility problem. In the written comments 180 users, including many with disabilities and some wheelchair users, were concerned about travel to Hornsey. There is level access to physiotherapy from the back of the building. When thinking about access, the board should consider that for someone with mobility problems but not using a wheelchair, it is far easier to get up and down the static and well-known stairs of the Finsbury Health Centre than it is to gain access to two separate buses on extremely busy routes, coping with jerky movements before they even sit down. Assuming that there is a seat available.

**2.4 NHS Islington approach to access:** Problems with disabled access to Finsbury Health Centre appear in the report as though these could not be resolved during a refurbishment. The main access problem, the lack of a lift, could have been resolved long ago by NHS Islington since listed building planning consent for a lift was agreed in 1995. The consultation with people with disabilities by NHS Islington about Finsbury Health Centre focussed on the building as it is, not as it could be after a good refurbishment and updating, which is misleading.

**2.5 Lift:** A lift, according to the 'independent' surveyor's report, only costs £130,000. It could be asked why, if NHS Islington has truly been spending 'over £1.5 million a year' maintaining the building, a tenth of this could not have been found in one of the years to add a lift for the benefit of patients. The report does not mention that there would be no opposition from English Heritage to the addition of a lift now, and the costed plans include two. GPs at Finsbury Health Centre commonly do make arrangements to see wheelchair users in the ground floor consulting rooms if their clinics are on another one.

**2.6 Basement corridor:** The basement corridor not being wide enough for two wheelchairs to pass unobstructed is also raised as a major problem in terms of disabled access, as though the Finsbury Health Centre is expected to be a hospital. The corridor is certainly wide enough for one and is only twenty metres long. If in the unlikely event that two wheelchair users wanted to go in opposite directions at the same time, it should not be beyond imagination that one would let the other go by before advancing. The Board should compare this access 'problem' with the hundreds of users, many with severe mobility problems themselves, who have said they would find it a far greater burden to travel to another part of the borough than negotiate either a narrow corridor or fixed stairs. Access is about more than just getting a wheelchair around.

**2.7 Signage:** English Heritage has publicly stated that there should be no problem installing signage and other directional information for people with visual disabilities.

### **3. Timetable**

**3.1 St Lukes:** As far as moving the services is concerned, the report attempts to give a time-table for movement of services into St Luke's without the facilities having been built or space in the old building adequately identified. It is widely acknowledged that the whole scheme for an expanded St Luke's depends on a housing development which has receded quickly into the background with the current credit crisis. If services go into the present building there is no off-street parking as is currently provided at the Finsbury Health Centre, which will be a disadvantage for wheelchair users.

**3.2 GP services:** There is no mention of when the projected new building on the Pine Street Centre will be finished nor when GP services will be expected to move there.

**3.3 Short timings:** There are very short timings given for moving six of the services, within eight months, when some of the facilities for these services have yet to be built or space established.

**3.4 Empty building:** There is no timing given for when the building is expected to "change ownership".

### **4. Missing considerations**

**4.1 Projected population rise in South Islington:** An important consideration ignored in the report is the projected population rise in the next ten years of between 15-20 thousand people, mainly in South Islington as stated by the Islington Council Strategic Policy Unit. Nor does there seem to have been any consultation by NHS Islington with this unit about population forecasts. It is also a fact that at 11.2%, Clerkenwell ward has the one of highest proportion of residents over the age of 65 in Islington. Two of the three wards with higher proportions, Bunhill (13.0%), St Peters (11.5%) are in the Finsbury Health Centre catchment area.

**4.2 Planning permission to demolish Pine Street:** The ability to knock down and replace the Pine Street Centre next door has been assumed by the executive the LBI's planning department agreement, even though while not listed it is in a conservation area and is a sound building with its own important heritage in public health. English Heritage have gone on record to say that they would not view demolition as being 'in the national interest' and would oppose such an application if it is not linked to the retention and refurbishment of the Finsbury Health Centre.

## **5. Campaign to Save Finsbury Health Centre**

**5.1 Petition and support:** The report elides over our Campaign's activities in relation to the proposals, and the political opposition to them. On 14 January, as reported in the local press, we handed in a petition to Health Minister Alan Johnson, calling on him to ensure the refurbishment of the centre and the retention of NHS services there. Counting both paper and online versions, we had 1846 signatures to this, as well as the support of Lord Finsbury Chris Smith, Islington Councillors Paul Convery and Gary Doolan, local MPs Emily Thornberry and Jeremy Corbyn, Islington Trades Council, the Islington branches of Unison, Unite and GMB and Father Paul Baggot of the Church of the Holy Redeemer. Among the written correspondence it is not mentioned that both local MPs Emily Thornberry and Jeremy Corbyn have written in protest against the proposals.

**5.2 Meeting 6 Nov 2008:** The report does not mention that the meeting we organised in November was attended by nearly 100 people, despite the refusal of the executive to allow notices for the meeting to be displayed within the Finsbury Health Centre itself - because 'Finsbury Health Centre' was in the title of the meeting. Among the people who questioned NHS Islington's assumptions about costs, funding and access were professional architects and conservationists including representatives from English Heritage, The Twentieth Century Society, the Islington Buildings Preservation Trust, the Islington Society, the Amwell Society, DoCoMoMo (a UNESCO-recognised European conservation trust for Modern buildings) and a local authority Conservation Officer. Medical staff who work at the Finsbury Health Centre also questioned the proposals to move services and the Executive's views of the access problems. As well as being concerned about the movement of services and the preservation of a well-loved historic building, patients also raised serious, as yet unanswered concerns about both the consultation document and the questionnaire.

**5.3 Emily Thornberry:** Emily Thornberry MP has also written to the Rt Hon Alan Johnson MP opposing the proposals. Rachel Tyndall was copied into this but it was not mentioned in the report nor included in the documents put before the board by the executive. She raised concerns about the consultation questions and urged NHS support for the Finsbury Health Centre. It appears along with the one below as an appendix to this paper.

**5.4 Jeremy Corbyn:** Jeremy Corbyn MP's letter to Rachel Tyndall, also not mentioned in the report nor included in the documents presented to the board by the executive, complained about the consultation questionnaire. He also raised doubts about the accessibility not only of Hornsey Street to users in the south of Islington, but also about the accessibility of the Northern Hospital for some of his own constituents. He was most eloquent about the real issue at stake here: "Patients' feelings about familiar and comfortable buildings are important to their well-being, and I think it is unlikely that they will have the same affection for the shiny new centres that are planned."

## **6. Costs of refurbishment and maintenance**

**6.1 Which costs?** Over the last year we have had a number of different figures given by NHS Islington for the cost of refurbishment over the last year, from the £1.5 million "over and above what we would expect to pay for a new build" mentioned in the initial press release last March, to the £4 million bandied about over the summer, to the £5-6 million in November, and now either £9.8 million from the architect paid by NHS Islington or £9.1 million from the surveyor paid by CICS. Given CICS's relationship with NHS Islington, this

could hardly be said to be an 'independent' assessment. Furthermore what the board is looking at are not costs worked out last Spring upon which the initial proposals were based, but something cooked up in the last few weeks, dated the 13th of this month. At our November 6th meeting Tony Hoolaghan of NHS Islington claimed that this work had already been done, and that they were 'just getting permission' to reveal the costs, which at the time were claimed to be £5-6 million.

**6.2 Professional opinion of the earlier figure:** The lower figures were themselves thought inflated by the conservationists and architects at the November meeting. Dorian Crone of English Heritage disputed the claim made by the executive that original building materials needed to be used and the assumption that adding a lift is somehow impossible. John Allan of Avanti Architects talked about the substantial structural improvements made during the aborted scheme for refurbishment in the 1990s, including a brand new roof, and the fact that listed building consent for a lift had been granted. David Gibson of the Islington Buildings Preservation Trust said that in his experience refurbished buildings were no more expensive to maintain than new ones - that in fact often new buildings often have expensive unforeseen problems while the maintenance problems of refurbished buildings are well-known and predictable.

**6.3 Professional opinion of the higher figure:** Of the newly-produced higher figures John Allan said recently that it was "the highest per square metre cost" he's seen in "40 years of practice". David Gibson of the Islington Buildings Preservation Trust said that while the new costings needed more time and effort to study than available, the costs added on in relation to the Grade 1 listing seemed 'ridiculously high' and pointed out that costs of the window treatment are particularly high. He also questioned the need for two lifts in the building. A conservationist told us that if anything in the last year building costs have actually fallen by about 5%. The Board should also remember that the cost of refurbishing River Place has mounted to £9 million, and it was absorbed into the buildings maintenance and management budget without question by the NHS Islington Board.

## **7. Hidden economic considerations**

**7.1 Costs of moving services:** There are many costs which have not been given, including: cost of demolishing Pine Street and building a new GP practice, the cost of moving the services to other places, the cost of the real possibility that services may have to be temporarily provided at places different to those intended while the new GP practice and St Luke's are built (if they are built).

**7.2 Environmental / carbon footprint cost:** The environmental cost of the proposal to knock down the perfectly serviceable Pine Street Centre in order to build a new GP practice is also unconsidered, neither that of the additional fuel needed for patients to get to services far from their homes adding to the overall carbon footprint of these proposals.

**7.3 Securing an empty building:** There is no consideration of the cost of maintaining and securing an empty Finsbury Health Centre while a buyer is found. How long will finding a private buyer take in this depressed market, even at the knock-down value of £1? The financial advantages claimed from a sale of Finsbury Health Centre are extremely vague.

**7.4 Care of people who cannot reach new places:** Clerkenwell has one of the highest proportion of residents over 65 in Islington, many of whom are, with the help of services offered at the Finsbury Health Centre, able to lead independent lives. What will the additional statutory cost be to NHS Islington of looking after people who, when deprived of

outside care they can now reach easily, could well deteriorate into needing district health nurses and occupational therapists to look after them in their homes?

**7.5 Other sources of funding:** We have every sympathy for the NHS Islington's rejection of the costs involved with refurbishment via PFI, even with the government's LIFT monies. It does not appear, however, that the executive has considered any outside funds or structures for organising refurbishment beyond PFI and the Heritage Lottery Fund. As a building internationally renowned for both its history and architecture Finsbury Health Centre is highly eligible for a range of conservation monies, including the World Conservation Fund, several private charities in the UK and EU conservation funds. As James Dunnett of DoCoMoMo said in November, 'If [Finsbury Health Centre] cannot attract conservation grants I don't know what would.'

## **8. What the Finsbury Health Centre means to the community**

**8.1 Message in the architecture:** Like access is about more than the use of wheelchairs, value and cost is about more than money. Not just any listed building which happens to provide health care, Finsbury Health Centre represents in its conception a huge leap in both public health provision and philosophy. It was designed to be in itself healthy to use with the flexibility to make needed changes over time. It also was designed to promote healthy lifestyles among its patients, similar to messages the NHS tries to inculcate today. How beautiful it would be to see the original murals, with their slogans about getting more sunlight and exercise, uncovered and restored!

**8.2 Local pride:** Pride in the building's history and deep affection for it comes across time and time again in the written comments to the consultation and on our online petition, despite its dilapidated décor. As David Sulkin of the Amwell Society pointed out in November, the Finsbury Health Centre 'is our St Pauls'.

**8.3 Users' comments:** Apart from the few complaints about dirt and neglect (hardly the building's fault!) many people writing comments said they enjoyed using the building and that the staff there seemed happier and more pleasant than in their experience of services provided in other buildings. Several felt that regardless of the expense the building is worth saving as a service-provider for our NHS services.

*"To be in this wonderful building is in itself a pleasure. Please fix it up..."*

*"The services run from Pine St work very well...It is the best health facility I have ever visited...I am happy that my tax and NI money be spent on a building like FHC Pine St...makes me feel well upon a simple visit - Lifts my spirits...FHC...has a very positive effect on my spirits and mental health."*

*"...Part of the consultants self-esteem appears to come the historic relationship with the building...Do not underestimate the value of this."*

*"I have mobility difficulties and mental health problems which make managing around busy traffic really difficult! I rely heavily on [GP and physiotherapy] services being in a building which is close by, and which is accessible, safe, spacious and quiet!! Closing Finsbury Health Centre would be detrimental to my health!"*

*"[FHC] has a re-assuring atmosphere, it is convenient, light and continues to fulfil its function."*

*“I have only used the centre once but it meant a great deal to me to visit such a building. Such architecture should be open to everybody, not sold off.”*

*“It is extremely important to give local people pride in their surroundings, and especially, in health facilities. Finsbury Health Centre should be restored and kept in the NHS.”*

**8.4 Objective benefits:** The design of the Centre was informed by a long held belief in the therapeutic benefits of sunlight and fresh air. Modern research by Professor Roger Ullrich and others has confirmed that patients recover faster in a sunlit environment. The shallow floor plans ensure that virtually all the clinical spaces benefit from natural light and ventilation, which fulfils the current NHS agenda for improving the quality of clinical accommodation. Comparative studies of deep and shallow plan space clearly show that staff prefer working in natural light and having views and that this improves performance and assists in retaining staff.

**8.5 Integral to our health:** The Finsbury Health Centre was built in the midst of a depression, survived sand-bagging during the war, and still retains the community’s affection despite years of neglect. Of course it isn’t NHS Islington’s primary concern to ‘look after listed buildings’. Insofar as it is charged with the health of our community, however, the Board should vote to retain the services at Finsbury Health Centre and update the building. This building, with not only its proud heritage but the quality of service it inspires, is integral to our health and is something we as a community would like to be able to pass on to future generations.

## **9. An alternative**

**9.1 Not for profit trust:** There is an alternative to both PFI under LIFT funding and NHS Islington shouldering the entire organisation and cost of refurbishment. At our meeting in November a not-for-profit trust was suggested by Dr Richard Sykes, chair of the board of trustees which oversaw the refurbishment of the Modernist De La Warr Pavilion in Bexhill on Sea. He described how the trust was able to fundraise from a wider range of possibilities than the local council and provided the beautiful, popular, fully accessible building it is today.

**9.2 Heritage of London Trust:** Upon further investigation of this idea, we have had an expression of interest from the Heritage of London Trust Operations Ltd. This not-for-profit trust managed the successful and popular refurbishment of Thorpe Combe Hospital in Walthamstow for North-East London NHS [Hospital] Trust, and leases it back to them. In this case the building is a Grade 1 listed Georgian house not originally designed for patient care. It was able to access Heritage Lottery monies as well as grants from several other sources which NHS Islington might itself find difficult, and now leases the building back to North-East London NHS Hospital Trust on terms far more favourable than those offered by PFI under the LIFT scheme. We hope the Board will look favourable on the options put forward by SFHC and work with us to ensure the necessary upgrading and refurbishment is fully completed so continuing NHS services are provided in a manner acceptable to the local community.

**9.3 Opportunity:** If the Board decide to look into another option for refurbishing and keeping services at Finsbury Health Centre it will prove that it has taken all the above considerations into account and listened to the community. There is an opportunity here to do a popular, sensible thing, which this year’s surplus alone would cover if the earlier costings are believed. ‘Rationalisation’ is not always the most rational choice.