

RED HOUSE REVIVIFIED

The Red House should be developed as a 'Wellness Centre.' It should be the 'one stop shop' for all the information about the health and welfare services available in the town. It should offer many such services to young and old. It should be a welcoming spot for the townspeople of Harpenden.. It should be run and funded by a partnership of the National Health Service, the local authority social and care services, the local health and welfare charities and the people and businesses of Harpenden.

This idea is proposed by the Health and Social Welfare Working Group of the Harpenden Society about the possible future use of the Harpenden Memorial Hospital, invariably known locally – and affectionately - as the Red House.

All queries and responses to editor@harpendensociety.com

1 The Back Story

As long ago as 1920 the people of Harpenden invested in their communal health. In commemoration of those who gave their lives in World War I, the Memorial Nursing Centre was established at 40 Luton Road. In 1941 its medical services were transferred to the Red House, when that building was bequeathed to Harpenden by Sir Halley Stewart. 40 Luton Road continued to provide some health services until, in 2002, it became the residential property St Helena's Court, while, gradually, the amenities at the Red House have been reduced. There has been much anger and distress in the town as the result of these changes and there has been continued but inconclusive debate about the future of this cherished site.

This brief paper has been prepared by the Health and Social Welfare Working Group of the Harpenden Society, the town's civic society which aims to provide a non-political, communal voice on matters affecting the life of the locality. During the preparation of the paper the Group took soundings from and received encouragement from, among others, the Friends of Harpenden Memorial Hospital, the local charity which has done such excellent work over the years in respect of Red House and its patients. This paper is being made available to all those involved or interested in the decision-making processes about the use to which the Red House could be put.

We thus put forward a forceful case for the 'Red House Wellness Centre'

2 Health and the Community

It is widely accepted that much illness is now the result of social rather than biological causes. Without over-dramatisation the term 'epidemic' may be used to describe socially orientated diseases.

- 2.1 Some three-quarters of British deaths are caused by circulatory or cancerous disorders, many of them the result of smoking, industrial conditions, chronic stress, poor diet and pollution.
- 2.2 Alcohol is likewise implicated in 33,000 deaths annually and every year 30,000 patients are hospitalised because of alcohol dependence. One in six admissions to A&E departments is alcohol-related, rising to seven out of ten at certain times and in certain locations. It is said there are 1.6m dependent drinkers in the UK, over against 332,000 dependent drug-users.

- a) One in five British adults is seriously overweight, about 1m of them being morbidly obese, with 31,000 annual premature deaths the dire consequence. 1.5m children aged two to ten are either obese or overweight.
- b) Diet is thus an important issue. Every year 36,000 Britons develop bowel cancer and 16,500 die from it; it is believed that half these cases could be avoided if healthy eating habits were adopted.
- c) Smoking remains a major feature, with 10m smokers, that is, 20% of adult females and 25% of adult males, the annual cause of 120,000 deaths.

Apart from the dreadful incidence of premature deaths and unnecessary sickness, there are enormous costs to the community arising from such 'socially constructed' illnesses. These include costs which embrace both NHS expenditure and on-costs to the economy and to other public services.

The answer must in major part lie in vastly improved public health planning aimed at more effective prevention

The Victorians were confronted by epidemics such as cholera and typhus. They responded to that sombre challenge with public health actions such as the provision of fresh running water and water-driven sanitation. This vastly helped in reducing illnesses caused by such fevers and other illnesses. Nowadays only 2% of annual UK deaths are caused by the 'fevers', as they were known, that decimated previous generations.

Our society must find an equivalent method of public health provision to cope with these latter-day menaces – the diseases that arise not so much from unwholesome conditions as from unhealthy life-styles.

As recently as late December 2011 the NHS Future Forum was arguing that medical practitioners 'should pro-actively raise the issue of life-style every time they see patients', while the health minister, Paul Baird, urged 'shifting resources into community services, raising standards of general practice and promoting early intervention and self-care.' With the government-commissioned report on public health imminently to be published, the mood seems right for such a shift of emphasis.

It is about putting the accent on keeping people well as well as looking after them when they fall ill. It is about encouraging the concept of 'wellness'

This is where the Red House could make a much more vital contribution.

3 Prevention – the Model

The Red House might be developed in such a way as to amplify such preventative services and make them more widely and clearly accessible.

There has been excellent pioneer work in a number of locally initiated centres in various parts of the UK, where comprehensive preventative programmes have been on offer. (1)

Examples include the Leeds Neighbourhood Networks; Somerset 'Active Living Centres'; Tower Hamlets Linkage plus 'Network Centres'; North Lincolnshire 'Fresh Start' Centres; Calderdale 'Neighbourhood Schemes' and Rochdale 'Townships Old Peoples Partnerships.'

The key messages from a varied collection of local findings has been positive with self-reportage of improvements in health quality.

It is believed there is scope to extend the use of the Red House in a similar fashion and for all age-groups. Such a service would mean that patients would be spared from many of those difficult journeys to distant hospitals.

- It is well-known and highly appreciated in the community
- it is reasonably accessible and was originally a bequest to our community
- above all, it is there and available.

Three important factors are evident in all the local schemes described.

- a) The provision is cross-disciplinary. It comes from across the health and social care divide. It has benefited from the involvement of the local voluntary and community agencies. The Red House would be ideal for such a base.
- b) The provision of both services and information has been flexible and user-friendly. Much of it is on a drop-in basis and with a decided welcoming ambience. For instance, many of these centres provide refreshments and allied facilities in comfortable surrounds, sometimes acting as a genuine social focus. The Red House already has fine but much under-used facilities and could be similarly welcoming.
- c) The provision has a high degree of patient or lay involvement. There are examples of laypeople acting in a variety of roles, including Mentorship, management, voluntary assistance and so forth. The Red House is right for that excellent kind of communal atmosphere.

4 Prevention – the Programme

By way of illustration of the possibilities that might be made available in such a centre, we draw attention to an evaluated practical survey of several 'high impact' interventionist schemes that could easily be widened to meet the needs of the whole community from babies to elderly people (2)

Among the most valued strategies were:

- promoting healthy life-styles, e.g. diet, physical exercise and social activity.
- vaccination, e.g. influenza and pneumococcal vaccines.
- screening, e.g. breast and cervical cancer screening, among as many as sixteen such possibilities listed.
- falls assessment, e.g. validated home safety assessments.
- housing adaptations and allied practical support, e.g. mainly low-level adjustments and repairs.
- telecare and technology, e.g. use of electronic sensors and aids to sustain independence.
- intermediate care, e.g. rapid response teams.
- re-ablement, e.g. shorter, intensive, more rehabilitative bouts of care.
- partnership working, e.g. joint health and social care.

These are all examples provided as a signpost of what might be possible, not as a blueprint of what should be done. There are some services, such as district nurses, already based at the Red House, so there is something upon which to build. Another example is the blood test facility there – but one has to have an appointment and thus finds oneself journeying to St Albans City Hospital instead, Harpenden requires for blood tests and much else a walk-in amenity. And, should it be feasible to reintroduce a residential aspect, there is a call in Harpenden for decent respite care.

Finally, there is one overriding element in all of this – INFORMATION.

The Health and Social Working Group, representing a wealth of experience of these issues in the Harpenden area, are convinced that the key barrier to improved care and welfare in the district is a shortfall of lay knowledge about the substantial services available from a variety of public and voluntary providers and facilities.

Were there one focus for and one directory of this data, comprehensive and updated, a critical source that was well-known throughout the town, it would be a marvellous step forward.

We urgently call for some kind of 'one stop shop' for many of the actual services and for **all** the information and advice about services. Then the beginnings of a solution could be found.

Could the Red House be the most effective location?

Could it be the place where everyone knew to approach for help, not only for treatment but for every possible kind of information about health care and welfare needs.

Could it be furnished with such a team of advisers and also with a bespoke telephone number, a dedicated website, an email address and all the wherewithal to sustain the message that here is located the prime source of assistance and information?

5 The Proposal

This a civic proposition, offering a social contribution towards the consideration of the use to which Red House might be put. It does not presume to imply any clinical judgement nor does it try to pre-empt any analysis of administrative input or the ever knotty poser of financial costs. As befits a civic society, it is merely an attempt, based on some research and the testing of opinion among the citizenry of Harpenden, to give some voice to a possible outcome for what, from the viewpoint of Harpenden residents, has been a lengthy period of anxious concern about the future of Red House.

We feel strongly that a partnership should be sought, sharing the administrative responsibility and contributing to the funding, from several parties:

- the National Health Service
- the Local Authorities, particularly in terms of social services
- the Town Council
- Local charities and allied ;providers of services
- the people and businesses of Harpenden – for there are many well-wishers in the town who would be delighted to see the Red House fully functioning.

It is argued firmly that, with reasonable investment of staff and resources, there would be untold benefits to both people and budgets were 'the Red House Wellness Centre' to be up and running.

The sincere hope is expressed that these suggestions will at least merit and stimulate reasonable debate among the interested parties, and the Harpenden Society pledges itself to be ready to lead or be involved in any forthcoming discussion on the subject.

This is our vision. Our primary hope is that there will be sufficient positive response to this initiative to enable a feasibility study to be undertaken. Its remit would be to examine the physical, clinical, administrative and financial provisions of such an ambitious scheme.

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For and on behalf of the Health and Social Welfare Working Group of the Harpenden Society.

References

1. Department of Health *Making a Strategic Shift to Prevention and Early Intervention*, being a guide based on evidence from POPP, the Partnerships of Older People Projects (2008)
2. K.Allen & J.Glasby 'The Billion Dollar Question'; embedding prevention in older people's services – ten 'high impact' changes University of Birmingham Health Services Management Centre HSMC Policy paper 8 (2010)

All responses to Eric Midwinter, Convenor of the Harpenden Society Health and Social Welfare Working Group editor@harpendsociety.com