

Healthwatch Portsmouth

Jubilee House -proposed changes: HWP concerns to be raised with Solent NHS Trust

Note of the phone call I had 16.7.19 with Sarah Austin, Chief Operating Officer, Solent NHS Trust

Issues covered: (HWP questions appear in bold, Solent answers appear in plain type)

Engagement with carers, families and patients likely to be affected should have taken place not just with relatives.

Sarah said 'relatives' in the Trust proposal meant carers. They had quite a few face-to-face meetings in which they gathered quite a lot of 'soft engagement' insight. Patients are mostly in 'end of life' stage of care or waiting for a Continuous Health Care assessment. If HOSP approve Solent's plan then public engagement exercise with more info can start*. Solent only spoke with staff members last week to introduce their ideas pre-HOSP. Solent had offered at end of June to speak with Healthwatch Portsmouth too. HOSP had had informal meeting with Solent recently. HOSP said plans seemed sensible talk to staff now. Changes to services offered at 'Jubilee House' are part of a wider 'Intermediate Care Plan' strategy that Solent are working on at present and will be engaging with public/patients on.

When HWP puts out info about the wider plans hopefully the public will get in touch via telephone, website, social media accounts. Have not had any replies so far from public and patients but will continue to check to see if anything comes in before Thurs morning.

Solent's stated logic of improving patient care? HOPS praised Solent for their approach.

Jubilee House facility has 25 beds. Future plans talk about re-provision of 12 beds at Harry Sotnik and 10 beds at St Mary's = 23. Jubilee House currently being run at 11 beds, mostly for 'end of life' patients so that in time there will be fewer patients until there are none at the facility. Sarah said they planned to have no more patients admitted there.

Staff training needs had been identified for the care offered. Solent did not want to increase bed occupation on site while staff training was being done. Jubilee is a 'step down facility' from acute care and offers a place for patient assessment for the provision of Continuing Health Care. No dementia care need patients are accommodated at Jubilee, they have previously been moved to the Brooker Unit. Doesn't appear to be specialist staff there.

With the likely closure of Hilsea Lodge and Edinburgh House (60 beds to be lost) is there capacity in the city to cope with the transfer of 23 beds from Jubilee House to Harry Sotnik and St Mary's Hospital? Sarah asked me to speak with PCC about care homes closing in future and impact on number of available beds in the city. (n.b. at last PCC/CCG/CQC Quality Board meeting in June there was no mention of future care home closures.) Current patients at Medina Rd site are not being moved anywhere. Idea is that future patients awaiting CHC assessments should be looked after in caring environment (such as Harry Sotnik care home) rather than in a hospital environment, where patients have come from.

Plans for siting part of the Jubilee House service beds at St Mary's site at which £10.4 million refurbishment is underway. Do Solent plans allow for inclusion of extra 10 beds? The extra beds will not be accommodated in the part of St Mary's being refurbished. There is space around the back of the Spinnaker ward (currently office space) in which the 10-bed care facility (not a hospital setting') is intended to be based to provide CHC assessment. I

asked about what budget had been made available for this? Sarah said they had not yet costed this proposal but it would be met out of Solent's current budget. Sarah said it was very early planning on this. Sarah is still waiting to hear from Estates section but is working on 2- 3 month forward plan.

What about extra vehicles at St Mary's with additional patients and staff supporting them? Sarah said Solent was not expecting there to be too much impact on parking at St Mary's site with addition of the 10 bed facility in the future. Staff will be provided with permits in the way that all other Solent staff will be offered them if they fit criteria. The move to St Mary's for the staff does present a change so they're talking to staff now about it. There is also the option for staff to park in the football stadium – (not sure I knew this?)

When current services move out of Medina Road, Cosham what other health and social care services can be re-purposed there? If the building is seen as not meeting modern standards for health care what is envisaged there? It is not anticipated in this proposal that additional funding is to be spent to change the facilities at Medina Road. Sarah said what needs to happen is for the current premises to be demolished and a new purpose-built facility provided in its place. **I said what might that be for?** Solent have not started thinking about that yet. I suggested that Solent ask the public what they thought the site (NHS owned) could be used for: either a local base for a service or to plug gap in service?

**Sarah liked my idea that Solent could ask public what re-built Medina Rd site could be used for. This could be included in the public consultation exercise that they will run and HWP can promote.*

Sarah was pleased that HWP would be attending HOSP meeting and, pending their receiving green light from HOSP about their plans would like to talk to me then about broader public/patient engagement. Will report back on Sarah's suggestions. I have already explained though about our resources and that it is likely to entail our promoting the information that will be provided by Solent on the proposals. Solent will need to gather feedback from the formal public consultation. We can provide insight if people contact us about it. We've already got it on our website and social media.

Siobhain McCurrach, Healthwatch Portsmouth Manager
16.7.19