

## **Proposed relocation of the Jubilee House Intermediate Care Service**

### **Summary**

Solent NHS Trust has adopted a new practitioner model, ensuring that our care is completely patient focused. We are working increasingly with strategic partners, including Portsmouth City Council, to provide an integrated, responsive service that provides the highest possible quality of care for all patients and residents across Portsmouth and surrounding areas.

Together, Solent NHS Trust and Portsmouth City Council are working collaboratively to achieve the best outcomes for patients and staff across both organisations.

This document provides an outline of developments that are being proposed to improve the quality of services offered to a patient group that are currently supported whilst at Jubilee House in Cosham, Portsmouth.

The following information provides context, notes reflecting the learning from user engagement and additional issues that have combined to create a need for change. This, and additional information, is also being provided for all employees involved as part of an engagement process. The proposed changes include the relocation of services and therefore of the employees.

As an organisation, Solent NHS Trust continually looks at ways we can improve patient care and are working towards practitioner led clinical services within the city.

### **Introduction**

Jubilee House is a community inpatient facility, with 25 beds, managed by Solent NHS Trust, in Cosham, Portsmouth. Originally built over one hundred years ago as a farm building on the Wymering manor estate, it has undergone a number of building alterations and changes to its purpose.

Jubilee House has been used, and highly valued, as accommodation for patients receiving end of life care, with patients in the main benefitting from the privacy of single rooms.

In line with the NHS Long Term Plan and feedback from service users and relatives, end of life care is now commonly provided in patients own homes, enabling people to die at home with dignity. In addition, there is community nurse support and residential care homes that offer long term accommodation.

These are appropriate alternatives to inpatient or community hospital wards, and so the provision of end of life care at Jubilee House has reduced and now typically accounts for less than 20% of admissions.

Over time, it has become apparent that the current building is no longer fit-for-purpose. To ensure we can continue to deliver the very best possible care to our service users, we have considered alternative accommodation for the unit.

The following options appraisal would provide the maximum benefit to service users and staff. If approved, the relocation would be scheduled to commence from the end of 2019, following a significant engagement and communication phase and support from key stakeholders.

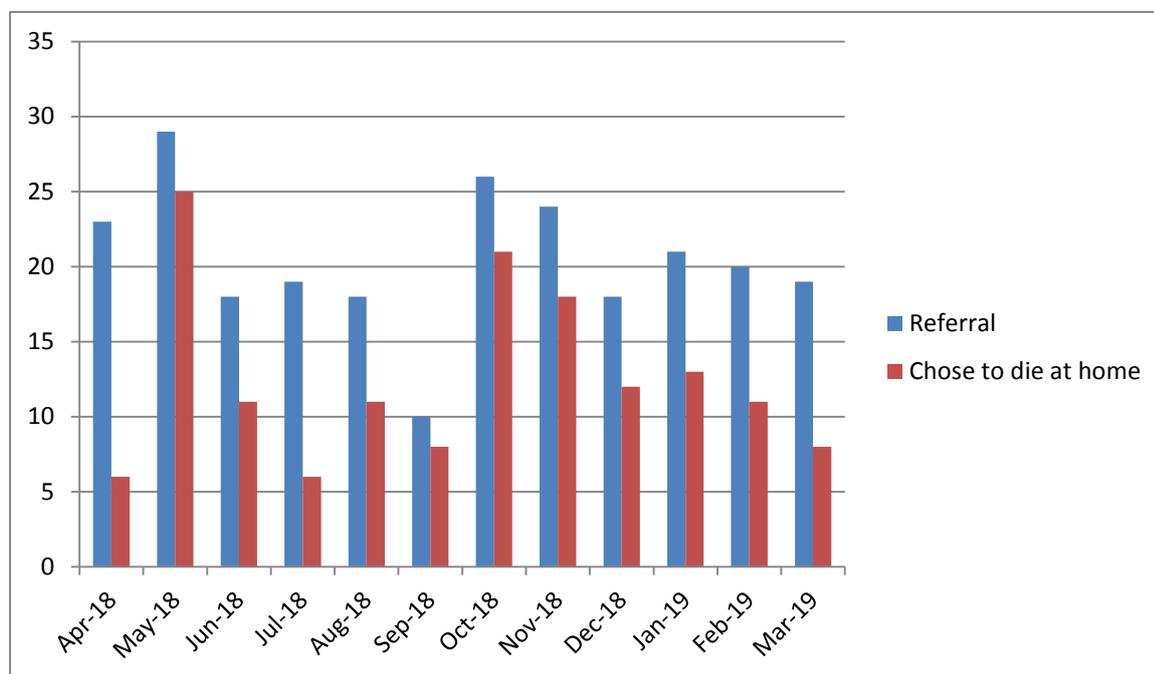
### **Case for change**

In May 2017, Solent NHS Trust piloted an End of life community provision, in order to increase the choices for local people. This provision increased the number of people who could be supported to receive end of life care at home through the creation of an integrated nursing and domiciliary care service.

In 2018 this provision was mainstreamed and now offers up to 11 home care spaces a day for local residents. The service is frequently at capacity and this has reduced the demand on Jubilee House.

Instead, Jubilee House accommodates patients requiring rehabilitation and medical input to facilitate further recovery and those requiring Continuing Healthcare (CHC) assessment or the planning of long term care packages. In addition, some patients are admitted (from secondary care hospital beds) to receive care whilst waiting for longer term packages of community based care to be established (referred to as 'bridging'). The patient group now commonly includes people with dementia and those with a higher level of need requiring full active management, including the potential for resuscitation.

The below graph shows the number of referrals v the number of people/ families who chose to die at home.



### The nature of the current need for inpatient community beds

There is a need to provide inpatient community beds for patients in three groups:

1. People with a low to medium level of medical need that require support with rehabilitation and re-ablement or, in some complex cases, people requiring end of life care. These patients may need a community bed to prevent admission to a secondary care hospital bed, or to enable timely discharge from the hospital.
2. People in secondary care hospital beds that will be supported with a package of care in the community, but for whom this is not currently available. Community beds are required for these patients to provide 'bridging'; i.e. to enable discharge from an acute hospital whilst awaiting or planning the package of care or future placement.
3. People who have been discharged from Acute care, who require a Continuing Healthcare assessment to determine what the most appropriate placement and/or services are.

Effective use of the Jubilee House service would be to designate it as a low-medium acuity intermediate care service, accepting Portsmouth patients described as group 1 (above).

Continuing Healthcare assessment and accommodation to provide 'bridging' are more appropriately facilitated in a care home setting where a less medical, home-like environment is more suitable and beneficial to patients' well-being.

Therefore, the most appropriate reorganisation would facilitate:

1. A new, modern Jubilee House unit lead by an advanced practitioner providing day-to-day full time patient support, with rehabilitation facilities and with an environment more in keeping with a medium acuity intermediate care service.
2. Beds, for patients requiring a Continuing Healthcare assessment, to be moved directly to an appropriate care home or other environments with domiciliary support.
3. Patients requiring end of life care to be managed based on clinical need; as inpatients at Jubilee House, in care home environments or supported with domiciliary care.

### **Risks for continuing to run the Jubilee House unit out of current premises**

There is awareness that:

- Jubilee House has a u-shaped design with a dining room and dedicated off-corridor bathrooms, resulting in considerable walking distances for patients and employees.
- Nursing administration areas are a small enclosed office off the main corridor and space on the first floor, with neither allowing direct observation of the rooms. The absence of a central nurses' station, hinders active ward management and increases risk.
- Storage areas are similarly enclosed in dedicated areas away from the living space.
- The patient group typically requires physiotherapy and/or occupational therapy support as part of rehabilitation and this is hindered by the absence of suitable facilities (e.g. there is no gym or appropriate therapy spaces).
- The building is out of date does not provide the caring environment we would aspire to.
- Jubilee House is also disadvantaged by poor connectivity; the city's community healthcare services, social care services and primary care services all use a shared electronic clinical record which can be difficult to access.

### **Service User engagement, involvement in developing proposals and potential impact**

A co-production approach has been used when considering the ways in which the provision of intermediate care at Jubilee House could be enhanced. This has involved numerous meetings with relatives who have experienced services at

Jubilee House for CHC assessment, end of life care and 'bridging' admissions for those awaiting a package of care elsewhere.

Some of those involved were identified as a result of their use of the complaints process, but others were also directly approached to gain feedback from their recent experience of Jubilee House.

The opinion of service users has enabled a more comprehensive understanding of the needs and wishes of patients and their families.

Engagement with relatives has highlighted concern regarding:

- the detrimental effects of single rooms that provide limited stimulation to patients with dementia
- the need for both continuity and speciality in decision making over patients with more complex medical needs and/or those moving into end of life care
- The need for more advanced nursing practices, including parenteral (intravenous) nutritional support.

### **The proposal of a new Jubilee House service**

The availability of a purpose built unit and the opening of a modern, purpose built care home in Portsmouth present significant opportunities for addressing patient needs as described above.

It is therefore proposed that we facilitate:

1. The use of a further 12 beds, to enable Continuing Healthcare assessments and 'bridging' to be facilitated for Portsmouth patients, at Harry Sotnick House in central Portsmouth.

2. The relocation of the low acuity rehabilitation and re-ablement patients within the Jubilee House service, potentially to a new unit at the recently refurbished St Mary's Hospital. This unit would retain the Jubilee House name and be support 10 beds, providing a modern intermediate care facility with appropriate space for rehabilitation, supporting people with a low to medium level of medical need.

As neither Harry Sotnick House, nor the proposed new location for the Jubilee House service, would require significant building works, a phased development could be facilitated by the end of 2019.

There is a need to complete an engagement process with existing employees and to undertake appropriate workforce planning and training. The employee resource will be strengthened by the addition specialist practitioners in leadership roles.

Recruitment to add the specialist support from senior practitioners is already on-going, as there has been a commitment to facilitate this to enhance the intermediate care services provided by the existing partnership of Portsmouth City Council and Solent NHS Trust.

The proposal would end the use of the current Jubilee House building in Medina Road, Cosham. This site need could be repurposed ideally for other health or social care developments as appropriate.

The proposals respond to feedback from engagement with patients, relatives, service employees and partner organisations.

The proposed reconfiguration of the current Jubilee House services will deliver an improved quality of service by deploying existing staff resources more efficiently and into accommodation that is suited to its purpose. As such, the proposal does not represent a reduction in the services being offered nor is there any reduction in the staffing cost of service delivery, although capital and non-pay costs will reduce.

## **Benefits of the proposal**

Creation of an integrated team at Harry Sotnick House will allow for the effective cross fertilisation of ideas amongst health and social care professionals to improve patient care.

## **Other considerations**

### **Waiting times**

We will be able to take an increased number of female patients so waiting times will be reduced for this group. An improved environment will mean that new patients can be admitted in a timelier manner. In our current ward the lack of de-escalation space means that admissions have to be carefully planned and often delayed until previous patient is settled.

### Travel time

Travel time for Portsmouth patients and their families should not be affected by these moves. Public transport connections to all sites are good and on street parking is available.

### Environment, including housing

The facilities recommended will have modern infrastructure, reducing energy waste. Due to the arrangement of modern waste management facilities at these sites, recycling rates should significantly increase.

### Catchment area

The services that Jubilee House provide are predominantly commissioned by Portsmouth Clinical Commissioning groups (CCGs).

### Finance

We are currently working with Portsmouth City Council colleagues to ascertain the precise professional skills and staffing numbers required but accept that the patient numbers will remain as they are or increase. Based on this, we do not expect cost savings to staffing across the city.

	Current Staff in Post	Jubilee in Spinnaker	Harry Sotnick House	Recruitment	Redeployment	Total
Registered	19.36	11.25	14	-5.9	0	19.36
Unregistered	17.14	8.61	0	0	8.53	17.14
<b>Total</b>	<b>36.5</b>	<b>19.86</b>	<b>14</b>	<b>-5.89</b>	<b>8.53</b>	<b>36.5</b>

### Communication and engagement

We have developed a communications and engagement plan, in conjunction with our strategic partners at Portsmouth City Council. The main aim of this plan is to ensure we:

- Communicate and engage effectively with Service users and their families and carers, to ensure we capture their concerns and inform them of the potential of this project.

- Communicate and engage effectively with our people, to ensure we remove concerns around the proposed changes and inform them of the potential benefits for service users and for them, working as part of an integrated team.
- Communicate with key stakeholders in advance of any changes, ensuring a clear and transparent decision making process that will lead to improved conditions and outcomes for our service users and our people.

## **Key stakeholders:**

### *Patients and families*

Through the complaints process and face to face dialogue, the concerns raised by service users and their families have created a detailed picture of the experience of staying at Jubilee House. This feedback has directly informed the proposals in this document. Following any approval for these proposals, the intention is to engage with service users and their families, to reduce anxiety and to show we are listening to their concerns by offering a solution.

### *Staff/clinicians*

Our people are our biggest asset. To ensure that they are able to deliver the best care and work in a healthy environment, we have taken on board their thoughts. Following any acceptance of the proposals in this document, we will consult effectively and engage with our teams to ensure the best possible outcomes for them.

### *Portsmouth Hospital Trust*

As a key partner and stakeholder, we are engaged with Portsmouth Hospital trust and will continue to be so, ensuring that our proposal supports a system wide approach to care for Portsmouth residents.

### *Healthwatch (Portsmouth; Southampton and Hampshire)*

Should these proposals be accepted, we will share this information with Healthwatch Portsmouth at the earliest opportunity to ensure that we have their oversight and views on any changes.

### *HOSP (Portsmouth)*

We would provide regular updates to HOSP on any service move or change and the outcomes for service users and our people.

## **Other communications channels**

We will also share information around the proposal through a range of channels including:

- Press releases and briefing to local media
- Uploaded information on Solent NHS Trust and Portsmouth City Council's websites.
- Letters to GPs and other health and social care partners.
- Regulators

## **Conclusion**

**The driving force of this proposal is the great care of patients.**

The proposed reorganisation of community beds presents an opportunity to improve the quality of care for patients, whilst reducing risk, by transferring the Jubilee House services to a new in-patient facility and a care home environment with dedicated accommodation for those requiring Continuing Healthcare Assessment or awaiting the provision of longer term packages of care.