Bolton – redesign of services for older people

Output from workshop 1 – exploring the current system

1 Background and purpose of workshop

This first workshop, held on the 17th September 2002, was designed to test out the initial findings from the review, which had been generated by a range of individual discussions and interviews as well as data analysis and interpretation. Approximately 70 people attended the workshop from across the system (see appendix). The objectives were set as:

- To share information about historic and current capacity issues across the whole system;
- To identify key points in the system for potential redesign;
- To identify a way forward for modelling and simulating any changes to the system.

The output below represents the output from the two discussion groups (see appendix for programme). They supplement and go further with key issues identified prior the workshop through individual discussions and data analysis.

2 Discussion Group 1 – Potential Focus for Redesign

2.1 Emerging issues re-enforced at workshop

The following summary points supplement the overview provided emerging from initial discussions and interviews across the whole system undertaken during July and August.

2.1.1 Over-arching themes

Some key themes identified by participants as drivers of the process were:

- Person centred care, maintaining independence and prevention;
- The promotion of healthy aging – prevention and health promotion;
- Ensuring as wide an involvement as possible including carers, ethnic minorities and the independent sector;
- The importance of the single entry point, joint assessment and the pooling/alignment of budgets;
- Re-shaping to create capacity;
- Focus on need not age-related eligibility/access criteria.
2.1.2 Service re-design

People were keen to see an appropriate balance of community v’s acute hospital system as well as improved integration of services across the spectrum of care. Comments included:

- Need a community infrastructure and interface that avoids admission to hospital where ever appropriate;
- Need to reduce lengths of stay where appropriate;
- Need to ensure there is adequate capacity for Bolton residents in the face of pressures from elsewhere;
- Need greater knowledge of services that are available following discharge from hospital;
- Need to address current separation of budgets (acute, community and social care) and the sometimes conflicting targets that reduce levels of integrated and responsive services;
- The need for training and development to overcome cultural barriers to change and differences in expectations of the pace of change.

2.1.3 Organising principles

People wished to re-enforce the focus on service users and the pathway of care. Comments included:

- Greater focus should be given to service users experiences of services and outcomes of care for older people;
- Support service user input to ensure there is not an imbalance of partnership/power;
- Ensure input of the full range of service users including people from black and ethnic minority groups;
- Language used in redesign needs to be user friendly;

2.1.4 Tensions in the system

Through the workshop a number of ‘tensions/dichotomies’ emerged that would need to be addressed. These particularly included:

- Redesign of existing services v’s new resources;
- Needing organisational stability v’s new ways of working;
- Maximising choice v’s natural limits to choice (e.g. choice of nursing home);
- Development of specialisms v’s the importance of the generalist role in supporting older people;
- Psychiatric services for older people looking two ways – psychiatry v’s services for older people.
2.2 Potential for redesign

2.2.1 Generic issues

Potential for redesign was suggested in the following areas:

- Flexing/pooling of budgets;
- Ensuring the right interface across Bolton boundaries;
- Clarifying roles and responsibilities for decision-making – avoiding duplication;
- Improving continuity for the client/patient to rationalise the number of professionals that input to the patient journey;
- Developing more responsive services, 24/7, plus allowing for more creativity in developing packages of care;
- Ensuring a match of capacity to need along the pathway;
- Utilise the workforce in different ways;
- Greater focus on the needs of carers.

2.2.2 Primary and community services

Potential for redesign was suggested in the following areas:

- Comprehensive assessment to avoid hospital admissions - need to get the right specialist assessment at the right time;
- Pharmaceutical care and medication;
- Transport systems/services need fundamental review and integration including patient transport, car parking at hospital, travelling to doctors or day services etc;
- Housing support including the distribution of sheltered housing, adaptations, waiting lists for community equipment;
- Transforming the culture and concept of day care – things to do in the community during the day;
- Need new and local focus for services to prevent natural drift to hospital;
- Engaging with primary care and ensuring information about services and pathways is clear and readily available;
- Rapid access to community based assessment centres;
- Need greater access to appropriate respite care;
- Development of intermediate care to be more flexible and responsive to need;
- Development of palliative care at home;
- Opportunity to reshape the primary care team to meet the needs of older people;
- Development of specialist roles in the community.

2.2.3 Acute hospital care

Potential for redesign was suggested in the following areas:

- Discharge planning should start on admission;
• ‘Speedy turnaround’ of medical and surgical treatment followed by supported discharge;
• Fuller multi-disciplinary assessment in A&E;
• Further development of Stroke teams and especially their interface with intermediate care.

2.2.4 Long term care

Potential for redesign was suggested particularly in providing more comprehensive specialist support to Nursing and Residential care e.g. EMI.

3 Discussion Group 2 – capacity issues

3.1 Emerging themes

During the second discussion groups some additional themes were identified or previous issues re-enforced including:

• The balance between high levels of intensive support at home, but at the expense of generic, lower level support helping people to live at home, was acknowledged;
• There was a need for ongoing evaluation of outcomes for intermediate care services;
• There was a need to better understand any short-fall in services for older people with a mental health need;
• Regular ‘move-ons’ within the hospital can contribute to delays;
• There was a need to understand the impact of Hulton Lane closure on the system of care.

3.2 Information gaps

In assessing the overall capacity of the system to care for older people across Bolton it was felt that per capita expenditure should be understood including a reflection of the different contributions made by different agencies (including the impact/contribution made by informal carers).

3.2.1 Demography and social factors

The following information could support the analysis and improve our understanding of the whole system:

• Ethnicity projections, particularly at a local (ward?) level;
• Greater understanding of the distribution of older people across Bolton;
• How does the historic industrial base of Bolton affect the prevalence rates for different conditions, especially in the growing elderly male population.

3.2.2 Community capacity and the ‘market’ for care

The following information could support the analysis and improve our understanding of the whole system:

• Need to ensure recent and up to date information on intermediate care is reflected in the review;
• Prevention and primary care information, for example chronic disease management registers, >75 checks etc;
• Information about support services in the community available at discharge;
• More information was needed about move-on services in neighbouring areas;
• Availability and access to community equipment;
• Need to develop understanding of community capacity in terms of a range of staff groups and at a local level;
• Need to understand the overall balance in the community between intensive/specialist support and generic support.

3.2.3 Acute sector

The following information could support the analysis and improve our understanding of the whole system:

• The need to capture more qualitative information about people’s experiences of accessing and using acute hospital services;
• Re-admission rates for Bolton residents;
• A&E admissions and ambulance journey data could help inform the analysis;
• Mortality rates for older people in the acute sector;
• Need to include delayed transfers in the acute mental health sector.