

**Health and Wellbeing Strategy Report Update**

<b>TITLE: (BHWP Strategy Priority</b>	<b>Integrated Personal Commissioning - End of Life Personal Budgets, July 2018</b>
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**1. Background**

- 1.1 A pilot of Personal Health Budgets in End of Life Care with the intention of providing a new and different model of care for patients meeting the fast track pathway principles is currently underway. The aim of this pilot is to enable patients to have choice at the end of their lives, and to facilitate their wishes as far as possible. Based on the work undertaken in Derbyshire and in Warrington there is clear evidence that the use of personal health budgets increases the number of patients achieving their preferred place of death. There is also evidence that such projects provide benefit across the health economy by reducing unnecessary admissions, facilitating discharge from acute hospital beds, and in creating significant cost savings for the NHS.
- 1.2 This particular pilot is designed to enable those in acute hospital beds who meet the 'fast track' principles as detailed by NHS to make their own choices regarding their care in order to facilitate them dying in a place of their choosing; usually, but not always, at home. It provides the patient the chance to have control about decisions regarding them that have traditionally been taken by healthcare professionals previously.
- 1.3 The pilot is funded from the Better Carer Fund and together with the Local Authority, the CCG has commissioned John Taylor Hospice to work closely with Heart of England NHS Foundation Trust (HEFT) to implement Personal Health Budgets across approximately 30 fast track patients.
- 1.4 This pilot is one programme of work that will support the End of Life work stream as part of the Ageing Well Programme of the Sustainability and Transformation Plan for Birmingham and Solihull.

## **2. Current Update on : Activities, Progress and Developments**

The uptake for the project has been slow. The team at John Taylor Hospice have spoken to 18 people so far with only one confirmed PHB in place. The hospice has stated that for those individuals who did not take up a PHB either their health declined too quickly, the individual chose to go to a care home or the individual was not interested in having a Personal Health Budget.

In order to increase the numbers, the cohort was recently expanded to include Good Hope Hospital and also to identify individuals upon entering A&E. Consideration is being given to identifying a small number of individuals in the community who are at high risk of being admitted to hospital without support being put in place. The hospice staff have been asked to identify suitable individuals at an earlier opportunity and also to advertise Personal Health Budgets via leaflets on notice boards around relevant wards.

## **3. Current and Emerging Risk and Issues**

Based on similar projects undertaken in Derbyshire and in Warrington there is clear evidence that the use of personal health budgets in EOL care increases the number of patients achieving their preferred place of death. There is also evidence that such projects provide benefit across the health economy by reducing unnecessary admissions, facilitating discharge from acute hospital beds, and in creating significant cost savings for the NHS. The project is very unlikely to meet the target of 30 individuals within the timescales which will result in insufficient local evidence to make a decision regarding whether the CCG should continue to deliver PHB's to this cohort.

## **4. What is your Ambition?**

All individuals who are deemed eligible for a fast track continuing health care package have a choice about their preferred place of death and are supported to achieve this through a coordinated and timely system response. The number of preventable readmissions in end of life individuals is zero.

### **4.1 What needs to happen to get there?**

As described the scope of the current pilot is being reconsidered to ensure that health and care staff across the system are able to identify people earlier in their End of Life care deterioration order to discuss the benefits of a PHB to support End of Life Care choices

<b>4.2</b>	<b>What does this look like – Numbers, Impact &amp; Outcomes?</b>
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This will be developed as part of the extended scope.
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<b>5.</b>	<b>How can the Health &amp; Wellbeing Board Support you?</b>
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The Health and Wellbeing Board is requested to support the review of the scope of the pilot
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<b>6.</b>	<b>What can the Health and Wellbeing Board Track and Influence?</b>
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There is a Project Group in place with oversight of this programme, project updates can be provided to the Health and Wellbeing Board as required
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