

10.4 – Appendix - Feedback from Discussions at November Health and Wellbeing Board workshop and at the wider IPC discussion workshop

In November 2014 the Leeds Health and Wellbeing Board held a user-engagement workshop with users of personal care or health budgets and/or their carers, to hear their stories and generate input from 'real' people into the planning process. Amongst the points raised at the workshop were:

- Support needs to be better for people on PBs to become 'employers' with PAs.
- The complexity of the lives of these patients/service users is immense - we need to have an ambition as a system to suit care to their needs rather than the needs of organisations
- We do multi-disciplinary work well around certain conditions (e.g. cancer) but not so well in complex needs with multiple clinical specialities involved.
- The implications of increased personalisation for the system include the following risks:
 - Financial risks
 - Quality of care risks
 - Market responsiveness/failure risks
- A fundamental shift to more personalisation, with whole system change and alignment across the health and social care system is absolutely the right thing to do for the benefit of patients.

A wider workshop to discuss participation in the NHS England 'Integrated Personal Commissioning Programme' agreed that:

- The principles and mechanisms proposed in the Integrated Personal Commissioning Programme Prospectus are the direction of travel for policy and the integration of care.
- Implementing Integrated Personal Commissioning would require a huge amount of work and a number of commitments. For a programme to be successful, achieving these must be realistic and feasible.
- The timescales set by NHSE on the Integrated Personal Commissioning Programme were impossibly tight.
- There is a significant amount of work happening in the city which would contribute to establishing an integrated personal commissioning programme.
- The existing work across the city on this agenda is already under a significant amount of resource pressure.
- Any progress in a project needs to be entirely for the benefit of the people and organisations in Leeds, not for NHS priorities and targets.

The next steps agreed include further work to be done on:

- better coordination of the strands of personalisation around the city
- workforce implications and recommendations to transformation board