

Brief to Kirklees Overview and Scrutiny Committee on Proposed Place Provider Partnerships and associated documents – 3 March 2026

Introduction

This paper describes plans to establish a Place Provider Partnership (PPP) for the Kirklees Place in line with the ambitions set out in the Government's NHS 10 Year Plan.

Legislative and national policy changes underpin this direction of travel, first laid out within the Health and Care Act 2022 which provided a legal framework for agencies to work together more easily.

As part of these reforms *Thriving places: guidance on the development of place-based partnerships* defined a "place" as the level at which providers can best understand population need, reduce health inequalities, and design services around people rather than institutions.

The 10 Year Health Plan for England: fit for the future published July 2025 set out the reforms for the NHS operating model, including a significant opportunity for Providers to hold outcome-based contracts for a local population. This direction aligns with the key findings of the Darzi Review, which highlighted the importance of locking in the shift of care closer to home by hardwiring financial flows; simplification and innovative care delivery for neighbourhoods; drive productivity in hospitals; and tilt towards technology.

The aim is that the PPP will operate in shadow form from April 2026 with a view to being formally established in April 2027.

Commencing from April 2026 (the first shadow year), decision making and lines of accountability remain as it is now. The budget will continue to be delegated from the West Yorkshire Integrated Care Board (WYICB) to the Kirklees Health and Care Partnership Committee (KHCP Committee). The PPP will come together to develop proposals for planning and delivery of services in scope. Proposals will be formally considered and ratified by the Committee. The Committee will continue to meet as it does currently every quarter to ratify key delegated decisions.

Establishment of PPPs represents an evolution of the collaborative working arrangements that have been in place within Kirklees for some time. Where partners in health, social care, primary care and the voluntary, community and social enterprise (VCSE) sector have come together to shape decisions about health and care provision. Since the establishment of the WYICB in July 2022, formal decision making around investment of NHS funds has been through the Kirklees Health and Care Partnership, which is a sub-committee of WYICB, and includes representatives of NHS commissioners and providers, local authority commissioners of children's and adult services, public health and VCSE organisations.

Working in this way has enabled a joined-up approach to delivery of services such as the home first model for discharge, urgent care response and virtual ward (home

from hospital). Continuing and strengthening this way of working is essential to ensuring delivery of ambitions around integrated neighborhood healthcare.

Development of Place Provider Partnerships

Place Based Provider Partnerships are set to become a core delivery mechanism within England's Integrated Care System (ICS) architecture. They support the Integrated Care Systems as they provide a forum for providers to jointly plan and coordinate services, manage shared risks, support workforce sustainability, and contribute to delivery of Health and Wellbeing Strategies within places.

The proposal is:

- From April 2027, instead of the ICB delegating decisions through the KHCP committee, the ICB will contract directly with the Kirklees Place Provider Partnership, (KPPP).
- The KPPP will have a specific focus on services for the Kirklees population.
- It will be hosted by one organisation, which will hold the contract with the ICB for the services in scope.
- After the KPPP is formally established in April 2027, decisions about the planning and design of services within the scope of the Partnership will be taken jointly by a committee of representatives of stakeholder organisations.

The purpose of the KPPP will be to support a shift to more care being delivered at home or in the community, where evidence shows outcomes are better and to promote joined up working across organisations, making services easier to navigate.

Population health data will be used to target support where it will have the greatest impact and ensure a stronger focus on prevention, tackling health inequalities and improving long-term health and wellbeing.

The Kirklees Place Provider Partnership

Proposals for development of the PPP, including its scale and scope, which groups will form the partnership, the hosting and governance arrangements have been developed through a Design Group including NHS, Local Authority, Primary Care, VCSE partners and Healthwatch. This group has met monthly since the 28th August 2025. The terms of reference for this group, which includes the organisations represented are provided in appendix 1. These proposals have been tested through a series of engagement sessions with key stakeholders. Feedback will continue to be used to further refine the proposals.

Membership of the KPPP will reflect the breadth of local expertise including NHS providers, General Practice, Local Authority children's services, adult social care and public health, VSCE and citizen voice. Member organisations will have an equal voice irrespective of the size of organisation or the proportion of services they have within its scope.

The initial scope of the KPPP will be NHS funded services that are delivered outside hospital settings, including: integrated neighbourhood health, community NHS

services, mental health, NHS funded VCSE contracts, some elements of primary care and some children's services. Other services may be brought into scope as the Partnership matures, subject to agreement by the organisations who form the partnership.

Note: Hospital based services for acute care, planned care, mental health, ambulance services and specialist services will not be in the initial scope of the KPPP and will be commissioned directly by the WYICB through contracts with provider organisations.

The scope of services for the KPPP in phase 1 is proposed as follows;

- ICB commissioned general community health services for adults and children
- Current ICB contracts with VCSE services including adult hospices
- ICB commissioned services via S75 (BCF)
- Expenditure within community mental health services
- General Practice discretionary spend

Agreement of these areas has been a joint process, led by the Design Group. Specific budget lines have been shared with provider organisations for review and sign off, this process is still on-going and is expected to conclude early March 2026. The total value of these services will be in the region of £100m.

The priorities for the Partnership are as follows;

1. Build on the joint working and collaboration already in place through continuation of good partnership arrangements.
2. Delivery of integrated neighbourhood health
3. Transformation of pathways outside of hospital advocating a shift from hospital to home

To deliver these priorities, it has been agreed that the Well Programmes, which align with the life course approach described in the Kirklees Health and Wellbeing Strategy will continue as a way of undertaking system wide change. Due to changes in ICB capacity, the programmes will transition to delivery groups, with clear priorities and measurable outcomes. Work will commence with the Well Programme Boards in March and April 2026 to initiate this transition.

There has been discussion across Calderdale and Wakefield to ensure consistency in approach, where this makes sense to do so.

Where it makes sense, design work is being undertaken once and shared across between the emerging PPP's within Calderdale, Kirklees and Wakefield. The intention is that this will reduce duplication, use our resources effectively and support colleagues working in Integrator Teams once the ICB organisation change process is concluded.

The following workstreams have been identified as areas of opportunity for a joint approach

- Defining shadow working arrangements

- Scope, including seeking legal advice
- Governance products
- Due diligence
- OD programme
- Enablers, such as estates

Each of these workstreams has a nominated sponsor and connectivity to report progress back into the Place Design Groups. A diagram which illustrates the relationship between the CKW and Place Design Groups has been provided in appendix 2.

2026-27 Transitional ‘Shadow’ Year

During the first ‘shadow’ year, decision making and lines of accountability remain the same: the budget will continue to be delegated from the WYICB to the KHCP Committee. The PPP will come together to develop proposals for planning and delivery of services in scope. Proposals will be formally considered and ratified by the Committee.

Membership will be streamlined. The Committee will be chaired by a Non-Executive member of the ICB Board. The functions of the Committee will be purely focused on approving proposals put forward by the PPP relating to the services in scope.

The shadow year will allow PPPs to continue to develop and test new ways of working with view to moving to more formal arrangements in 2027/28.

There is recognition that there is a significant amount of work which is required as part of the transitional year, including determining what the organisational form will need to be, how contracting arrangements and financial flows will work and how the PPPs will make decisions.

A self-assessment framework is being used to support the partnership to assess its maturity and preparedness as a whole system to formally operate as a place-based partnership. The assessment framework is based on a model developed by the Good Governance Institute and addresses leadership, governance arrangements, population health management, transformation and delivery, stewardship of resources, communications and engagement, capacity and capability. This approach will inform a development plan and enable the partnership to track progress towards becoming an exemplar system.

A baselines assessment has been undertaken, which will support creation of a development plan for the PPP to work through during transitional year. The output of this exercise is provided in appendix 3.

From April 2027, the PPP and a joint committee of stakeholder organisations will be formally established. WYICB will contract for the services in scope with the host organisation. Decisions about allocation of resources and service design will be taken by the PPP Joint Committee, which will be an equal partnership with no single organisation having greater authority. Organisations will hold each other to account for by delivery of improved outcomes, quality and effectiveness of services. The

Partnership as a whole will be held to account by the ICB through contract monitoring.

Governance

Governance arrangements will be underpinned by clear Terms of Reference for the Kirklees partnership and a Memorandum of Understanding (MoU as part of the transitional arrangements). These documents are provided in appendix 4. The governance builds on partnership agreements that have been in place for the constituent organisations for many years to support collaborative working, including the Kirklees Health and Care Partnership and arrangements for oversight and delivery of the Better Care Fund.

The Memorandum of Understanding sets out the partnership's purpose, aims, risk management arrangements, approach to quality and performance improvement, how it will work with communities, arrangements for managing conflicts of interest, its values and behaviours, how decisions will be made and arrangements for avoiding and resolving dispute situations.

Formal sign off of the MoU and Terms of Reference will be through the Boards of the NHS organisations and through the existing Kirklees Health and Care Partnership during February and March before final approval by the WYICB Board on March 24th 2026 followed by signature by the executive representatives of the partner organisations.

Therefore, for the transitional year 2026/27 the governance arrangements set out in the MoUs are aligned to the governance framework of the ICB and should be read alongside the [NHS West Yorkshire Integrated Care Board's Constitution](#) and associated documents including the Scheme of Reservation and Delegation (SoRD), the Financial Scheme of Delegation (FSoD), and the Standing Financial Instructions (SFIs).

Stakeholder Engagement

A communications plan has been produced to support the development of the KPPP. This is provided as appendix 5.

For assurance, a significant amount of work has been undertaken to engage and inform partners of progress, including updates to the Kirklees Health and Wellbeing Board.

Communication tools have been developed for partners to use within their organisations to support communication and engagement, including briefing packs and summary presentations. Following each Design Group Meeting a summary is circulated which outlines the areas discussed, agreed actions and any specific asks of partners. This is intended as a tool for members of the Design Group to use to provide regular update and assurance within their organisation.

It is acknowledged however that engagement with Overview and Scrutiny should have occurred earlier in the process. The ICB is committed to working with colleagues by maintaining dialogue and providing on-going assurance throughout 2026/27.

ICB Organisational Change – Capacity and Capability to Support Place Provider Partnerships

An update on the ICB organisational change process was presented to Overview and Scrutiny Committee on the 4th February 2026. The presentation shared is provided as appendix 6. The indicative structures currently subject to consultation indicate that ICB resource will be allocated to support the management and on-going development of the PPP's through Integrator Teams. Each Place will have dedicated resource.

Appendices

Appendix 1: KPPP Design Group Terms of Reference

Appendix 2: Illustration of CKW groups in place to support development of the Place Provider Partnerships.

Appendix 3: KPPP Self-Assessment Baseline Summary

Appendix 4: KPPP Memorandum of Understanding and Terms of Reference

Appendix 5: KPPP Communications Plan

Appendix 6: Presentation to Kirklees Health and Adults Social Care Scrutiny Panel 04.02.26.