

Kirklees Health and Adults Social Care Scrutiny Panel

Changes relating to changes with NHS England, Integrated Care Boards and Healthwatch

February 2026



Questions raised and addressed in relation to

Changes relating to changes with NHS England, Integrated Care Boards and Healthwatch

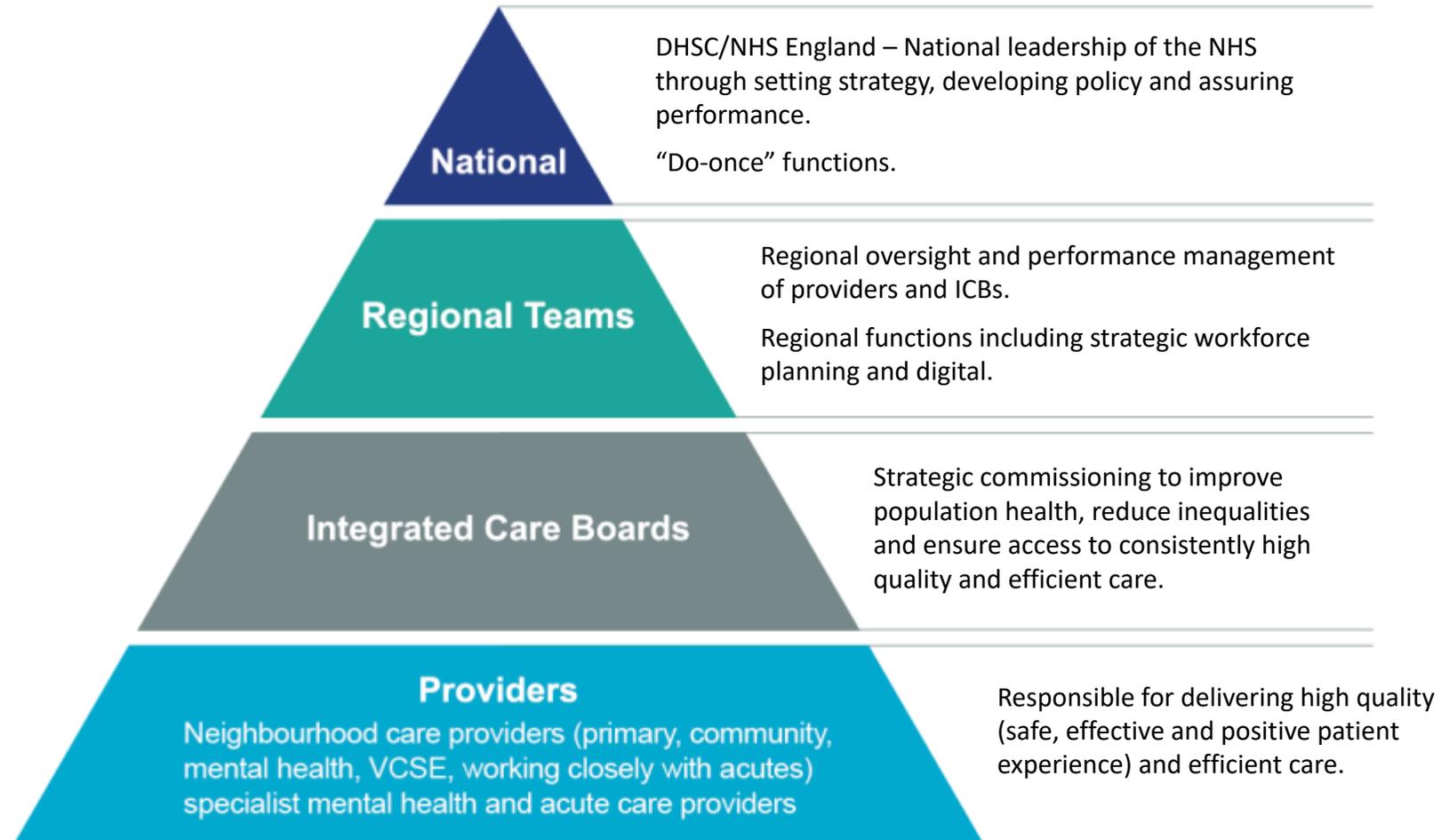


NHS West Yorkshire
Integrated Care Board

Kirklees Adult Overview and Scrutiny Committee requested information to address and provide assurance on the following points:

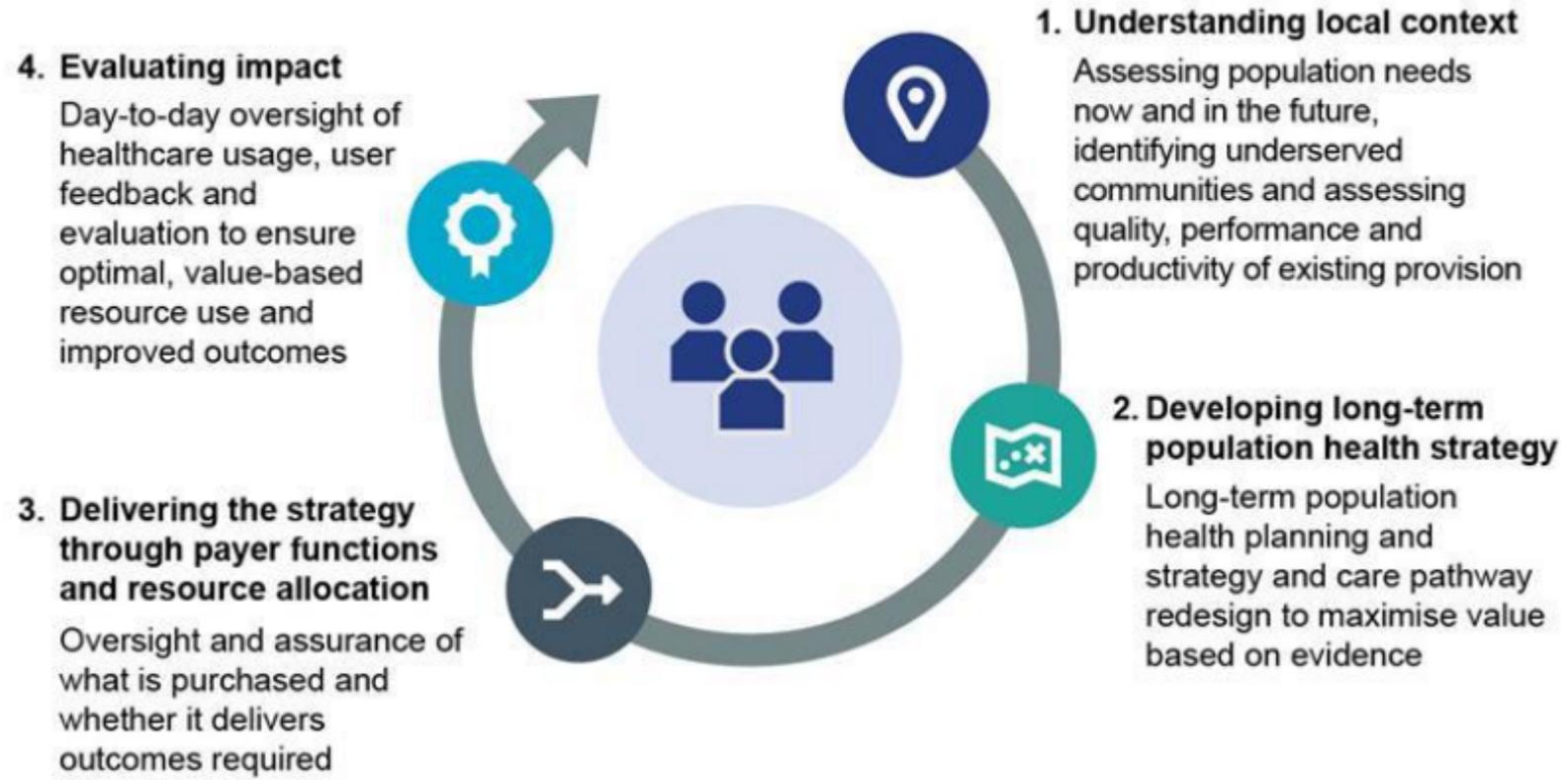
- How will relationships be maintained to influence primary prevention at place level and retain knowledge
- 10-year plan
- What is the governance model for Kirklees and their population
- How can Kirklees place be assured of the governance structure
- Assurance on resources going to reduce inequalities in Kirklees Council
- Who will be held accountable and what will they be accountable for
- What does the change mean
- What will the impact be
- What services will be passed to Kirklees (will there be funding)
- Risk, Finance and Performance

Future Health and Care Landscape



What is Strategic Commissioning

Model ICB - System leadership for improved population health



What is Strategic Commissioning

Reflections on what is required to use commissioning as a lever for transformational change and system sustainability

	Know your population	Use linked patient-level data to identify precisely which cohorts drive costs, have poor outcomes, and/or face barriers to access. Without this insight, you're flying blind.
	Prioritise with discipline	Resources are finite. Take responsibility for deciding where to focus for maximum impact. Resist the temptation to do everything.
	Translate strategy into enforceable contracts	Use contracts that specify activity volumes, fair prices, quality standards, productivity requirements and meaningful incentives. Ambiguity enables drift.
	Actively manage the provider market	Understand provider economics, develop those with potential and challenge underperformance. Shape the market. Set realistic standards and hold providers accountable.
	Drive performance with transparency	Establish systematic processes to track delivery of quality, experience, activity requirements. Evaluate whether intended outcomes are achieved and if not, act decisively
	Build commissioning capability	Invest in developing expertise in data, analytics, health economics, contract design, provider productivity and market management. Without these, commissioners are administrators
	Navigate the politics to enable delivery	Manage stakeholder relationships, secure capital, align workforce plans and build political support for difficult decisions. Partner with regions and local authorities on what you cannot control alone. Leadership means building the coalitions that make change possible.

Future role of the ICB

The ICB will have three core functions. It will be the strategic commissioner for West Yorkshire, convenor of the Integrated Care System, and integrator of providers and services:

- Strategic commissioner - the ICB will ensure that services are planned and delivered in a way that meets the needs of the population both now and in the future – understanding inequalities and how they impact on service needs and utilisation. It involves a systematic approach to defining and measuring outcomes, using data and intelligence to make informed decisions about resource allocation and service delivery.
- Convenor - the ICB will bring together all partners in the Integrated Care System to agree and deliver its five-year strategy and ensure delivery of local and national priorities by working together effectively and taking mutual responsibility for the results. It will co-ordinate the governance of the partnership and its wider arrangements for collaboration, within a framework of distributed leadership.
- Integrator - Place-based integrator teams will assess population health risk and facilitate place provider partnerships to co-design new integrated models of care.

Organisational re-design

- The proposed model comprises three Integrator Teams (one for Bradford District and Craven, one for Leeds, and one covering Calderdale, Kirklees and Wakefield).
- The three integrator teams will be backed by a single set of consolidated WY strategic commissioning functions.
- There will also be a single set WY corporate functions, including finance, governance, contracting and procurement, HR and communications and involvement.
- Clinical and Professional arrangements – Medicines Optimisation, Nursing and Quality, Safeguarding and All Age Continuing Care will support the strategic commissioning and integrator functions.
- The future model represents a reduction from an establishment of 1,205 WTE to 661 WTE.
- Some of the functions in this design will ultimately transfer elsewhere, in line with the Model ICB and Model Region Blueprint.

Organisational re-design

The following slides set out two versions of the ICB core functions and capabilities schematic:

- The transitional model
- The end state, following transfer or cessation of function

Font Colour	Future Destination
Black	Core ICB Function
Red	Transfer to Region
Green	Transfer to Providers
Blue	Transfer to National
Purple	Test and develop options for transfer

ICB Transitional Core Functions and Capabilities

System Convenor

- Convene the system and manage regional relationships, **Provider oversight**

Strategic Commissioner

Needs Assessment and Outcome Setting

- In depth population analysis
- Analysis of resource utilisation (finance)
- Clinical led evidence on opportunity
- Health economics (Public Health)

Strategy and Planning

- Assessment of national policy and local analysis (Planning)
- Setting system strategic ambition and place expectations (strategic goals and outcomes) (Planning)
- Setting clinical commissioning policy for the system (Clinical)
- Setting financial policy & rules (Finance)
- Strategic Resource Allocation (Finance)
- Operational Planning and Delivery
- WYCA partnership priorities
- **Green plan and sustainability**
- **General Practice IT**

Contracting and Monitoring

- Manage Market Rules and Core NHS Contracts (Procurement & Contract)
- Assure Place Delivery (Perform/Governance)

Integrator Teams

Local Insight-led Planning

- Develop priorities and plans to address agreed strategic goals and outcomes utilising value based analytical capability, JSNA and community insight (BI/Planning/Insight)

Solution Design and Change (Neighbourhood)

- Engage partners, clinicians and communities in designing solutions to deliver priorities. (Change, Clinical/Community engage)
- Drive benefits realisation (Planning)
- **Work with partners to create neighbourhood health model**
- **Primary care operations and transformation**
- **Pathway and service development programmes**

Aligning Partnership Incentives and Resource

- Create and actively manage incentives across non-statutory community provision (Contract)
- Support development of provider partnerships (Development)

Corporate Capabilities

Value

- Financial management
- Financial governance
- Financial planning (annual and medium-term)

People

- Corporate HR
- Organisation development
- EDI
- **Strategic workforce planning, development, education & training**
- **Local workforce development and training**

Corporate Services

- Communications and Involvement
- Corporate Governance and Risk
- Corporate Estates
- Information Governance
- **Estates and infrastructure strategy**
- **Digital and technology leadership and transformation**
- **Data collection, management and processing**

Clinical & Professional

Clinical Leadership - Nursing, Quality & Safety - Health Protection - Cancer Alliance - **EPRR and System Co-ordination Centre (Planning)** - **Research / Innovation** - **Medicines Optimisation** - **All Age Continuing Care** - **Infection Prevention and Control** - **Safeguarding** - **SEND**

End State Functions

System Convenor

Convene the system and manage regional relationships

Strategic Commissioner

Needs Assessment and Outcome Setting

- In depth population analysis
- Analysis of resource utilisation
- Clinical led evidence on opportunity
- Health economics

Strategy and Planning

- Assessment of national policy and local analysis
- Setting system strategic ambition and place expectations (strategic goals and outcomes)
- Setting clinical commissioning policy for the system
- Setting financial policy & rules
- Strategic Resource Allocation
- Operational Planning and Delivery
- WYCA partnership priorities

Contracting and Monitoring

- Manage Market Rules and Core NHS Contracts
- Assure Place Delivery

Corporate Business Capabilities

Value

- Finance
- Allocative efficiency
- Medium-term financial plan

People

- HR
- Organisation development
- EDI

Corporate Services

- Communications & Involvement
- Corporate Governance and Risk
- Corporate Estates
- Information Governance

Clinical & Professional

Clinical Leadership - Nursing, Quality & Safety - Health Protection - Cancer Alliance

Development of the Kirklees Place Provider Partnership



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Function of the Kirklees Place Provider Partnership

In the future system architecture Provider Alliances will gain **greater autonomy** and **receive the resources** to allow them to **jointly exercise statutory functions and influence commissioning decisions**.

Throughout 2026/27 ICBs will adopt a **strategic commissioning approach**, with **provider collaboratives** acting as **delivery partners**. This includes:

- Integrated leadership and governance
- Collaborative service planning, driving integration across place and system levels
- Co-producing service models and delivering transformation
- Aligning workforce and digital strategies
- Preparatory Role for CKW Provider Integration, shaping governance, reporting, and oversight models that could be rolled out at scale across the CKW region.

West Yorkshire ICB has also reinforced the need for strong, place-based provider collaboration, which will:

- Deliver population health improvement and reduced inequalities
- Align with regional integration strategies (e.g., WYAAT, MHLDA)
- Integrate with neighbourhood models of care
- Strengthen interfaces with mental health, children and young people's services, and the VCSE sector

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Kirklees Place Provider Partnership : Vision and Strategic Aims



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“Working collaboratively as a, neighbourhood-enabled provider alliance, we will deliver integrated, person-centred care that, empowers the people of Kirklees to live their best lives, addressing health inequalities. Through stewardship of our collective resources, we will build stronger communities and a sustainable future.”



Improve Outcomes

Deliver better health, care, and wellbeing through integrated, person-centred services that focus on prevention and proactive care.



Tackle Inequalities & Promote Inclusion

Design services inclusively and in partnership ensuring the voices of people with lived experience helps shape priorities and delivery.



Drive Efficiency & Stewardship

Make best use of shared workforce, digital, and financial resources, acting as a trusted steward of the Kirklees Pound.



Strengthen Communities & Neighbourhoods

Enable primary care and community-led neighbourhood models to lead local delivery, supporting resilient communities and stronger partnerships.



Contribute to the Wider System

Work at scale with Kirklees partners, aligning with Calderdale, Kirklees & Wakefield (CKW) integration, West Yorkshire priorities, and contributing to regional collaboratives such as WYAAT and the MHLDA.

Kirklees Place Provider Partnership : Priorities

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

The priorities will evolve and develop as the Partnership matures

Kirklees Place Provider Partnership : Timescales and Key Actions for Mobilisation

The **Kirklees Place Provider Partnership** will **operate in shadow format from 1st April 2026**.

The development and mobilisation of the Place Provider Partnership is led by a Design Group, which is representative of provider organisations delivering health and care services across Kirklees.

PMO support has been identified from within the ICB to support the Partnership in delivering the required changes within agreed timescales.

Where appropriate discussions regarding the development of a consistent approach and opportunities for joint working are being discussed across a Calderdale, Kirklees and Wakefield footprint.

A recent peer review exercise, led by West Yorkshire ICB provided assurance that good progress was being made within Kirklees.

Kirklees Place Provider Partnership : Governance

Approach

- Reduce duplication in meetings and reporting. Reducing bureaucracy
- Clarify / streamline who decides what and what assurances will be required to enable this to happen
- Protect arrangements that work well including informal networks
- A single Place Provider Partnership with clear links to statutory committees

Kirklees Place Provider Partnership : Governance

Working in Shadow Format – What Will / Will Not Change in 2026/27

- No change to the West Yorkshire ICB Scheme of Delegation during Shadow Phase
- All legal accountability and liability remain with West Yorkshire ICB throughout 2026/27
- Place Provider Partnership operates in shadow with no transfer of legal risk to partners
- ICB governance continues in full during 2026/27
- Kirklees ICB Committee role continues for formal decision making, assurance and accountability
- Formal contracting will begin from 1 April 2027, subject to agreed governance

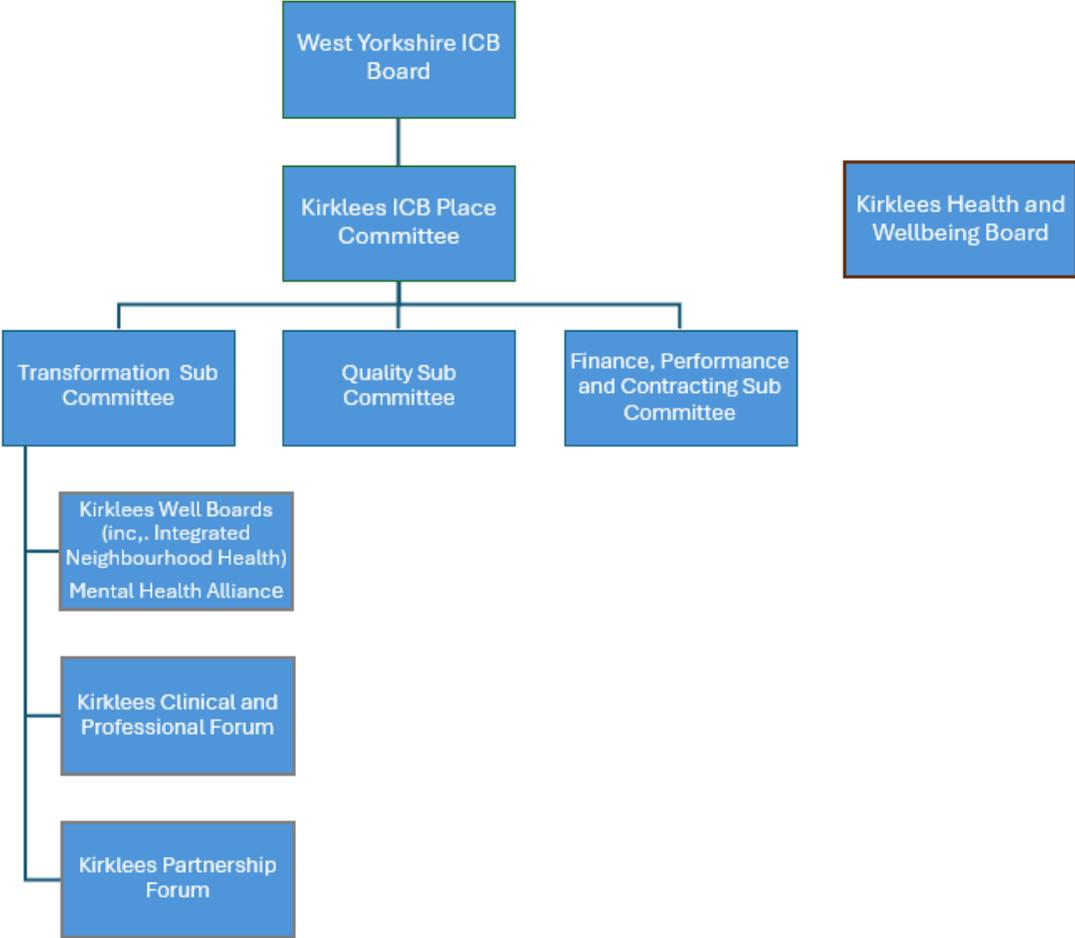
Kirklees Place Provider Partnership : Governance

Working in Shadow Format – How this will Operate in Practice

- Kirklees ICB Committee will continue throughout 2026/27, but in a streamlined form
 - Reduced and focused membership (TBC)
 - Existing assurance sub-committees will cease
- Place Provider Partnership governance will step up in parallel from 1 April 2026, operating in shadow form alongside the Kirklees ICB Committee.
- Place Provider Partnership meeting first – primary forum for collaborative discussion and development of proposals
- Short Kirklees ICB Committee meeting afterwards – focused solely on formal approvals and assurance
- Kirklees Well Programmes including development of Integrated Neighbourhood Health will continue. Transition to delivery groups to support the Partnership in delivering transformation within Kirklees.

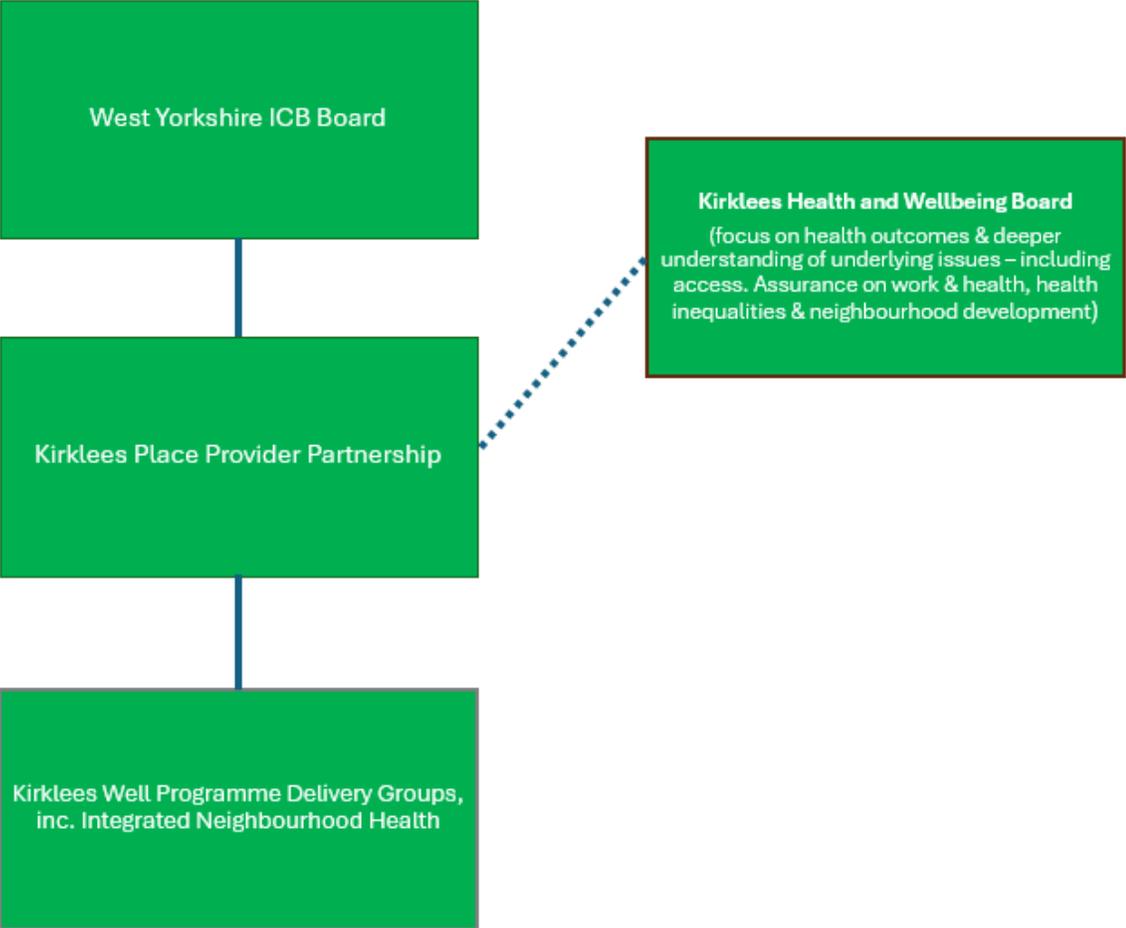
Kirklees Place Provider Partnership : Governance

Current Arrangements



Kirklees Place Provider Partnership : Governance

Future Arrangements



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Kirklees Place Provider Partnership : Membership

Proposed organisations who will be represented as members of the Alliance

- South West Yorkshire Partnership Teaching NHS FT
- Calderdale and Huddersfield Foundation Trust
- Mid Yorkshire Teaching Trust
- Kirklees Local Authority
- Locala
- General Practice (representative/s)
- Voluntary and Community Sector (representative/s)

Proposed organisations invited to contribute ‘in attendance’:

- Kirkwood Hospice
- Independent Care Sector (representative/s)
- Public Health

Wider discussions are taking place to confirm how the public voice will be represented

Discussion regarding wider primary care organisations for later phases (Community Pharmacy, Optoms, Dental)

Kirklees Place Provider Partnership : Timescales and Key Actions for Mobilisation



Deliverable	Progress	Identified Next Steps and Timescale
Identification services in scope for phase 1	<ul style="list-style-type: none"> ➤ Inclusion and exclusion criteria agreed to identify services within scope ➤ Initial budget analysis completed by ICB and shared with provider organisations for consideration. 	<ul style="list-style-type: none"> ➤ Final agreement to be reached by end of January 2026. ➤ Define services included within scope for later phases and associated timescales for implementation.
Agree governance and supporting structures to support decision making during transitional period.	<ul style="list-style-type: none"> ➤ Mapping of current ICB Committee and Sub-Committee roles and responsibilities. ➤ Future proposal developed and agreed by ICB Committee. ➤ MOU drafted for sign off by Provider Organisations. 	<ul style="list-style-type: none"> ➤ Proposal to be mobilised during Q4 of 2025/26. ➤ MOU sign off by Provider Organisations. ➤ Review and confirm priorities for the Well Programmes to deliver transformation across Kirklees Place in line with the vision of the Provider Partnership.
Identify membership for Place Provider Partnership Board.	<ul style="list-style-type: none"> ➤ Proposal developed by Design Group 	<ul style="list-style-type: none"> ➤ For final agreement by end of January 2026.
Communication and engagement plan	<ul style="list-style-type: none"> ➤ Communications plan developed in draft ➤ Briefing materials created and shared for Provider Organisations to utilise. 	<ul style="list-style-type: none"> ➤ Continue to identify communication and engagement opportunities ➤ Identify OD requirements. Working Group to be put in place to oversee this process. To be implemented in 26/27.

Kirklees Place Provider Partnership : Timescales and Key Actions for Mobilisation



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Deliverable	Progress	Identified Next Steps and Timescale
Due diligence to ensure safe transition and manage risk.	<ul style="list-style-type: none"> ➤ Working Group in place, sharing learning across CKW. ➤ Readiness assessment template drafted 	<ul style="list-style-type: none"> ➤ Key actions and timescales to be confirmed by Working Group. ➤ Risks and mitigating actions to be identified.
Identification of key actions to undertake during transitional phase, including seeking legal advice to support future options appraisal and business case.	<ul style="list-style-type: none"> ➤ Key actions mapped ➤ Readiness assessment template drafted ➤ Initial legal advice obtained and shared across CKW. 	<ul style="list-style-type: none"> ➤ Process will be further informed through completion of readiness assessment once available.

Proposed Changes to Healthwatch

Stacey Appleyard

NHS 10-Year Health Plan:

What the plan says about patient engagement in the future

- **Government policy announcements in 2025 signaled an intention to abolish the national Healthwatch England body and the local Healthwatch networks.**
- **Functions related to capturing patient voice are likely to transfer into government departments or the NHS.**
- **This aligns with broader reform aims to integrate engagement functions into system planning rather than standalone statutory bodies.**

**Expected timetable for the changes required to legislation is
March 2027**

What does Healthwatch do?

Gather feedback through patient engagement

Listen to local people's experiences

Enter and View: Statutory power to visit health and social care services to see what it's like for people using the service

Champion the voice of patients and the public

Promote involvement and co-production,

Work in partnership

Help people find the right support and navigate pathways

Publish data and intelligence dashboards, reports and recommendations

Support the public through service change

Identify key themes and trends

Share evidence with decision-makers

Escalate concerns

Risks to the Health and Social Care System if independent voice is lost

- **Reduced public trust in engagement and feedback processes**
- **People less likely to share negative experiences or raise concerns**
- **Increased fear of repercussions (especially in small communities or closed settings)**
- **Less honest, less balanced feedback reaching decision makers**
- **Weaker challenge of service quality and changes**
- **Higher risk of issues being missed until they escalate into complaints or incidents**
- **Less visibility of inequalities and the experiences of seldom heard groups who are less likely to engage with typical services**

Risks to the system continued...

- **Reduced transparency about what the public said and what changed as a result**
- **Loss of an independent route for escalation when services are not responding**
- **Fragmented engagement across service providers, with no consistent system wide picture**
- **Greater risk that decisions are made without lived experience shaping them**
- **After legislation change in March 2027, it will be the first time in over 50 years that independent voice is not captured by a Healthwatch, a community health council or Local Involvement Networks (LINKs)**

Our Charity's commitment

Healthwatch Kirklees is a registered charity who hold two Healthwatch contracts.

The contracts for local Healthwatch may disappear but we will still continue to run as an independent charity

We intend to continue our work in Kirklees and Calderdale

- **We remain committed to capturing people's feedback about:**
 - **Health services**
 - **Social care services**
 - **Wider wellbeing services**
- **We are actively seeking alternative funding streams to ensure this work continues beyond March 2027**
- **Our aim is to ensure local people's voices remain central to shaping services**

Questions are welcomed