

Brief to WY JHOSC on Proposed Place Provider Partnerships and associated documents – 16 February 2026

Wider Context

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.

Intentions

Place-Based Provider Partnerships (Partnership) 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.

Taking account of the strategic direction locally and nationally and the changes to the operating model Calderdale, Kirklees and Wakefield each have an emergent Place-Based Provider Partnership, and separate Memorandum of Understanding (MoUs) have been drafted.

The MoUs set out the shared intent, principles, and arrangements through which partner organisations will collaborate at place, while retaining their individual statutory duties and organisational autonomy as Partner Members. Each MoU describes an approach to shared decision making and how resources are committed. Included within the appendices of the MoUs are the Place-Based Provider Partnerships Terms of Reference for 2026/27.

Through 2026/27 transitional year, until the NHS contract is agreed and signed by Provider Partners, decision making will continue to be discharged through ICB delegation as it is now. This may be through delegated decisions to ICB officers, or to the Place Committees (there are separate Place Committees for each of the

Places). 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).