

Paper 2: ICB Responses to Briefing Questions

In relation to the sponsor & governance groups, will you expand the sponsor group and governance subgroup membership to include a representative from Kirklees at officer level (e.g. legal/finance/governance/public health). Please confirm who currently sits on each group.

Please see paper 1, appendix 1.

Please can you confirm on how many occasions the design group has met and who attended each of those meetings from Kirklees Council?

The Design Group has met monthly since August 2025. The membership of this Group is provided in paper 1, appendix 1.

Please describe the decision pathways in the shadow year 2026/27, please map where decisions sit (officer / Place Committee / ICB Board) by type and value of contract, and explain the escalation and challenge routes for disputed recommendations from PPPs.

Please see paper 1, pages 4 and 5.
Please also see paper 1, appendix 4.

In relation to quoracy, will you amend the draft Kirklees MoUs to prevent a quorum comprised solely of NHS trusts and ensure that mixed representation for all decisions is required?

Further clarity is being sought from the CKW Governance Group.

Can you confirm who is expected to sign off the MoUs (e.g., Cabinet, Chief Executive, ICB officer/Board) the proposed timeline for approvals and confirm when a review of the MOU will take place to ensure it is suitable for implementation in April 2027.

Please see paper 1 page 5.

The MoU will be reviewed by the KPPP during 2026/27 to ensure it is suitable for transition to formal working from April 2027. Please see paper 2 appendix 1 which provides a summary of the implementation timeline and key milestones.

Has the Kirklees legal team had sight of the MOU?

It is our understanding that Partners within Kirklees Council have shared the MoU with their legal team.

Can you confirm that you will engage with scrutiny at an early stage by setting out proposals for early, scrutiny engagement across 2026/27 and agree protocols for notification of any service change.

Please see paper 1, page 5 and 6.

Please refer to paper 1, appendix 5.
Please see appendix 1 of this paper.

In relation to Children's Services (inc. SEND/safeguarding etc), can you confirm whether and, if so how, children's community services, SEND, and safeguarding sit within PPP scope. If it is not in scope, explain the boundary and accountability lines.

All ICB commissioned community services, for both adults and children are within scope of the Kirklees Place Provider Partnership. It is proposed that services within scope are phased over a period of time (timeframes beyond phase 1 to be agreed). The services included within scope for phase 1 are provided on page 2 of the paper 1.

Specifically relating to Children's Services phase 1 includes;

- Children's community health services delivered by Locala
- Community mental health services supporting children and young people (discussions with SWYPFT are on-going to identify appropriate services for inclusion within phase 1.)

Please refer to appendix 1 of this paper.

SEND/safeguarding are statutory functions of the WYICB and will be delivered through the core nursing /quality function. Re SEND, discussions are ongoing re local resource /specification to support this function

Specify the role of public health for the PPP (member vs attendee) and how core services (health visiting, vaccinations, school nursing, drugs & alcohol) will be represented and performance assured.

Please refer to paper 1, page 2.

Will there be a formal document (MoU?) outlining the working arrangements within the CKW integrator team. If so, who will be involved in the production of this?
To be determined through the 26/27 'shadow' year

Describe how VCSE partners and will be included as decision makers (not just attendees).

Please refer to paper 1, page 2.

The VCSE have been identified as a member of the Kirklees Place Provider Partnership and will therefore have a decision-making role as equal partners. The sector (via the TSL representative on the Design Group) will be asked to identify an individual/s who will sit on the Board from April 2026. The process of nominating representatives is consistent across all identified member organisations. Representatives are to be identified by mid-March 2026.

Confirm whether commercial organisations can be PPP partners and, if excluded, please look to include explicit wording in the MOU to ensure this. If not excluded,

define what safeguards will be in place to prevent business model bias in pathway design.

There are currently no commercial organisations identified as members of the PPP. It is recognised however that the membership may need to evolve over time, however any changes would be subject to agreement by all members.

The Place Provider Partnership will be required to comply with processes currently followed by the ICB in relation to service redesign and pathway change. All changes will be subject to relevant assessment of impact and the requirement for consultation/involvement. All contracts would be subject to the necessary reviews and compliance against contracting and procurement legislation.

Clarify which BCF elements (if any) are to be delegated to PPPs, and if so, what is the financial risk to Kirklees, the legal route for delegation (retaining HWB accountability).

Please refer to paper 1, page 3. The BCF will be managed in line with the national BCF Policy Framework, which sets out specific national conditions in relation to how the funding should be allocated, which will be adhered to. As per the guidance, published in February 2026 for 2026/27, accountability remains with the Health and Wellbeing Board. It is our understanding that BCF policy will be subject to national review during 2026/27. The PPP will be required to follow any changes to guidance / accountability which is published as a result of this review.

Safeguards will be put in place to protect BCF spend which funds core services.

Describe what the contingency plans will be for service and financial continuity should a partner withdraw or become insolvent, including liabilities and rapid re - procurement routes. – to be confirmed once the formal contractual agreements are put in place

Please refer to paper 1, pages 4 and 5.

Defining ways of working will be part of the development work of the partnership during 2026/27. Refer to appendix 1 of this paper.

Readiness for transition to formal ways of working will be subject to evaluation against the self-assessment. See paper 1, page 4 and paper 1 appendix 3.

Specify how any savings/surpluses will be defined and distributed across partners and places, ensuring system wide benefit rather than organisational retention.

Please refer to paper 1, pages 4 and 5.

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Confirm whether shadow PPP meetings will be held in public, with agendas/reports/minutes published, and how public questions and deputations will be handled.

This is still being worked through – the current proposal is that whilst in shadow form the PPP will not be held in public, but that the Kirklees partnership committee will be held in public as it is now.

Please provide a clear implementation plan for the PPP, and will the ICB consider using the most developed approach (Leeds thevaluecircle) as a reference point.

Please see appendix 1 to this paper.

Can you clarify the inconsistency of provider representation on each of the 5 PPP's and why / how this has been determined.

The representation on the PPPs has been determined by each place – For Kirklees it was agreed that the initial starting position for representatives would be the same as the Kirklees Health & Care partnership committee membership – this will continue to develop over the 'shadow' year

How will fairness / equity be ensured across services including in hospital care and out of hospital care.

All members will have an equal voice on the PPP. Please refer to paper 1, appendix 4.

Please also refer to paper 1, pages 4 and 5.

Defining ways of working will be part of the development work of the partnership during 2026/27. Refer to appendix 1 of this paper.

Readiness for transition to formal ways of working will be subject to evaluation against the self assessment. See paper 1, page 4 and paper 1 appendix 3.

The Place Provider Partnership will be required to comply with processes currently followed by the ICB in relation to service redesign and pathway change. All changes will be subject to relevant assessment of impact relating to quality and equality.

Can you clarify if further services will be combined across CKW and if so, which?

Can you provide assurance that scrutiny will be informed at an early proposal stage?

At this point there are no ongoing plans re service integration across CKW. If this is proposed or planned for in the future this will be taken through the formal governance process in place which will include engagement / consultation with stakeholders and appropriate scrutiny involvement regarding any proposed significant service changes

How will ICB staff be split across the three integrator teams given that CKW spans two Acute trusts and three Local Authority's compared to Leeds and Bradford.

Please provide a proposed structure for the CKW integrator team.

Please see appendix 2 to this paper.

How is the CKW integrator team held accountable for its responsibilities, including who it is formally accountable to, how its performance will be measured and monitored, and what metrics will be used?

Please refer to appendix 2 to this paper for lines of accountability.

Defining ways of working will be part of the development work of the partnership during 2026/27. Refer to appendix 1 of this paper.

Readiness for transition to formal ways of working will be subject to evaluation against the self assessment. See paper 1, page 4 and paper 1 appendix 3.

What role will the WYCA have in the PPP's?

What mechanisms will exist within the CKW integrator team governance to manage risk, provide assurance, and ensure transparent reporting to partners and elected members?

Defining ways of working will be part of the development work of the partnership during 2026/27. Refer to appendix 1 of this paper.

Readiness for transition to formal ways of working will be subject to evaluation against the self assessment. See paper 1, page 4 and paper 1 appendix 3.

Can you confirm Dental services are not commissioned locally and will not be considered within the scope of the PPP.

Dental services are a specialist service and is therefore out of scope of the PPP

Given the significant reduction in ICB staff, has there been a risk assessment? What risks do you feel there could potentially be and what mitigations are being considered?

The Kirklees Place Provider Partnership Design Group met on the 12th February 2026 to review the proposed structures and identify areas of risk and possible mitigating actions. This has facilitated a response back into the ICB organisational change consultation process. Chief Executives are reviewing the risks and mitigating options to consider the next steps.

Risks include;

- Gaps in relation to management and contract management capability and capacity.
- Quality surveillance
- Resource to support the Well Programmes

