# Kirklees Health and Adult Social Care Scrutiny Committee

# update on changes within the ICB

**Report of:** NHS West Yorkshire Integrated Care Board and system partners
**Date:** July 2026
**Purpose:** For information, assurance and scrutiny

## 1. Purpose of the Report

This report responds to questions raised by the Kirklees Health and Adult Social Care Scrutiny Committee concerning the development and implementation of the Kirklees Place Provider Partnership and the Integrated Neighbourhood Health teams. specifically:

- Shadow year, how this is going
- What the changes mean for Mid Yorkshire Teaching Trust, Calderdale & Huddersfield Trust, SouthWest Yorkshire Trust and Kirklees Council
- Neighbourhood health framework, how goals 1-5 and the NHS reform agendas will be achieved for Kirklees
- How are Integrated Neighbour Teams going to be set up
- Details on Governance, Financial risk, alignment with neighbourhood health, performance ambitions and treatment of core adult social services within Kirklees
- To provide risk assessment with mitigations of changes for Kirklees, including a list of risks and issues (ICB & Kirklees council)
- New timeline of implementation and reviews, including who will be accountable/responsible for sign off and who has been consulted
- To provide a schedule of agreed service level agreement
- To provide a geographical map of C,K,W primary care networks along with what service requirements will be in the new geography, and provide a resource plan to match the map
- What services are currently in scope

## 2. Executive Summary

Kirklees has established a clear strategic direction for neighbourhood health through the Kirklees Place Provider Partnership (KPPP), which entered a shadow year on 1 April 2026. The partnership brings together NHS providers, primary care, Kirklees Council and wider partners to develop more integrated, preventative and community-based care across nine neighbourhoods aligned to existing Primary Care Network geographies.

Progress during the shadow phase includes establishing partnership governance, refining the Memorandum of Understanding and Terms of Reference, identifying an initial service and financial scope of approximately £127 million, developing sub-governance arrangements and agreeing priorities aligned with the national

Neighbourhood Health Framework. Early evidence is encouraging, including improvements in zero-length-of-stay non-elective admissions and increased proactive care, Home First activity and targeted prevention.

However, the model remains in development and several areas require further assurance before any formal delegation or transfer of responsibilities. These include financial and contractual oversight, quality governance, decision-making and escalation arrangements, workforce and resource capacity, and clarity of accountability between the ICB, Council and provider organisations. During the shadow year, statutory accountability, legal liability and financial risk remain with the West Yorkshire ICB under existing delegation arrangements.

The proposed delivery model of nine Integrated Neighbourhood Teams provides a credible framework for population-based care, but a consistent core operating specification, detailed workforce and resource plan, neighbourhood-level service requirements and geographical mapping are still required.

## 3. Response to the Committee's Questions

### 3.1. Shadow year – how this is going

The Kirklees Place Provider Partnership (KPPP) has been operating in shadow form since 1 April 2026. The shadow year is intended to test partnership arrangements, governance, scope, oversight and delivery mechanisms before any formal transfer of responsibilities or contracting arrangements.

Progress to date includes establishing the shadow Board and confirming membership; refining the Memorandum of Understanding and Terms of Reference following previous Scrutiny feedback; further work to identify service budget lines and contracts within the initial scope; agreeing transformation and service-delivery priorities aligned with West Yorkshire strategic commissioning intentions and the national Neighbourhood Health Framework; agreeing a sub-governance approach; assigning owners to due-diligence actions; and progressing work on conflicts of interest, risk management and organisational development.

The presentation(Appendix 1) reports a positive improvement between the baseline and Q1 partnership maturity assessments. However, several matters remain unresolved, particularly financial and contractual oversight, quality surveillance and governance, future decision-making and escalation arrangements, workforce and resource capacity, the effects of organisational change, and short-term concerns relating to Continuing Healthcare and safeguarding.

During the shadow year there is no change to the West Yorkshire ICB Scheme of Delegation, no transfer of legal risk to KPPP partners, and legal accountability and liability remain with the West Yorkshire ICB. The Kirklees ICB Committee continues to provide the formal route for decision-making, assurance and accountability.

## 3.2. What the changes mean for partner organisations

For Mid Yorkshire Teaching NHS Trust, Calderdale and Huddersfield NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust and Kirklees Council, the immediate change is principally one of greater collaborative planning and delivery, rather than a transfer of statutory accountability during 2026/27.

The organisations will participate in a neighbourhood-enabled provider alliance intended to support integrated leadership, collaborative service planning, pathway transformation, alignment of workforce and digital approaches, and delivery of more care outside hospital and closer to home.

For the NHS trusts, this means increasing involvement in integrated neighbourhood pathways and multidisciplinary working, particularly around community services, mental health, admission avoidance, discharge, long-term conditions and the interface between primary, community and specialist care. SouthWest Yorkshire Partnership's community mental health activity forms part of the initial financial scope.

For Kirklees Council, neighbourhood health creates a stronger interface between NHS services, adult and children's social care, public health and wider local authority services. **Core adult social care is not identified in the presentation as transferring into the KPPP's Phase 1 scope.** Council involvement currently includes partnership governance and services commissioned through Section 75/Better Care Fund and Section 256 arrangements.

### 3.3. Delivering the Neighbourhood Health Framework goals and NHS reform agendas in Kirklees

Kirklees intends to deliver the national framework through nine neighbourhoods based on existing Primary Care Network geographies, each supported by an Integrated Neighbourhood Team and wider neighbourhood support offer.

The five national goals will be pursued through:

1. **Improved health outcomes** – proactive population health management focused on priority cohorts including frailty, care-home residents, housebound people, end-of-life care and people with major long-term conditions.
2. **Improved access to general practice** – work to reduce unwarranted variation, improve access and strengthen the primary/secondary care interface.
3. **Improved planned-care experience** – closer working between general practice and specialists, pathway redesign and movement of appropriate activity closer to home.
4. **Improved patient and staff experience** – multidisciplinary, personalised care and increased use of personalised care and support plans.
5. **Improved urgent and emergency care** – proactive care, admission avoidance, Home First, reablement, urgent community responses and improved discharge pathways.

This approach supports the three national reform agendas: improving routine healthcare, improving proactive care, and developing better alternatives to hospital care.

The slide deck(appendix 1) reports early evidence of impact, including a 7.8% improvement in zero-length-of-stay non-elective admissions overall and 11.7% in neighbourhoods where INTs were live in May 2026, alongside increased proactive care, Home First activity and targeted prevention.

**3.4. How Integrated Neighbourhood Teams will be set up**

The intended model is for nine Integrated Neighbourhood Teams, aligned to existing PCN footprints:

- Batley & Birstall – population 61,413
- Dewsbury & Thornhill – 42,814
- Greenwood – 63,228
- Spen Health & Wellbeing – 53,282
- The Mast – 35,934
- Viaduct – 51,970
- Three Centres – 43,582
- Tolson – 50,336
- Valleys Health & Social Care – 59,152

The established Kirklees proactive-care model will be used as a delivery mechanism. Population Health Management will identify priority cohorts, supported by signed GP data-sharing and processing agreements, neighbourhood data packs, segmentation and a local impact dashboard.

The Spen INT provides an existing proof of concept, using tailored patient identification and a multidisciplinary approach involving primary care and wider health and care partners.

3.5. Governance, finance, alignment, performance and adult social care

The Health and Wellbeing Board will be accountable for the Kirklees Neighbourhood Health Plan, with KPPP overseeing delivery. A Neighbourhood Health Oversight Group will report to the KPPP Board, supported by five life-course Delivery Groups.

Approximately £127 million is identified as being within Phase 1 scope, subject to ongoing validation:

- Community services: approximately £84.4m
- Mental health: approximately £36.5m
- Primary care: approximately £6.2m

Financial reporting and assurance arrangements are still being developed. During the shadow phase, no legal financial risk transfers to KPPP.

Performance will be monitored through local Population Health Management arrangements and dashboards, alongside a West Yorkshire dashboard being developed against the national framework goals. Delivery Groups are expected to have defined KPIs and actions.

As noted above, core adult social care is not identified as a wholesale Phase 1 transfer. Adult social care remains a statutory Council responsibility, while relevant integrated and pooled arrangements—including BCF/Section 75 activity—sit within the partnership interface.

### 3.6. Risk assessment and mitigations

| Risk/issue | Proposed/current mitigation |
|---|---|
| Unclear financial and contractual oversight | Develop formal financial reporting, assurance and contract-management arrangements before formal delegation |
| No pump-prime funding for transformation | Prioritise invest-to-save opportunities and develop an explicit resource-shift methodology |
| Quality surveillance arrangements not fully established | Develop a formal quality governance and escalation framework |
| Future decision-making and dispute escalation unclear | Agree reserved decisions, delegated authority and escalation arrangements during the shadow year |
| Organisational change may reduce capacity | Maintain named leads, clear ownership and cross-CKW collaboration |
| CHC and safeguarding capacity, including loss of DCOs | Establish interim continuity and escalation arrangements with explicit executive oversight |
| Risk of unclear accountability between ICB, Council and providers | Maintain existing statutory accountability during shadow year and document future responsibilities before delegation |
| Financial risk from widening scope | Require due diligence and formal approval before services or budgets enter scope |
| INT model may vary between neighbourhoods | Establish a core operating specification while retaining flexibility for local population need |
| Data-sharing and information-governance risk | Build on existing DSAs/DPAs and establish robust identification and evaluation arrangements |
| Insufficient evidence that investment shifts from hospital to community | Develop measurable financial and activity trajectories |
| Adult social care statutory duties becoming blurred | Explicitly protect Council statutory responsibilities and require formal approval for any future scope changes |

The areas identified in the above table will be developed into a jointly owned PPP risk register, with named owners, risk ratings, review dates and escalation routes.

### 3.7. Revised implementation, review and sign-off timeline

The supporting slide deck provides the following plan-development timetable: refinement during **summer 2026**; engagement with Dying Well and Ageing Well groups from **August 2026**; engagement with remaining Well Delivery Groups from **September 2026**; KPPP review and gap analysis in **September 2026**; Health and Wellbeing Board update in **September 2026**; updated KPPP review in **December 2026**; draft to the Health and Wellbeing Board in **January 2027**; KPPP endorsement in **February 2027**; and final Health and Wellbeing Board sign-off in **March 2027**.

The national timetable describes **2026/27** as the development year, with the Neighbourhood Health Plan operational from **2027/28** and longer-term reform continuing through **March 2029**.

The slides(appendix 1) identify the Health and Wellbeing Board as accountable for final plan sign-off and KPPP as responsible for overseeing delivery. The KPPP Design Group holds responsibility for the Development Plan. Consultation and engagement include the Neighbourhood Health Strategic Group, KPPP, Health and Wellbeing Board, Well Delivery Groups and wider partners.

### 3.8. Schedule of agreed service-level agreements

The PPP has undertaken work to identify service categories and budget scope, including individual agreements, providers, contract values, performance standards, duration and review dates.

Further work is ongoing through the Finance and contracting workstream for a full schedule to be developed, for each PPP agreement.

### 3.9. Geographic map, service requirements and resource plan

The agreed geography is based on the nine existing PCN footprints listed above.

The requested map included in the supporting pack shows the nine neighbourhood boundaries and key service locations. It should be accompanied by a matrix identifying, for each geography, population need, priority cohorts, core INT services, staffing requirements, current resources, gaps, estates requirements and planned investment.

Three Kirklees proposals have been submitted as potential Neighbourhood Health Centres: Speedwell Surgery, Dewsbury Health & Leisure Centre and the National Health Innovation Campus at the University of Huddersfield.

### 3.10. Services currently in scope

Phase 1 scope comprises:

- ICB-commissioned general community health services for adults and children;
- current ICB contracts with VCSE services, including adult hospices;

- ICB-commissioned services delivered through Section 75/Better Care Fund and Section 256 arrangements;
- expenditure within community mental health services; and
- general practice discretionary expenditure.

The scope is expected to widen only after the model has been tested and where evidence demonstrates that inclusion would add value.

## 4. Conclusion

This report and the supporting presentation demonstrates that Kirklees has established a clear direction for neighbourhood health, has moved the KPPP into a controlled shadow phase, and can point to early positive impacts from proactive and integrated neighbourhood working. However, the model is still in development rather than fully implemented.

The shadow year will be treated as a test-and-assure period, with no transfer of statutory or legal risk until governance, finance, quality, workforce and accountability arrangements have been formally demonstrated to be ready and sufficiently robust.

The identified due diligence requirements will be incorporated into the implementation plan and reported through agreed governance arrangements at defined milestones during 2026/27. This will enable the relevant accountable bodies to assess progress against evidence rather than intent and ensure that any future changes proceed only when the necessary safeguards, resources and accountability arrangements are demonstrably in place.