

Partnership Working Update

Public Board
Thursday 31st July 2025

Presented for:	Assurance and Information
Presented by:	Professor Phil Wood, Chief Executive Officer
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Previous Committees:	NONE

Our Annual Commitments for 2025/26 are:	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	✓
Be in the top 25% for patient experience and efficiency in outpatients	✓
Support each other to act with kindness and compassion	✓
Reduce our carbon footprint by creating greener patient pathways	✓
Support our staff to manage every £ wisely	✓
Make best use of our estate, equipment and digital assets	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
External Risk	✓	Legal & Governance Risk - We will operate the Trust in compliance with the Law and UK Corporate Governance Code, where applicable.	Averse	Moving Towards
External Risk	✓	Partnership Working Risk - We will maintain well-established stakeholder partnerships which will mitigate the threats to the achievement of the organisation's strategic goals.	Open	Moving Towards
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

External Risk	✓	Strategic Planning Risk - We will deliver Our Vision “to be the best for specialist and integrated care” through the delivery of a set of Strategic Goals and operating in line with Our Values.	Cautious	Moving Towards
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Key points	
1. This is an update to board on the rapid changes and work progressing in the partnership space at present as well as some of the national and regional context that is shaping it.	For Assurance and Information

1. Summary

Leeds Teaching Hospitals Trust continues to operate as part of a wider Health and Care System and therefore it is essential we are active participants in several partnerships at place, West Yorkshire ICB and regional level.

This paper gives an overview of some of the key changes and updates in the partnership space that will significantly impact LTHT so the Board is aware of the changing landscape.

2. Key Updates

2.2 NHS 10 year Plan:

The Government published the 10-year plan on 3rd July. It continues to focus on the three key shifts set out in the Darzi review as well as setting out a new operating model, clarity on financial settlements for revenue and capital and signalling a new 10-year workforce plan to be published later this year. The full plan is attached in **(Appendix A)** and below is a summary of some of the key areas most pertinent to LTHT:

- Increased ability for trusts to become foundation trusts.
- Potential to legally cap NHS budgets if struggling to stay out of deficit in the same way local authority budgets are capped.
- All organisations required to carve out 3% of budgets for service transformation.
- Target by 2035 that most outpatient care will happen in the community.
- ‘My NHS GP’, a new AI enabled tool in the NHS App will help patients find an alternative to A&E and the NHS app becoming the ‘full front door to the entire NHS’ by 2028.
- Greater openness toward private capital investment there will also be greater flexibility to move capital between financial years and 5-year capital budgets.
- Neighbourhood health model continues to be at the forefront and key to approaches on prevention supported by mayoral ‘total place power.’

2.3 Organisational Restructuring:

Plans to merge NHS England and the Department of Health and Social Care are ongoing. Voluntary redundancy schemes have opened in the department and the future senior leadership structure for the future organisation **(Appendix B)** has been shared however there is no further detail on when all transition arrangements will be finalised.

Similarly, the announcement of the new structures for ICBs has been delayed and is yet to be announced.

In light of changes at a national level and impending changes at the ICB there are on going discussions around changes to governance, commissioning, and service delivery across the West Yorkshire Association of Acute Trusts (WYAAT). No decisions have been made yet but its clear there will be a shift towards more collaborative, place-based planning and delivery, with a focus on integrated neighbourhood health and elective care.

2.4 Leeds Place Review

The Value Circle are making good progress on the Leeds Place review which will help inform the establishment of a Leeds Provider Partnership. They have been conducting in depth 1:1 engagement interviews with key stakeholders including the LTHT Chair and a CEO roundtable. They will shortly be producing an interim report with key themes and initial recommendations which will be further refined before their final report by the end of September.

2.5 Neighbourhood Health update

The national guidelines are incredibly permissive, and the confirmation given in the 10-year plan means both at a West Yorkshire and Leeds place implementation plans are accelerating. WYICB have developed a blueprint strategy document (**Appendix C**).

LTHT is part of a strategic group across the Leeds Health and Care partnership looking at this and the national guidelines to develop the model for Leeds. The key principles agreed on so far are to ensure we are building on what we already know works well, work with effective structures in place, ensure a focus on tackling health inequalities and ensuring children have a good start.

A National Neighbourhood Health Implementation Programme has also been announced, inviting ICBs to put forward one or more area to join the first wave which will attract funding to support accelerated test and learn approaches in this space. The Leeds Health and Care Partnership are currently working up a proposal to be submitted for consideration early next month.

3. Financial Implications

As updated previously there is no additional resources of funds being allocated for the work on provider partnerships or any indication this will change when new responsibilities are delegated from April 2026.

The funding changes set out in the 10-year plan will be considered and evaluated separately by our finance department as separate papers brought from our Finance and Performance committee and board as and when appropriate.

4. Risk

As highlighted above there is a risk that increased responsibilities are moving to providers without additional allocation of resources. This will be further explored through the Leeds Place review and brought back to our relevant assurance committees in due course.

5. Communication and Involvement

There is a city-wide strategic comms group supporting our partnership working giving regular updates to staff as appropriate.

6. Equality Analysis

No adverse impacts on protected groups have been identified.

7. Improving Health Equity

Improving Health Equity is a key focus of all our partnership working, the Leeds Health and Care Partnership and more broadly to Leeds as a Marmot city. In particular, tackling health inequalities is a driving principle of the ongoing work to develop Integrated Neighbourhood Health models.

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

9. Recommendation

That the Board notes the contents of the report.

10. Supporting Information

Appendix A- NHS 10-year Plan (as Blue Box item)

Appendix B- DHSC new organisational structure

Appendix C- West Yorkshire Integrated Neighbourhood Teams Blueprint

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