

Partnerships Update

Public Board
Thursday 25th September 2025

Presented for:	Information
Presented by:	Brendan Brown, CEO
Author:	Edward Cornick, Associate Director of Policy and Partnerships Mike Harvey, Director of Transformation
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	Averse	Moving Towards

		set of Strategic Goals and operating in line with Our Values.		
--	--	---	--	--

Key points	
To provide a high-level overview of the key issues in the Partnership and Policy space, namely the Leeds Place Provider Partnership Review, neighbourhood health and wider NHS change	For Information

Leeds Teaching Hospitals Trust operates as part of a wider Health and Care System. It is essential we are active participants in several partnerships at place, West Yorkshire ICB and regional level. This paper provides a short overview on key areas of work or developments across these areas.

1. Summary of key areas

a. Leeds place review

What. External consultancy the Value Circle (VC) are reviewing arrangements within Leeds Place, to provide recommendations on the form and function of a Leeds Provider Partnership. As outlined in the 10-year plan, all providers within a Place must work together to deliver transformation, integration and improvement essential to making the creation of the neighbourhood health services a reality (see also section b. below). Provider partners operating at place level have been tasked with agreeing their preferred model for this as soon as practicable – this is the work the VC are supporting. The new Provider Partnership model aims to be in place from April 1st 2026.

Current state: VC will report their findings at the end of September. An interim draft of the report was presented to Provider Place CEOs on 15th of September for feedback and comment. The interim report outlined while there is much strategic alignment, there are key challenges across organisational form, culture, infrastructure, scale and finances to driving effective partnership working

There will then be a chance for further review and feedback in the coming weeks, before sign-off processes within the constituent organisations within Leeds Place and ICB.

Implications: Based on the interim report, the current findings of the VC provide a diagnosis of some of the challenges of system working. Based on the most recent feedback sessions, it will also likely pose some potential collaborative governance mechanisms to underpin the new Provider Partnership model.

Whatever the final report recommendations, there will be a need to rapidly move towards designing, as a system, the mechanics to enable the Provider Partnership to be in place for the next financial year. Any new structures put in place will have operational, financial and governance implications for LTHT, that will need to be balanced with the clear need to develop a stronger local model of place-based system delivery.

b. Neighbourhood Health

What: This is a model of integrated care delivered at a place-based level. Described in the 10-year plan, the details of how this can be delivered are high level and permissive, but will in time be supported by new contracting approaches (potentially from 2026). LTHT is part of a strategic group across the Leeds Health and Care partnership looking at the national guidelines to develop the model for Leeds.

The Place has agreed the priority areas of focus for cross organisational working will be adults with frailty, people with advanced respiratory disease, CYP with complex mental health needs, and people with 3+ long term conditions and mental health. The model for neighbourhood health in Leeds

will be developed through these four existing Transformation Programmes and by overseen by the Partnership Leadership Team.

Current state: A National Neighbourhood Health Implementation Programme has been announced. Places were invited to submit bids for funding to support accelerated test and learn approaches. Leeds Place successfully bid for this programme (one of 42 successful Places).

Implications: The bid stated it was asking for national support in the following areas, all of which have potential impacts on LTHT

- Financial flows that support neighbourhood health
- Contracting models for multi-neighbourhood providers
- Scalable service and general practice delivery arrangements
- Neighbourhood Health Centres/Hubs tailored to local needs
- Addressing relational challenges and integrating our workforce into communities
- Shared clinical/professional risk ownership across organisations.

Leeds Place will have access to resources including a national advisors and subject experts, regional workshops, and a knowledge hub to support these areas of development. Further details will be provided in the coming weeks.

c. Organisational Restructuring in wider NHS

Plans to merge NHS England and the Department of Health and Social Care remain ongoing. Voluntary redundancy schemes have opened in the department and the future senior leadership structure for the future organisation 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).

Implications: No decisions have been made yet but it's 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. Financial Implications

As noted in previous updates to the board 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 Board Assurance Framework has been revised to reflect the potential risk in the transfer of the contracting, procurement and commissioning responsibilities from the ICB to LTHT.

3. Risk

As noted above with an assessment of new decision-making mechanisms at a system level, any new structures put in place will have operational, financial and governance implications for LTHT, that will need to be potentially balanced with the clear need to develop a stronger local model of place-based system delivery. This will be explored once further details emerge after the Leeds Place review concludes, and will need to be scrutinised by our relevant assurance committees in the coming months.

4. Communication and Involvement

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

Template Committee & Board papers

5. Equality Analysis

No adverse impacts on protected groups have been identified.

6. 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.

7. Recommendation

That the board notes this paper for information

Edward Cornick
Associate Director of Partnerships and Policy
16/9/25