

Item 13.3: Leeds Provider Partnership Joint Committee Agreements to Review

Public Board
Thursday 30th July 2026

Presented for:	Approval
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Previous Committees:	None

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ NO (available to the public under the FOIA)
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Link to Strategic Objective	Develop integrated partnership services
Link to Provider Capability Assessment	Strategy, leadership and planning
Link to CQC Well-led Statement	Partnerships and Communities
Regulatory Impact	N/A

Key points	Purpose
1. This report provides the Board with an update on the development of the Leeds Provider Partnership Joint Committee arrangements and presents the Terms of Reference and Collaboration Agreement for review and approval. The paper follows the previous update to Board in May, which described the establishment and early progress of the Leeds Provider Partnership Shadow Joint Committee. 2. The Terms of Reference and Collaboration Agreement have now been developed to the point where they are ready for formal Board review. The Board is asked to approve these documents as the next step in strengthening partnership governance across Leeds, noting that further work will be required during the shadow period to define service scope, priority areas, delegations and future contractual arrangements.	Approval

Risk Appetite Framework			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	Choose an item.	Choose an item	Choose an item.
Operational Risk	Choose an item.	Choose an item	Choose an item.
Clinical Risk	Choose an item.	Choose an item	Choose an item.
Financial Risk	Choose an item.	Choose an item	Choose an item.

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	Operating within
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1. Summary

This report is a follow-on from the previous Board paper on the establishment of the Leeds Provider Partnership Shadow Joint Committee, which confirmed that the Committee had convened for the first time and that draft governance documentation was progressing through development and review.

The Terms of Reference and Collaboration Agreement are now ready for Board review. The Terms of Reference set out the proposed governance arrangements for the Leeds Provider Partnership Joint Committee, including its purpose, scope, decision-making, reporting arrangements, membership, quoracy and authority. The LPP Collaboration Agreement sets out the shared vision, objectives, principles, governance arrangements and shadow-period development approach for providers working together as the Leeds Provider Partnership.

The documents represent an important step in moving from informal partnership working towards a more structured provider partnership model for Leeds. However, approval of the documents does not create immediate contractual obligations, transfer liabilities, or delegate functions to the Joint Committee. The Collaboration Agreement states that it is not legally binding at this stage, that providers remain responsible for delivery under their own service contracts, and that liabilities remain allocated under respective service contracts rather than through the Collaboration Agreement.

The Board is asked to approve the Terms of Reference and Collaboration Agreement as the framework for continued shadow operation during 2026/27, noting that further work is required to define the service scope, priority areas, delegations, financial framework and any future contractual model. The arrangements signal a new way of working into the 2027/28 financial year, with the Collaboration Agreement describing an anticipated future state into the 2027/28 financial year involving a potential host provider with an alliance model, supported by a Joint Committee for collaborative decision-making.

2. Discussion

2.1 Background and progress since the previous Board paper

The previous Board paper provided an update on the establishment and early progress of the Leeds Provider Partnership Shadow Joint Committee and noted that the Terms of Reference and Collaboration Agreement were being developed through partner governance processes. Since that update, the governance documentation has been further developed and is now ready for formal review by the Board.

The Terms of Reference describes the Leeds Provider Partnership Joint Committee as the formal committee through which partners will strengthen collaborative working and support the transition towards a more integrated provider partnership model. The Terms of Reference describe the shadow period as running from 1 April 2026 to 31 March 2027. However, due to recent developments with the ICB it is anticipated to be extended into the subsequent financial year beyond Marcy 2027.

The Collaboration Agreement confirms that providers are seeking to take the partnership to the next stage of development as part of the broader Team Leeds approach, recognising the policy shift towards neighbourhood health and the evolution of the ICB towards a strategic commissioner role.

2.2 Terms of Reference

The proposed Terms of Reference establish the governance framework for the Joint Committee. They describe the purpose of the Committee as strengthening collaborative working between partners and supporting the development of the Leeds Provider Partnership, with the longer-term aim of moving towards a single commissioning contract between the ICB and the partnership in 2027/28, via a host statutory provider or equivalent, with a whole population budget for in-scope ICB-commissioned services.

During the shadow period, the Joint Committee will operate alongside the Leeds ICB Place Committee. The Terms of Reference make clear that during this period the Joint Committee will either make recommendations to the Leeds ICB Place Committee, or individual members will take decisions on behalf of their own organisations where they have the appropriate delegated authority.

The Terms of Reference also set out the proposed approach to decision-making, reporting, membership, attendees, deputising arrangements, chairing arrangements, quoracy, meeting frequency, declarations of interest, administrative support, authority, conduct, amendments and review.

2.3 Collaboration Agreement

The Collaboration Agreement sets out the proposed terms on which providers will work together to establish and develop the Leeds Provider Partnership. It identifies the providers as Leeds Teaching Hospitals NHS Trust, Leeds and York Partnership NHS Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds City Council, General Practice (via the General Practice Provider Collaborative) and the VCSE Third Sector (via Forum Central).

The Agreement describes the shared vision for Leeds as a healthy and caring city for all ages, where people who are the poorest improve their health the fastest, and where partners work as one Team Leeds. It also sets out objectives focused on partnership principles, person-centred outcomes, reducing inequalities, collective ownership of performance and financial issues, avoiding duplication, developing a shared transformation plan and maximising collective influence. The Agreement confirms that, during the shadow period, providers will participate in the LPP Joint Committee in accordance with the Collaboration Agreement and the Joint Committee Terms of Reference.

2.4 Service scope and further development

The documents provide the necessary governance framework but do not yet finalise the full service scope for the future partnership model. The scope of the Joint Committee will be determined by the delegations made to it by NHS partners and that such delegations will be appended to the Terms of Reference and updated in the Collaboration Agreement. Schedule 2 in the Agreement includes a placeholder for the list of Priority Areas or in-scope services to be further reviewed and developed during the shadow period, including areas or services that could be incorporated into a host provider contract from 1 April 2027 or later. The Agreement also states that the LPP Development Plan will be developed during the shadow period and incorporated into the Agreement.

This means that Board approval at this stage should be understood as approval of the governance framework for continued partnership development, rather than approval of a defined service transfer, contractual model, budget delegation or financial risk-share arrangement.

2.5 Contractual position and liabilities

The Collaboration Agreement is clear that it is not legally binding at this stage, although providers enter it with the intention of honouring their respective obligations. The Agreement also confirms that providers may agree through a future review that some or all terms become legally binding, but that would require further agreement and variation.

The Agreement confirms that each provider remains responsible for performing its obligations and functions under its own services contracts and remains separately and solely liable to commissioners for the provision of services under those contracts. It further confirms that responsibilities and liabilities in the event that things go wrong with services will be allocated under respective services contracts and not under the Collaboration Agreement.

The Terms of Reference include a template delegation for future use by any NHS partner wishing to delegate functions to the Joint Committee. This confirms that any future delegation would require a specific completed delegation setting out the matters to be delegated, any ancillary functions, limits, reporting arrangements and accountability or liability position. No such delegation is being sought through this report.

3. Quality and Performance Implications

Approval of the Terms of Reference and Collaboration Agreement will support a more structured approach to provider collaboration across Leeds. The proposed arrangements are intended to enable partners to work together more effectively on shared service, pathway, quality, performance and transformation issues, while maintaining existing organisational accountabilities during the shadow period. The Collaboration Agreement recognises the intention to deliver integrated neighbourhood health, support and community care in respect of priority areas to improve health and care outcomes for the people of Leeds.

There are no immediate changes to service delivery, quality governance or performance accountability arising directly from this report. Any future changes to service models, pathway responsibilities, priority areas or in-scope services will require further development, appropriate governance and assessment of quality, safety, performance and equality impacts.

4. Financial Implications

There are no immediate financial decisions associated with this report. Approval of the Terms of Reference and Collaboration Agreement does not in itself create financial commitments, pooled budgets, contractual obligations or risk-sharing arrangements for the Trust.

The Collaboration Agreement confirms that providers will continue to be paid by commissioners in accordance with the mechanisms set out in their respective services contracts. It also states that any future introduction of pooled funds or associated risk/reward sharing mechanisms would require additional provisions to be agreed between providers and incorporated into the Agreement.

Further work is therefore required during the shadow period to develop the financial framework that would support any future provider partnership arrangements from 2027/28 onwards.

5. Risk

The development of the Joint Committee Terms of Reference and Collaboration Agreement is consistent with the Trust's risk appetite for partnership working and reflects the need for clear governance as provider collaboration develops.

Key risks include:

- The need to maintain clarity of accountability during the shadow period, particularly as existing organisational governance arrangements remain in place.
- The requirement to define service scope, priority areas and any future delegations before the partnership can move into a more operational decision-making role.
- The need to develop a financial framework before any future pooled fund, risk-share or host provider arrangement can be considered.
- The potential complexity of progressing a new partnership model while ensuring that quality, performance, contractual and statutory duties remain clear.
- The dependency on further partner agreement, Board approvals and system alignment ahead of any future operating model in 2027/28.

These risks are mitigated by:

- Clear Terms of Reference setting out the purpose, scope, decision-making and reporting arrangements for the Joint Committee.
- The Collaboration Agreement confirming that existing organisational accountabilities and services contracts remain in place during the shadow period.
- The use of future delegations only where they are specifically approved by the relevant NHS provider Board.
- Ongoing development of the service scope, priority areas, governance and financial framework during the shadow period.

6. Communication and Involvement

Partner organisations have been involved in the development of the governance documentation. The Collaboration Agreement also recognises the role of Health Overview and Scrutiny Committees (HOSC) in supporting transparency and improvement across the system, including constructive challenge on the planning, delivery and performance of health services on behalf of local communities. It states that partners will engage openly and constructively with HOSCs, including joint arrangements where appropriate, on any significant service changes.

Further communication and involvement will be required as the service scope, priority areas, financial framework and future governance arrangements are developed.

7. Impact on Equality & Health Inequalities

The proposed partnership model provides an opportunity to support more consistent and coordinated service planning across Leeds, with a focus on improving outcomes and reducing inequalities. The Collaboration Agreement includes objectives relating to improved person-centred outcomes, seamless experience of care and reduced inequalities. It also describes outcomes including longer and healthier lives, full and independent lives, improved quality of life through access to quality services, active involvement in health and care, and healthy, safe and sustainable communities.

There are no immediate equality impacts arising directly from approval of the governance documents. Equality and health inequalities considerations will need to be built into the

design and review of any future priority programmes, service models, delegations or contractual arrangements.

8. Publication Under Freedom of Information Act

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

9. Recommendation

The Board is asked to:

1. **Approve** the Leeds Provider Partnership Joint Committee Terms of Reference as the governance framework for the Joint Committee during the shadow period.
2. **Approve** the Leeds Provider Partnership Collaboration Agreement as the basis for continued partnership development across Leeds providers.
3. **Note** that approval of these documents does not create immediate contractual obligations, transfer liabilities, establish pooled budgets, or delegate functions to the Joint Committee.
4. **Note** that further work is required during the shadow period to determine the service scope, priority areas, delegations, financial framework and future operating model for the partnership.
5. **Take assurance** that the proposed arrangements provide a structured framework for developing a new way of working across Leeds providers into the 2027/28 financial year, while maintaining existing organisational accountabilities during the shadow period.

10. Supporting Information

The Leeds Provider Partnership Collaboration Agreement and Terms of Reference are attached in Items 13.3 'A' and 'B'.