Bradford District and Craven Partnership Board

14 November 2025
10:30-13:00
G7/G8, Scorex House, 1 Bolton Road, Bradford, BD1 4AS

AGENDA

Item	Lead	Purpose	Time	Mins	Links to Board Assurance Framework strategic risks
1. Welcome, introductions, apologies and quoracy	Chair	Information	10:30	10	
2. Declarations of interest – a register of Board members can be found at (mydeclarations.co.uk)	Chair	Assurance	10:40	2	
3. a. Minutes of the meeting held on 5 September 2025 b. Action log / matters arising c. Previous BD&C Partnership Board Triple A report	Chair	Approve / to note	10:42	5	
4. Public questions	Chair	Information	10:45	5	
5. Place Lead's update	Therese Patten	Information	10:50	15	Topics link to multiple BAF strategic risks
6. Finance / planning guidance updates	Mike Woodhead / Kerry Weir	Information	11:05	15	1.2, 2.3, 3.1, 3.2, 3.3
7. Lynfield Mount Hospital redevelopment: support for Full Business Case	Mike Woodhead	Support	11:20	10	2.4
8. Reports from committees and fora	Committee and Forum Chairs	Information / assurance	11:30	15	1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 4.1
Break 11:45-11:55					
9. Listen in report	Victoria Simmons	Discussion	11:55	20	Topics link to multiple BAF strategic risks

Item	Lead	Purpose	Time	Mins	Links to Board Assurance Framework strategic risks
10. Focus on Craven - Healthwatch report 'ploughing through barriers'	Ashley Green	Discussion	12:15	20	1.1, 1.2, 1.3
11. Section 75 variation	Iain MacBeath	Approve	12:35	5	1.1, 1.2, 1.3, 3.1
12. Partnership high level risk report	Asma Sacha / Sue Baxter	Assurance	12:40	15	Includes oversight of all BAF strategic risks
13. Any other business	All	Information	12:55	3	
14. Reports/escalations to WY ICB Board and review of meeting	Chair	Information	12:58	2	

Date and time of next meeting –
10:00 – 13:00
13 February 2025
Belle Vue Suite, Belle Vue Square, Broughton Road, Skipton, BD23 1FJ

For any queries regarding this agenda please contact: westyorkshireics.committees@nhs.net

West Yorkshire Integrated Care Board - Board Assurance Framework - Summary						Version: 12	Date: Sept 2025
Mission		**Strategic risk**	**Risk appetite**	**Target WY score**	**Current WY score**	**Lead director(s) / board lead**	**Lead committee / board**
(1) Reduce inequalities	1.1	There is a risk that our local priorities to narrow inequalities are not delivered due to the impact of wider economic social and political factors.	Bold	16	20	Ian Holmes	ICB Board
	1.2	There is a risk that operational pressures and priorities impact on our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.	Open	9	16	Ian Holmes / Jonathan Webb	Finance, Investment and Performance Committee
	1.3	There is a risk that we fail to join up services in our communities which means that we do not improve outcomes and reduce health inequalities.	Open	8	12	Ian Holmes	ICB Board
(2) Manage unwarranted variation in care	2.1	There is a risk that our inability to collectively recruit and retain staff across health and care impacts on the quality and safety of services.	Open	8	16	Kate Sims	Transformation Committee
	2.2	There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.	Open	6	8	James Thomas	Quality Committee
	2.3	There is a risk that we are unable to measure and assess performance across the system in a timely and meaningful way, which impacts on our ability to respond quickly as issues arise.	Open	6	9	Lou Auger	Finance, Investment and Performance Committee
	2.4	There is a risk that our infrastructure (estates, facilities, digital) hinders our ability to deliver consistently high quality care.	Open	9	16	Jonathan Webb / Shaukat Ali Khan	Finance, Investment and Performance Committee.Transformation Committee for Digital
	2.5	There is a risk of an inability to deliver routine health and care services due to the emergence of a future pandemic leading to substantial loss of life and failure to deliver key functions and responsibilities.	Averse	16	16	Lou Auger	ICB Board
(3) Use our collective resources wisely	3.1	There is a risk that we do not invest resources in a way which prioritises community, primary and prevention programmes and so doesn't maximise value for money.	Open	6	12	Jonathan Webb	Finance, Investment and Performance Committee
	3.2	There is a risk that we don't operate within our available system and organisational resources (revenue and capital) and so breach our statutory duties.	Cautious	9	20	Jonathan Webb	Finance, Investment and Performance Committee
	3.3	There is a risk that ICB capacity and infrastructure is not sufficient nor targeted effectively towards key priorities.	Open	9	12	Rob Webster	ICB Board
(4) Secure benefits of investing in health and care	4.1	There is a risk that partnership working on wider societal issues is deprioritised in order to meet current operational pressures.	Open	8	12	Ian Holmes	ICB Board
	4.2	There is a risk that we are unable to achieve our ambitions on equality diversity and inclusion due to ingrained attitudes that persist in society and across our health and care organisations.	Bold	8	12	Ian Holmes	Quality Committee
	4.3	There is a risk that threats to our people and physical and digital infrastructure, e.g. from cyber-attacks, terrorism and other major incidents, prevents us from delivering our key functions and responsibilities.	Averse	9	12	Lou Auger / Shaukat Ali Khan	Transformation Committee
	4.4	Due to climate change, there is a risk of increased demand for health and care services and disruption to the provision of services. This will result in health and care services that cannot effectively meet population needs.	Open	12	16	Ian Holmes	Transformation Committee

Bradford District and Craven Health and Care Partnership

ACTasONE

NHS West Yorkshire Integrated Care Board

Meeting name:	Bradford District and Craven Partnership Board
Agenda item no:	3
Meeting date:	14 November 2025
Report title:	Bradford District and Craven (BD&C) Partnership Board Meeting Business Items
Report presented by:	Elaine Appelbee, Independent Chair of the BD&C Partnership Board
Report approved by:	Elaine Appelbee, Independent Chair of the BD&C Partnership Board
Report prepared by:	Catherine Smith, Governance Manager, WY ICB

Purpose and Action			
Assurance ☒	Decision ☒ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations and any resulting action:

WY ICB Board: 23 September 2025 – BD&C (Bradford District and Craven) Partnership Board Triple A Report

Executive summary and points for discussion:

This report contains BD&C Partnership Board business items for information and approval:

- Minutes of the BD&C Partnership Board formal public meeting held on 5 September 2025
- BD&C Partnership Board action log
- BD&C Partnership Board Triple A report submitted to the WY ICB Board meeting on 23 September 2025

Outline how this supports our partnership vision and strategy

Our Purpose - All working to the same goal, for our population to have more chances to lead healthier lives.
Our Population - Supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes.
Our Place - Making our district a great place to live, work and thrive.
Our Partnership – Greater value through the best use of our collective resources, minimising duplication and waste.

Recommendation(s)

The Bradford District and Craven Partnership Board is asked to:

1. **APPROVE** the draft minutes from the meeting held on 5 September 2025
2. **DISCUSS** any open actions on the action log
3. **RECEIVE** the previous Triple A report for information

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
N/A
Appendices
1. Minutes of the BD&C Partnership Board meeting held in public on 5 September 2025 2. BD&C Partnership Board action log 3. BD&C Partnership Board Triple A report submitted for the WY ICB Board meeting on 23 September 2025
Acronyms and Abbreviations explained
• BD&C: Bradford District and Craven • WY ICB: West Yorkshire Integrated Care Board

What are the implications for?

Residents and Communities	n/a
Quality and Safety	n/a
Equality, Diversity and Inclusion	n/a
Finances and Use of Resources	n/a
Regulation and Legal Requirements	n/a
Conflicts of Interest	n/a
Data Protection	n/a
Transformation and Innovation	n/a
Environmental and Climate Change	n/a
Future Decisions and Policy Making	n/a
Citizen and Stakeholder Engagement	n/a

Draft Minutes of the Bradford District and Craven Health and Care Partnership Board meeting

10:00-13:00, Friday 5 September 2025

Belle Vue Suite, Belle Vue Square, Broughton Road, Skipton, BD23 1FJ

Members	Initials	Role
Elaine Appelbee (chair)	**EA**	Independent Chair of Bradford District and Craven Health and Care Partnership (BD&C H&CP)
Sohail Abbas	**SA**	Chair of the Clinical and Professional Forum, NHS West Yorkshire ICB (WY ICB) (BD&C)
Foluke Ajayi	**FA**	Chief Executive, Airedale NHS Foundation Trust
Sajid Azeb	**SAz**	Chief Operating Officer / Deputy Chief Executive Officer, Bradford Teaching Hospitals NHS FT (deputising for Mel Pickup)
Danielle Hann	**DH**	Deputy Chair, Bradford and Airedale Branch of YORLMC
Louise Bestwick	**LB**	Chief Executive, Bradford Care Association
Iain MacBeath	**IM**	Strategic Director, Adult Social Care and Health, Bradford Metropolitan District Council (BMDC)
Sarah Jones	**SJ**	Chair, Bradford Teaching Hospitals NHS FT (minute 15 to 22)
Sam Keighley	**SK**	VCSE System Lead
Therese Patten	**TP**	BD&C H&CP Place Lead / Chief Executive, Bradford District Care NHS Foundation Trust
Linda Patterson	**LP**	Chair, Bradford District Care NHS Foundation Trust
Matt Sandford	**MS**	Deputy Accountable Officer / Director of Partnership and Place, NHS WY ICB (BD&C)
Richard Webb	**RW**	Corporate Director, Health and Adult Services, North Yorkshire Council
Andy Withers	**AW**	Non-Executive Chair of the Quality Committee of the BD&C H&CP
In attendance		
Sue Baxter	**SB**	Head of Partnership Governance, NHS WY ICB
John Hartley		Assistant Director of Quality and SEND, NHS WY ICB (BD&C) (deputising for Phillipa Hubbard)
Sharon Hudson	**SH**	Communications Customer Services and Partnerships Manager, North Yorkshire Council
Natasha Noor	**NH**	Communications and involvement manager for Healthy Minds, BD&C H&CP (minute 15 to 20)

Asma Sacha	**AS**	Risk Manager, NHS WY ICB
Victoria Simmons	**VS**	Senior Head of Communications and Involvement, NHS WY ICB (BD&C)
Catherine Smith	**CS**	Governance Manager, NHS WY ICB (minutes)
Kerry Weir	**KW**	Associate Director Planning, Performance & Business Intelligence, NHS WY ICB (BD&C H&CP)
Mike Woodhead	**MW**	Lead Finance Director, BD&C H&CP / Director of Finance, Contracting and Estates, Bradford District Care NHS Foundation Trust
Apologies		
Richard Crane	**RC**	Assistant Director for Schools and Learning, BMDC
Ashley Green	**AG**	Chief Executive, Healthwatch North Yorkshire
Richard Haddad	**RH**	Chair of the Clinical Advisory Board
Phillipa Hubbard	**PH**	Director of Nursing and Quality, BD&C H&CP
John Lawlor	**JoL**	Chair, ANHSFT
Julie Lawreniuk	**JuL**	Non-executive chair of the Finance and Performance Committee of the BD&C H&CP
Lorraine O'Donnell	**LoD**	Chief Executive, BMDC
John Pattinson	**JP**	Chief Executive, Independent Care Group
Mel Pickup	**MP**	Chief Executive, Bradford Teaching Hospitals NHS FT
Helen Rushworth	**HR**	Chief Executive, Healthwatch Bradford District
Andrew Taylor	**AT**	Interim Director of Public Health, BMDC
Victoria Turner	**VT**	Public Health Consultant, North Yorkshire Council
Louise Wallace	**LW**	Director of Public Health, North Yorkshire Council

Members of the public - 3

15 WELCOME, INTRODUCTIONS AND APOLOGIES

Elaine Appelbee (EA), Chair of the meeting, welcomed everyone to the Bradford District and Craven (BD&C) Health and Care Partnership Board meeting held in public. Apologies were noted as above. It was agreed that items would be taken out of the order of the agenda. The meeting was not quorate from minute 22 onwards so any items that needed a decision could be approved for recommendation by attending members but would need to be ratified by absent members.

16 DECLARATIONS OF INTEREST

There were no declarations of interest made in relation to the agenda items.

17 MEETING BUSINESS

a) Minutes of the meeting held on 23 May 2025

The Board approved the minutes of the meeting held in public on 23 May 2025 as a correct record.

b) Action log / matters arising

The Chair referred to the open action on the action log -

- 2024/05 – the communication and engagement team to explore a kindness campaign, in reference to Airedale NHS FT's campaign. It was agreed that the action would remain open.

No further matters arising were raised.

c) Previous BD&C Partnership Board Triple A report

The Bradford District and Craven Partnership Board **APPROVED** the draft minutes from the Partnership Board meeting held on 23 May 2025, **DISCUSSED** the open action on the action log and **RECEIVED** the previous Partnership Board meeting Triple A report for information.

18 PUBLIC QUESTIONS

No questions had been received from the public.

19 LISTEN IN

Victoria Simmons (VS) presented a report which described the recent cycle of Listen in activity which focused on hearing from people from racially minoritised communities, particularly recent migrants from African and Middle Eastern countries.

VS referred to a recent message from Rob Webster (chief executive of NHS WY ICB and lead chief executive of West Yorkshire Health and Care Partnership) to staff and partners in response to recent anti-migrant rhetoric nationally, which stated the need to stand together as a system and to continue to demonstrate fairness, compassion and inclusion, highlighting the West Yorkshire Health and Care Partnership as a System of Sanctuary.

A number of key themes from the cycle were highlighted - barriers to healthcare access; trust and familiarity; the value of community hubs; housing and health; maternity services with positive experiences reported when services proactively engaged with communities;

mental health stigma; and employment and digital inclusion, which were all affected by people's previous experiences and expectations. VS added that relationships and places mattered to people with a preference for services delivered in community hubs by trusted professionals so relationships could develop. There was work to try to reach into Craven through partners however opportunities to engage with racially minoritised communities were unable to be identified which suggested a gap in visible and accessible support in the locality. Members were asked to consider how the approach and learning from Listen in could be sustained through the changes within the ICB to ensure trust and momentum with communities was not lost.

Therese Patten (TP) agreed on the need to consider the future of Listen in further, noting it as underpinning the Health, Care and Wellbeing Strategy. In reference to stigma related to mental health, TP noted that the Batten of Hope, which symbolised the importance of suicide awareness, would be passing through Bradford on 9 September 2025.

Sajid Azeb (SAz) welcomed the positive messages in relation to the positive impact of maternity services engaging with communities. He suggested consideration for how to add value to appointments beyond healthcare and how community hubs could support digital access.

In terms of maternity services Sam Keighley (SK) added that the doula service could support integration into communities. SK referred to the gap in Craven in terms of community hubs but that there was a good network of voluntary and community sector (VCS) organisations in Craven and the gap could be filled with additional resource. Andy Withers (AW) referred to the need to look at tailoring the services delivered to improve outcomes.

Sohail Abbas (SA) acknowledged the good work by the workforce in the context of a huge flux of patients in the city and the influence of external factors. He suggested harnessing the dialogue between the NHS and patients, following on from the deliberative events that had taken place earlier in the year. Iain MacBeath (IM) added that Bradford Metropolitan District Council (BMDC) had commissioned a review of the future of Healthwatch as part of a wider review on engagement. IM referred to the Bradford Cohesion Strategy which had been approved by the Bradford Health and Wellbeing Board and focused on belonging, communities, connections and trust.

Foluke Ajayi (FA) referred to the importance of continuing the dialogue and considerations for how to connect with and support people who are harder to reach, particularly in Craven, which could include staff members.

The Bradford District and Craven Partnership Board **CONSIDERED** the ideas and insights from the Listen in cycle.

Natasha Noor left the meeting

20 PLACE LEAD'S UPDATE

TP presented a report which summarised key activities and points to note arising from the activity of the Bradford District and Craven Health and Care Partnership and the wider West Yorkshire Health and Care Partnership as well as the national context.

TP referred to the national announcement that Healthwatch England and all local Healthwatch organisations would be abolished under the NHS 10 Year Health Plan and further consideration locally on how the local Healthwatch organisations could continue. It was noted that there would be a discussion on the 10 Year Health Plan in the private development session of the Board in October 2025.

TP highlighted that Bradford had submitted an application to join the first wave of the National Neighbourhood Health Implementation Programme, which would accelerate the roll-out of neighbourhood health services across communities in England. The outcome of the application was expected imminently, and it was suggested that further information was presented in a future meeting.

TP referred to the ICB organisational change programme, which commenced following the national announcement in March 2025 to reduce the workforce of the ICB by 50% by October 2025. The consultation with staff on the proposed changes to the ICB had been delayed due to some key information needed nationally with no agreed staff consultation date known. Support continued to be offered to staff. The continued great work by colleagues in the ICB under pressure due to the national announcement was acknowledged.

TP congratulated the BD&C teams and projects shortlisted in this year's Health Service Journal awards.

In relation to the development of Integrated Neighbourhood Teams, IM referred to opportunities to learn from work in Manchester, particularly in relation to geography and boundaries. SA suggested learning from local work in the reducing inequalities in communities programme and Core20PLUS5. SK agreed on the need to build on and join up the strength of previous work and added that funding had been received from West Yorkshire to undertake organisational development work to develop Integrated Neighbourhood Teams and to strength the citizen voice in the work.

The Bradford District and Craven Partnership Board **RECEIVED** and **NOTED** the Place Lead's update.

21 FINANCE / PERFORMANCE UPDATE

Mike Woodhead (MW) reported the BD&C Place financial position as at month 4 of 2025/26. There was a variance of £5m against plan for the NHS partners in BD&C however the forecast to be on plan by the end of the year remained as this would be offset by underspends in the other Places in the ICB. The forecast deficit in the BD&C ICB had increased by £1m from month 3. There was significant risk in the forecasts and an additional savings target of £12m across BD&C, which was a share of the £33m West Yorkshire savings gap, impacted on the Place risk. BMDC reported an underspend of £7m for quarter one of 2025/26 however this was in the context of £127m of national exceptional support funding.

It was noted that there was a requirement to complete NHS 5-year financial plans by the end of 2025 and that the NHS Oversight Framework would be published on 8 September 2025. MW highlighted current work to deconstruct the block contracts ahead of new contractual forms and payment mechanisms alongside a focus on productivity in the Trusts. He referred to a coherent system response to these areas including integrated neighbourhood health, acute collaboration and opportunities for collaboration on support services.

TP referred to the need to consider the NHS 5-year financial plan in the context of the New Hospital Programme in Airedale NHS Foundation Trust (ANHSFT). It was noted that there was a requirement to submit the Strategic Outline Case for the New Hospital Programme in November 2025 to align with NHS England's sequencing updates. The Strategic Outline Case would be considered at ANHSFT's Board meeting in November, and a further update would be provided to the Partnership Board in the meeting on 14 November 2025.

Kerry Weir (KW) presented a report which described performance against the operational plan. There was continued recovery against elective activity however there were challenges in diagnostics, the 62-day cancer standard for both BTHFT and ANHSFT but improvements were being seen, and increasing non-elective activity however there was improvement at ANHSFT who were delivering against their urgent and emergency care plan but with challenges. Activity in mental health and learning disabilities was better than plan. There was significant improvement in inappropriate out of area mental health placements. The number of GP appointments was below the planned position however there was a focus on the quality of GP appointments rather than quantity. Adult and children and young people's community services waiting lists continued to increase with specific challenges in different areas. Delivery of workforce targets remained in line with plans for the three Trusts with a continued focus on reducing the use of bank and agency staff.

In terms of winter planning KW referred to the publication of national guidance which set out a number of strategic priorities which local winter plans should address in 2025/26 alongside key performance indictors and additional requirements that plans must cover. Delivery of the requirements was being supported nationally through improvements in digital and data infrastructure, additional capital investment and a focus on prevention,

community and performance management. The BD&C system winter plan had been refreshed in line with the national guidance and development and sign-off of the plan was undertaken by the BD&C Urgent Care Board on behalf of the Health and Care Partnership. The Urgent Care Board continued to have oversight of system winter pressures and delivery against plan. Performance and risks would be monitored through the committee structure alongside local surge and escalation calls with partners. Assurance from the five Places in WY was requested by the WY ICB to support the sign-off of a WY winter plan in the form of a Board Assurance Statement.

AW referred to specific concerns raised by the System Quality Committee in relation to neurodiversity, health assessments for children looked after and continuing healthcare. KW explained that performance against these areas was reported in the local system dashboard which was presented to the System Finance and Performance Committee. John Hartley (JH) added that there had been discussions on the wating list for neurodiversity assessments and health assessments for children looked after in the Finance, Performance and Quality forum where it was agreed that they would be discussed further in the Healthy Children and Families Board.

SA highlighted discussions on winter planning in the WY Clinical and Care Professional Forum and the WY Vaccination Oversight Group where it was agreed that a separate vaccination group would be established to focus on the increasing vaccination inequalities as the uptake of vaccinations decreased and to consider how national non-recurrent funding could be used to tackle this.

KW referred to a range of documents related to the winter plan which included a BD&C vaccination plan to address some of these issues. SK suggested an opportunity to learn from the Covid-19 vaccination programme in terms of having community champions to increase uptake. Linda Patterson (LP) agreed on the success of this programme as community champions were trained to deliver educational programmes which worked well in areas which had low confidence in vaccines. SA added that there were also considerations for how workforce vaccinations could be increased in line with the national expectation for an increase of 5%.

The Bradford District and Craven Partnership Board **NOTED** the update on the financial position at month 4, performance and winter planning; and **APPROVED** the Winter Board Assurance submission to NHS West Yorkshire ICB.

Sarah Jones left the meeting. The meeting no longer quorate.

22 OUR PLANS FOR THE HEALTH, CARE, AND WELLBEING STRATEGY

MS introduced the Health, Care, and Wellbeing Strategy. MS gave particular thanks to VS, SA, Clare Smart and the population health team for their work in the development of the strategy. He referred to it as a needs and population health led strategy which was a

cornerstone of the collaborative work between ANHSFT and BTHFT, the development of Integrated Neighbourhood Teams and the Airedale New Hospital Programme. Assurance on the development of governance arrangements to deliver the strategy was provided, which noted the establishment of three strategy delivery boards focused on integrated acute care, integrated neighbourhood health and care, and integrated corporate support and Closing the Gap. It was noted that there would be a communications plan to support the socialisation of the strategy for partners.

The Bradford District and Craven Partnership Board **APPROVED** 'our plans for health, care, and wellbeing in Bradford District and Craven' (subject to the ratification of the decision by absent members).

23 REPORTS FROM COMMITTEES AND FORA

The Chair explained that each committee and fora completed a Triple A Report from each of the meetings to provide assurance to the Partnership Board and enabled committee chairs to alert the Board to any significant risks or asks.

The reports were taken as read and received and no issues were escalated. SA noted that the Clinical and Professional Forum had not met since May 2025 and were due to meet on 10 September 2025. The Forum met bi-monthly with the meeting planned for July 2025 cancelled due to the number of apologies received. SA referred to the need to ensure that the role of the Forum remained in the new governance arrangements for the ICB and that the clinical and professional voice was retained.

The Bradford District and Craven Partnership Board **RECEIVED** the Triple A reports from the System Finance and Performance and System Quality Committees.

24 FOCUS ON CRAVEN – HEALTHWATCH REPORT 'PLOUGHING THROUGH BARRIERS'

It was noted that the report would be discussed in full in the meeting on 14 November 2025 when Ashley Green could be present.

Richard Webb (RW) provided an introductory summary to the report noting that it was led by Healthwatch and VCS organisations in North Yorkshire. The report described key issues and challenges facing the farming community and recommendations for how access to health could be improved. A number of key themes from the report were highlighted including health not being prioritised, concerns that health issues could affect access to a gun licence, hidden communities and opportunities to reach communities through outreach work. Sharon Hudson (SH) referred to a recommendation for opportunities for services in the community, such as nurses doing outreach work in auction marts, and the need to use trusted professionals for signposting and to build trust and relationships. The report referred to the impact of the work so far – RW noted that findings

from the report had informed the North Yorkshire Council Rural Health Needs Assessment.

VS noted that the focus of the next Listen in cycle would be on men from traditionally working-class White British communities and referred to overlap with themes in the report such as the insecurity of self-employment and the risks of the loss of income as a barrier to access to healthcare.

SK referred to the Health, Care and Wellbeing Strategy providing the framework to provide services which were accessible to people, which linked to such areas as reducing inequalities and increasing uptake of vaccinations and screening, and would make a significant difference to the population of BD&C if this could be achieved.

The Bradford District and Craven Partnership Board **RECEIVED** the 'ploughing through barriers' report ahead of a full discussion in the meeting on 14 November 2025.

25 FOCUS ON CRAVEN – UPDATE ON NORTH YORKSHIRE HEALTH COLLABORATIVE

RW presented a report which provided an update on the North Yorkshire Health Collaborative, which was described as a new approach to transforming health and care in North Yorkshire through an NHS / North Yorkshire Council Joint Committee and section 75 agreement. The Joint Committee had an overview of aligned expenditure on health and care services across North Yorkshire Council and Humber and North Yorkshire ICB and leads the delivery of the 'Ambitious for Health' programme. The arrangements for the Collaborative built on established joint working through the North Yorkshire Place Board which included partners from other ICBs in the North Yorkshire footprint and other key partners. The section 75 agreement was between North Yorkshire Council and Humber and North Yorkshire ICB with an intention that partners would play an active role in the Collaborative. MS attended the Joint Committee on behalf of the BD&C H&CP. The new arrangements took effect from 10 July 2025 with the Collaborative supported by the section 75 agreement with an initial one-year term and two options to extend for a further 12 months each (three years in total). RW referred to an opportunity to learn from ANHSFT on their model of community health. FA welcomed continued development and the need to consider how to strengthen and deliver what is required for the population.

The Bradford District and Craven Partnership Board **NOTED** the update on the North Yorkshire Health Collaborative.

26 PARTNERSHIP HIGH LEVEL RISK REPORT

Asma Sacha (AS) presented a report which detailed the risks on the Partnership risk register and the review of the Board Assurance Framework (BAF) during cycle two of 2025/26. A comprehensive refresh of the risk register had taken place during the cycle and

as a result a number of risks had merged or closed with the development of four new risk descriptions for the merged risks related to workforce, care home sustainability, ADHD and autism assessments and continuing healthcare. A risk related to major outbreaks of infectious diseases had also been closed (risk 2448) as there was a similar risk related to vaccines and diseases outbreaks on the WY ICB corporate risk register. A risk related to initial health assessments for children in case not completed within the statutory timeframes (risk 2538) had been added to the risk register during the cycle. The risk related to the financial position of BMDC (risk 2173) had decreased from 20 to 16 due to a number of mitigations in place. It was highlighted that a number of risks related to the WY ICB organisational change programme were being developed and would be added to the WY ICB corporate risk register.

In cycle two the BAF focused on the five West Yorkshire Places and for BD&C key changes were noted as an increase of the score (from 12 to 16) for the risk related to the recruitment and retention of staff across health and care (risk 2.1) to reflect the WY ICB position, and the increase of the score (from 6 to 9) of the risk related to a failure to innovate, learn lessons and share good practice (2.2) due to work needed on a digital upgrade for systems and software. Risk target scores had been adjusted in line with the risk appetite.

TP highlighted a number of challenges related to the ICB's organisational change programme in terms of the vacancy freeze and a subsequent impact on capacity and resource. MS added that a stocktake of key priorities in the Places across WY was taking place considering the capacity challenges. JH referred to a number of vacancies in continuing healthcare and safeguarding with measures to mitigate these gaps. MW noted continuing healthcare as an important area of financial focus for the ICB in terms of capacity to review high-cost packages. FA referred to the need for support and communications between providers, partners and the ICB to manage the impact on the system. Louise Bestwick (LB) suggested communication with care providers on the financial and workforce challenges within continuing healthcare.

The Bradford District and Craven Partnership Board **RECEIVED** and **NOTED** the high-scoring risk report as a true reflection of the risk position in the ICB in Bradford District and Craven; was **ASSURED** in respect of the effective management of the risks and the controls and assurances in place; and **RECEIVED** and **NOTED** the Board Assurance Framework for cycle two of 2025/26.

27 ANY OTHER BUSINESS

No further business was raised.

28 REPORTS/ESCALATION TO WY ICB AND REVIEW OF THE MEETING

It was agreed that key messages to be included in the triple A report to the WY ICB Board

would be drafted following the meeting.

The meeting closed at 12:30.

DATE AND TIME OF NEXT MEETING

10:00 – 13:00
Friday 14 November 2025
G7/G8, Scorex House, 1 Bolton Road, Bradford, BD1 4AS

Ref No	Meeting date	Agenda item	Action Required	Lead	Due Date	Status	Notes
2024/05	21-Jun-24	Development Session	The Communication and Engagement Team to explore a kindness campaign, in reference to ANHSFT campaign to develop something place-wide	Shak Rafiq	05-Sep-25	Open	23/05/25: Agreed to keep the action open as there was ongoing consideration for a future campaign. 05/09/25: Agreed to keep the action open.
2024/07	14-Feb-25	6 - Section 65 agreement variation	B&DC H&CP leadership and governance review undertaken by Mike Farrar to be considered and brought to the next PB meeting in May 2025.	Therese Patten/Matt Sandford	23-May-25	Closed	23/05/25: Covered in the agenda items on the Health, Care, and Wellbeing Strategy (item 8) and governance (item 12).
2024/08	14-Feb-25	6 - Section 65 agreement variation	NYC Section 75 (Ambtious for Health) to be added to the Partnership Board workplan.	Louise Wallace/Catherine Smith	05-Sep-25	Closed	Agenda item in meeting on 5 Sept 2025

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Bradford District and Craven Health and Care Partnership Board

Date of meeting: 5 September 2025

Report to: WY ICB Board on 23 September 2025

Report completed by: Catherine Smith on behalf of Elaine Appelbee (independent chair) and Therese Patten (Bradford District and Craven place lead)

Date: 5 September 2025

Key escalation and discussion points from the meeting
Alert:
• **2025/26 financial position at Month 4 -** reported variance of £5m for Bradford District and Craven (BD&C) Place (NHS partners only) however forecast to be on plan at year-end for the 3 Trusts. Forecast to be £5m off plan at year-end for BD&C ICB but this will be offset by underspends in other Places. In the ICB the forecast deficit has increased by £1m from Month 3. There is significant risk in the forecasts as demonstrated in the "most likely case" scenarios – noted that this has been influenced by the recent additional savings target of £12m across BDC, being our share of the £33m West Yorkshire savings gap. (BAF 3.1, 3.2 and RR 2727, 2433) • For quarter one Bradford Metropolitan District Council (BMDC) are forecasting a small underspend of £7m however this is in the context of £127m of national exceptional support funding (BAF 3.1, 3.2 and RR 2173) • NHS 5-year financial plans are to be completed by the end of 2025, with the need to consider the plans in the context of the New Hospital Programme in Airedale NHS Foundation Trust (ANHSFT) • **ANHSFT New Hospital Programme (NHP) Strategic Outline Case (SOC)** is now required to be submitted in November 2025 aligned to NHS England's NHP sequencing updates. This is anticipated to be considered at ANHSFT's Board in November. Further updates will be provided to BD&C Partnership Board in November.
Advise:
• The final version of the **Health, Care and Wellbeing Strategy** for **Bradford District and Craven Health and Care Partnership** was approved. The strategy supports the Partnership vision of 'happy, healthy at home' and had been developed in response to the need to transform health, care and wellbeing services to meet the changing needs of the population and the three Darzi shifts. Assurance provided on the governance arrangements to support delivery of the strategy through Strategy Delivery Boards, which will focus on the three big ambitions in the NHS 10 Year Plan (integrated acute care, integrated neighbourhood health and care and integrated

corporate support) and report to a Collaboration Programme Board. (BAF 1,1, 1.3, 2.4 and RR 2312, 2314, 2215, 2543, 2221)

- BD&C has submitted an application to join the first wave of the **National Neighbourhood Health Implementation Programme**, a 12-month initiative to accelerate the roll-out of neighbourhood health services across communities in Bradford. A decision on the application is due in early September 2025. The application is closely aligned with the ambitions of the BD&C Health, Care and Wellbeing Strategy.
- Noted that funding had been received from West Yorkshire to undertake organisational development work to develop **Integrated Neighbourhood Teams** and to strengthen the citizen voice in the work.

Assure:

- **Listen in report** received as part of the focus on reaching into communities of interest – the report focused on hearing from people from racially minoritised communities, particularly recent migrants from African and Middle Eastern countries. The Board were asked to consider how the approach and learning from Listen in could continue in the changes in the ICB, noting the risk of losing both trust in communities built up through the engagement work and momentum, and that the findings from the programme were the foundation of the Health, Care and Wellbeing Strategy. (BAF 1,1, 1.2, 1.3 and RR 2221)
- As part of the 'focus on Craven'' part of the agenda an update was received on the **North Yorkshire Health Collaborative**, which was described as a new approach to transforming health and care in North Yorkshire through an NHS / North Yorkshire Council joint committee and Section 75 agreement. The joint committee will have an overview of aligned expenditure on health and care services up to £590m across North Yorkshire Council and Humber and North Yorkshire ICB. Although the agreement is between the two partners, members in the North Yorkshire Place Board will play an active role in the collaborative and attend the committee as non-voting members. The work of the committee will deliver significant elements of the NHS 10 Year Health Plan on a local level. The Board noted the positive work on connectivity. (BAF 1.3, 3.1)
- The Board received a **performance report** which detailed progress against the operational plan metrics. Positive performance and challenges were highlighted. The publication of the new NHS Performance Assessment Framework was noted with the framework used to assess each organisation against an agreed set of performance metrics. Publication of the scores for each organisation is imminent. (BAF 1.2, 2.1, 2.3 and RR 2168, 2541, 2543)
- The Board received assurance that the **system winter plan** had been refreshed in line with national guidance. Overall performance will be reviewed at the System Finance and Performance Committee and key quality risks considered by the System Quality Committee. The Urgent Care Board will have oversight of system winter

pressures and delivery against plan, supported by regular surge and escalation calls between partners during the winter period. The Board approved the ICB Board Assurance Statement on winter planning from a BD&C perspective. (BAF 1.1, 1.2, 2.5 and RR 2168, 2543)

- The Board received assurance that the West Yorkshire Clinical and Care Professional Forum had considered winter and established a West Yorkshire vaccination oversight group to focus on reducing inequalities and increasing uptake in relation to vaccination rates. The Board were assured that there is a local BD&C vaccination plan. (BAF 1.1, 1.2, 2.5 and RR 2168, 2543).
- Launch of the **NHS 10 Year Health plan** was noted with further discussion to take place in the development session in October 2025.

Bradford District and Craven Health and Care Partnership

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NHS West Yorkshire Integrated Care Board

Meeting name:	Bradford District and Craven Health and Care Partnership Board
Agenda item no:	5
Meeting date:	14 November 2025
Report title:	Place Lead's Update
Report presented by:	Therese Patten, Place Lead for Bradford District and Craven
Report approved by:	Therese Patten, Place Lead for Bradford District and Craven
Report prepared by:	Victoria Simmons, Senior Head of Communications and Involvement, WY ICB

Purpose and Action

Assurance ☐	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

The Place Lead's Update is a regular agenda item at meetings of the Bradford District and Craven Health and Care Partnership Board.

Executive summary and points for discussion:

This report summarises key activities and points to note arising from the activity of the Bradford District and Craven place partnership and the wider West Yorkshire Health and Care Partnership. Where relevant, connections are made to national policy developments.

The report seeks to inform the Partnership Board of progress made by the Executive and the whole Partnership in response to our key issues and in pursuit of our strategic goals.

Outline how this supports our partnership vision and strategy

Our Purpose - All working to the same goal, for our population to have more chances to lead healthier lives.
Our Population - Supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes.
Our Place - Making our district a great place to live, work and thrive.
Our Partnership – Greater value through the best use of our collective resources, minimising duplication and waste.

Recommendation(s)

The Bradford District and Craven Partnership Board is asked to:
1) receive and note the Place Lead's update.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

This report provides an overview of the partnership context, recent highlights, and forthcoming activities. As such it touches on several areas of the BAF but does not seek to provide assurance on any specific risks.

Appendices

n/a

Acronyms and Abbreviations explained

1. ICB integrated care board
2. PACT proactive care team
3. NNHIP National Neighbourhood Health Implementation Programme
4. BD&C Bradford District and Craven
5. INT Integrated Neighbourhood Team
6. VCSE voluntary, community and social enterprise
7. CQC Care Quality Commission
8. ELSEC Early Language Support for Every Child
9. SEND special educational needs and disability

National context and policy development

Medium term planning framework (2026/27–2028/29)
NHS England has published the Medium Term Planning Framework, setting the direction for the next three years. It signals a move away from short-term cycles towards multi-year planning, with clear expectations on prevention, primary and community care, productivity, digital, workforce and financial sustainability. Places are asked to align plans, trajectories and governance accordingly, with submissions staged through early 2026. **Medium term planning framework - delivering change together 2026/27 to 2028/29**

Men's health strategy – call for evidence
The government has opened a call for evidence to shape England's first Men's Health Strategy, seeking insights from the public, professionals and employers on prevention, access and outcomes for men and boys. Local partners may wish to submit organisational views and reflect men's health within existing prevention and inequalities work. **Men's Health Strategy for England: call for evidence - GOV.UK**

Industrial action
The British Medical Association has rejected a fresh government offer intended to avert planned resident (junior) doctor strike action in November, with media reporting a five-day walkout scheduled from 14–19 November. Systems are preparing operational mitigations for winter alongside continued engagement with staff.

NHS Online 'hospital'
NHS England has announced a new 'online hospital' model—NHS Online—aimed at giving patients more control over their care via the NHS App, with national roll-out from 2027. The model will route appropriate referrals to virtual specialist teams, link to community diagnostic centres and use remote monitoring where clinically suitable. Local digital, pathway and inclusion implications will need planning. **NHS England » New NHS online hospital to give patients more control over their care**

Winter warnings
NHS England has reported an early rise in flu activity and warned that this could lead to a "long and drawn-out" winter. Vaccination efforts are being accelerated, with more than 12 million flu vaccines delivered so far this autumn. Partners are urged to sustain uptake across eligible groups and frontline staff. **NHS England » Early flu wave could lead to 'long and drawn out' Winter for NHS**

NHS workforce plan delayed to spring 2026
The government has confirmed that publication of the new 10-Year NHS Workforce Plan will be delayed until spring 2026. The strategy will replace the 2023 Long-Term Workforce Plan and is expected to include new minimum staff standards,

commitments to reduce reliance on overseas recruitment, and potential reform of national employment contracts.

Adult social care fair pay agreement

In October 2025, the government announced plans to introduce England's first fair pay agreement for the adult social care workforce. The agreement, to be developed by a new national negotiating body from 2026, aims to set minimum pay, terms and career standards across the sector in a bid to improve recruitment and retention. It will be supported by a £500 million ring-fenced fund and is expected to come into force in 2028.

West Yorkshire ICB

ICB running cost reductions and organisational change

As part of the national restructuring of the NHS, NHS West Yorkshire ICB continues to take forward the actions required to meet expectations around cost reduction and structural reform. The ICB has now received and reviewed the *Model Region Blueprint*, which clarifies the purpose and core functions of regional teams and sets the framework for how ICBs will operate as strategic commissioners.

Work is underway with NHS England to co-design future arrangements, including which functions will transition to regional or national teams. The ICB is now focused on refining its role around commissioning, quality and assurance, while ensuring that the impact of any changes on services, staff and system delivery is fully understood. Consultation with staff remains on hold pending clarity from NHS England on the process and funding for voluntary and compulsory redundancies. Engagement with staff, trade unions and partners continues, recognising the uncertainty this creates. A decision on timelines is expected once national guidance is confirmed later this year. At system level, provider partnerships in each place are expected to take on service contracts by April 2027, with provider collaboratives continuing to operate across West Yorkshire. Local authorities and Health and Wellbeing Boards will have a stronger role in place leadership, while the ICB focuses on commissioning for value, reducing bureaucracy and ensuring safety and quality through a more streamlined operating model.

West Yorkshire Health and Care Partnership activity

Children's asthma and housing ambitions

West Yorkshire Health and Care Partnership has launched new ambitions to tackle the impact of poor housing on childhood asthma. The work takes a "health in all policies" approach, bringing together clinicians, housing teams and local authorities to improve conditions in homes and reduce respiratory illness among children.

Healthy working life – supporting return to work after stroke
As part of the Healthy Working Life programme with the West Yorkshire Combined Authority, new resources have been developed to help employers support people returning to work after a stroke. The model is being expanded to include other long-term conditions such as cardiac and respiratory illness, helping more people to stay well and in work.

New hypertension guideline
A new West Yorkshire-wide hypertension guideline has been introduced to save lives and reduce inequalities linked to cardiovascular disease. It supports earlier diagnosis, lower blood pressure targets and greater consistency in clinical practice across primary care, pharmacy and community services.

Together we can stay well this winter
West Yorkshire Health and Care Partnership has relaunched its *Together We Can* campaign to encourage people to look after themselves, their loved ones and NHS services during the colder months. The campaign focuses on five simple steps everyone can take to stay well this winter: getting vaccinated, choosing the right service, washing hands regularly, keeping warm, and checking in on others. It also highlights the importance of supporting vulnerable people who may be more affected by cold weather or isolation. The campaign aims to reduce pressure on urgent and emergency services while helping people remain healthy and independent at home.

Bradford District & Craven Partnership

Leadership update
After decades of dedicated service to our local health and care system, Robert Maden, Director of Estates Strategy, is retiring in November. This has been planned for some time as part of his personal decision to retire, and we know colleagues will want to join us in thanking him for his commitment and contribution over the years. Robert has asked that we keep any formal recognition low-key, in keeping with his usual modest style. We wish Robert all the very best for a happy and well-earned retirement. As we move towards our future operating model, responsibility for the estates portfolio and line management of his team will transfer to Matt Sandford, Director of Partnership and Place, Deputy Accountable Officer.

To provide stability and support for nursing, quality and safeguarding functions across West Yorkshire, temporary leadership arrangements have been introduced. Due to ongoing sickness within the Bradford District and Craven quality team, Debbie Winder, Associate Director of Nursing and Quality currently based in Kirklees, has taken on interim responsibility for Bradford District and Craven from 3 November. This will ensure continuity, effective leadership and support for teams.

Bradford District and Craven Health, Care and Wellbeing Strategy
Following Board approval, our plans for health, care and wellbeing have been published. The strategy has been presented to Bradford Health Overview and Scrutiny Committee, Wellbeing Boards for both Bradford and North Yorkshire, and taken through West Yorkshire ICB governance.

A simple guide has been produced which gives an overview of the strategy in a more accessible format, to support our wider workforce and communities to engage with and understand our plans.

Strategy Delivery Groups
The three Strategy Delivery Groups continue to make steady progress in shaping and delivering shared priorities across the partnership.

The **Integrated Acute Delivery Group** is advancing several collaborative improvement initiatives. Recent workshops have identified opportunities for efficiency savings and greater alignment across pharmacy, gastroenterology and endoscopy services. Work is also underway to develop a single non-site-specific cancer service and to review ophthalmology pathways to bring care closer to home. A plastics list pilot will begin at Airedale Foundation Trust in early November.

The **Integrated Neighbourhood Health and Care Group** has completed a review of its work programme and identified key areas for development. Bradford District and Craven was well represented at the National Neighbourhood Health Implementation Programme event in Manchester, where the PACT model was showcased as an example of good practice. Plans for organisational development workshops involving Primary Care Networks and Community Partnerships are progressing, alongside work to establish an integrated learning disability team and strengthen primary care leadership within the programme.

The **Integrated Corporate Services Group** is developing its delivery approach following the appointment of PwC through a competitive procurement process. Funding contributions have been agreed across providers, with additional external funding being explored. Governance arrangements and the approval process for new roles are being refined, and a consolidated list of priority “difficult decisions” is now being evaluated to guide the next phase of work.

Neighbourhood health programme
Bradford District and Craven has been chosen as one of the National Neighbourhood Health Implementation Programme (NNHIP) pilots. The support from NNHIP will accelerate our vision to deliver care within neighbourhoods, helping people live longer in good health. With a strong track record in addressing inequalities and working across diverse geographies through multi-agency partnerships, we bring valuable expertise to the programme.

As one of the NNHIP pilots, we will build on what is already working well and move towards a consistent, systematic neighbourhood model of care across our place. Each pilot area has identified a local *Place Coach,* for Bradford District and Craven this is **Louise Keighley**, who will be supported by a dedicated national *Improvement Coach*, for BDC this is **Dr Julia Sutton-McGough**. Our place coach will be trained in large-scale change by the national NNHIP team and will act as the key connector between local implementation and national workstreams, helping to drive forward the programme across our place.

Putting people's voices at the centre of integrated neighbourhood health
This West Yorkshire-wide project is enabling Integrated Neighbourhood Teams (INTs) to embed people's voices at the heart of neighbourhood health. Through self-assessment, peer learning and tailored support, each INT will develop a plan for involving local people and staff in shaping care around what matters most to their communities. Funding is being channelled via VCSE infrastructure organisations to reduce barriers to participation and strengthen collaboration. The project will create a flexible, sustainable approach to community involvement across all neighbourhoods, building on existing ways of working and good practice at place and supported by shared learning across West Yorkshire.

Bradford Council adult social care rated good by CQC
Bradford Council's adult social care service has been rated *Good* by the Care Quality Commission – a significant achievement that reflects the dedication and compassion of staff and strong leadership within the council. The inspection found that people receive effective, person-centred support and that services are well connected with health, housing and community partners to meet local needs.

National investigation into maternity and neonatal services
Bradford Teaching Hospitals NHS Foundation Trust has been selected as one of 14 trusts subject to the national investigation into maternity and neonatal services announced by the Care Quality Commission and the Department of Health and Social Care. The investigation aims to review service safety, governance and inequality in maternity and neonatal care across the system, with interim findings expected by December 2025 and full recommendations to follow. National investigation into maternity and neonatal services – Bradford Teaching Hospitals NHS Foundation Trust

Airedale Hospital planning application new car park
Airedale NHS Foundation Trust has reached an important milestone in its hospital redevelopment programme with the submission of a planning application for a new multi-storey car park and access road. This marks the first formal step towards building the new hospital, which will replace the current ageing facility. The proposals include improved access for patients, visitors and staff, alongside sustainable design features. The Trust has invited local residents, patients and partners to share their

views as part of the planning process, ensuring that community voices help shape this major investment in the future of local health and care.

Cancer screening saves lives campaign launched
In September 2025, Bradford District & Craven Partnership launched its Cancer Screening Saves Lives campaign to raise awareness of the importance of early cancer detection and screening uptake. The initiative focuses on boosting levels of breast, cervical and bowel screening across the district, with targeted outreach in communities where participation has lagged. Through a mix of community engagement, partner-agency activity and tailored communication materials, the campaign aims to reduce inequalities in diagnosis, improve early-stage detection and ultimately save lives by ensuring more people are screened at the right time. Cancer screening saves lives - Bradford District and Craven Health and Care Partnership

Speech and language service – ELSEC phase two launched
Phase two of the new early years speech and language service has now begun across Bradford District and Craven. The ELSEC (Early Language Support for Every Child) service, developed through partnership between health, education and local authority teams, is designed to identify and support children with speech, language and communication needs as early as possible. Phase two expands access to specialist therapists, strengthens links with nurseries and early years settings, and introduces clearer referral routes for professionals and families. The aim is to ensure more children get the right support at the right time, improving school readiness and reducing inequalities in early development.

SENDiVERSE Festival
The week-long SENDiVERSE Festival over October half term brought together more than 50 free activities for children and young people with special educational needs and disabilities (SEND) and their families. Led by The Leap and local partners, the festival featured creative workshops, sensory play, performance, and a large “Big Bang” celebration event that brought together families, cultural organisations and support services in Bradford and Keighley. The event provided an inclusive, joyful platform to showcase SEND talent, strengthen community connections and improve support for families.

Bradford District and Craven Health and Care Partnership

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NHS West Yorkshire Integrated Care Board

Meeting name:	Bradford District and Craven Partnership Board
Agenda item no:	6
Meeting date:	14 November 2025
Report title:	Planning guidance update
Report presented by:	Kerry Weir, Associate Director Planning, Performance & Business Intelligence, WY ICB
Report approved by:	Mike Woodhead, Lead Director of Finance, Bradford District & Craven Health & Care Partnership
Report prepared by:	Kerry Weir, Associate Director Planning, Performance & Business Intelligence, WY ICB

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

An update on delivery of our 2025/26 operational plans was presented to the board in September. The following gives an update on the expectations for the 2026/27 NHS planning cycle.

Executive summary and points for discussion:

NHS England (NHSE) published Planning framework for the NHS in England on the 8th September. The Medium Term Planning Framework – delivering change together 2026/27 to 2028/29 was subsequently published on 24th October. Together these frameworks set out the national expectations to enable delivery of the NHS 10-year plan.

The planning framework:

- Shifts the focus towards a rolling 5-year planning horizon, creating a continuous, iterative process that supports transformational change;
- Expects all organisations to prepare credible, integrated five-year plans and demonstrate how financial sustainability will be secured over the medium term;
- Defines roles and responsibilities;
- Sets our core activities (split across two phases); and
- Outlines the expected governance and assurance processes.

The medium-term planning framework, building on the above guidance, sets out how the NHS can work to deliver the three shifts (hospital to community, sickness to prevention and analogue to digital) over the next 3 years through:

- Transforming the approach to quality and rolling out data-led monitoring, starting in maternity services;

- Implementing a new Operating Model with clarity on roles/accountabilities, offering greater freedom/flexibilities for those performing well;
- Re-designing the current financial regime, distributing funding more fairly and ensuring payment schemes support new models of care;
- Improving productivity, reducing unwarranted variation, transforming pathways and maximising the use of technology to speed up processes; and
- Developing plans for delivering national targets and service transformation in: Elective care; Urgent and emergency care; Community health; Primary care; Mental Health; Learning disability, Autism and ADHD; and Workforce.

Organisations are expected to submit draft 3-year plans in December with Board assurance confirming oversight of the process. Revision of these plans is expected early in the new year alongside a five-year plan narrative and Board assurance statements confirming oversight and endorsement of the totality of the plans.

Plans will be assured by NHS England regional teams who will provide specific support to those organisations who face the biggest challenges in meeting the collective ambitions.
Detailed technical guidance is still to be published and a range of supporting documents are being developed.

We are meeting as a Bradford District & Craven (BDC) system on the 27th of November to agree the assumptions and principles supporting this year's planning process.

Outline how this supports our partnership vision and strategy

Our Purpose - All working to the same goal, for our population to have more chances to lead healthier lives.

Our Population - Supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes.

Our Place - Making our district a great place to live, work and thrive.

Our Partnership – Greater value through the best use of our collective resources, minimising duplication and waste.

Recommendation(s)

The Bradford District and Craven Partnership Board is asked to:

1. Note the update on the latest NHS planning guidance.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

N/A

Appendices

1. NHS Planning

Acronyms and Abbreviations explained

1. BDC – Bradford District & Craven

2. NHSE – NHS England

What are the implications for?

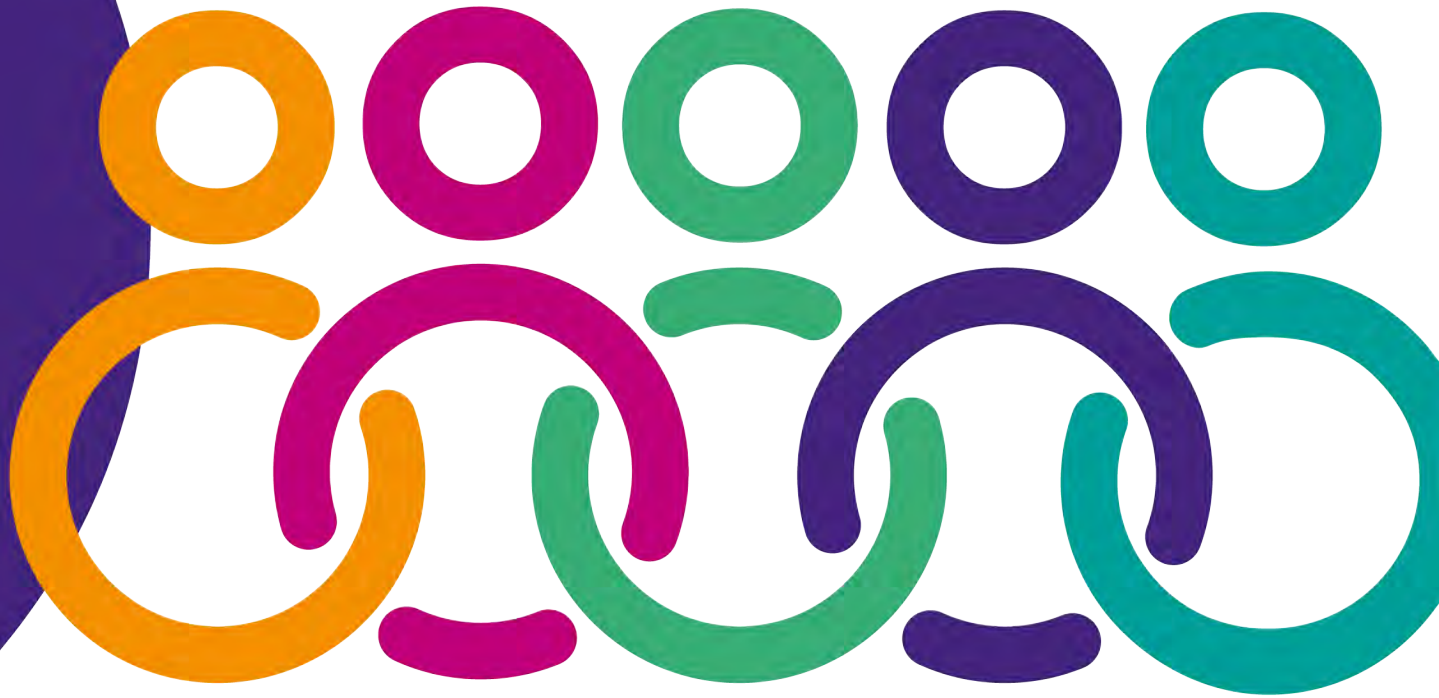
Residents and Communities	Delivery of services that fulfil NHS constitutional requirements, meet the needs of the population, and improve population health
Quality and Safety	Delivering high quality and safe services
Equality, Diversity and Inclusion	Services accessible to all
Finances and Use of Resources	-
Regulation and Legal Requirements	-
Conflicts of Interest	-
Data Protection	-
Transformation and Innovation	Service transformation to deliver improved performance
Environmental and Climate Change	-
Future Decisions and Policy Making	Performance against strategic priorities to inform decision making
Citizen and Stakeholder Engagement	-

Bradford District and Craven
Health and Care Partnership

ACTasONE

NHS Planning

November 2025



Overview

Bradford District and Craven Health and Care Partnership

Two documents:

- Planning framework for the NHS in England published on the 8th September

  Shifts the focus towards a rolling 5-year planning horizon, creating a continuous, iterative process that supports transformational change.

  Sets out roles, responsibilities, core activities and assurance expectations, within wider NHS planning architecture

- Medium Term Planning Framework – delivering change together 2026/27 to 2028/29 published on 24th October.

  Describes the changes required over the next 3 years in terms of quality, patient experience, genomics, life sciences & research, and leadership and management, alongside changes in the financial regime and operating model to underpin transformation.

  Expectation that plans will be developed for delivering national targets and service transformation in: Elective care; Urgent and emergency care; Community health; Primary care; Mental Health; Learning disability, Autism and ADHD; and Workforce.

Together theses frameworks enable delivery of the NHS 10-year plan three shifts (hospital to community, sickness to prevention and analogue to digital).

Planning Framework for the NHS in England

Overview

Bradford District and Craven Health and Care Partnership

- All organisations will be asked to prepare credible, integrated five-year plans and demonstrate how financial sustainability will be secured over the medium term. This means developing plans that:
  - build and align across time horizons, joining up strategic and operational planning;
  - are co-ordinated and coherent across organisations and different spatial levels; and
  - demonstrate robust triangulation between finance, quality, activity and workforce.
- **Five core principles:** Outcome-focused; Accountable and transparent; Evidence-based; Multi-disciplinary; and Credible and deliverable
- **2 phases:**
  - Phase 1: Setting up the integrated planning process and governance at organisation, place and system level and building a robust evidence base including data-driven insights into population needs, service demand, workforce supply and capacity, and finances.
  - Phase 2: Plans are fully developed, triangulated and assured through a multidisciplinary process and signed off by boards

Integrated plans should:

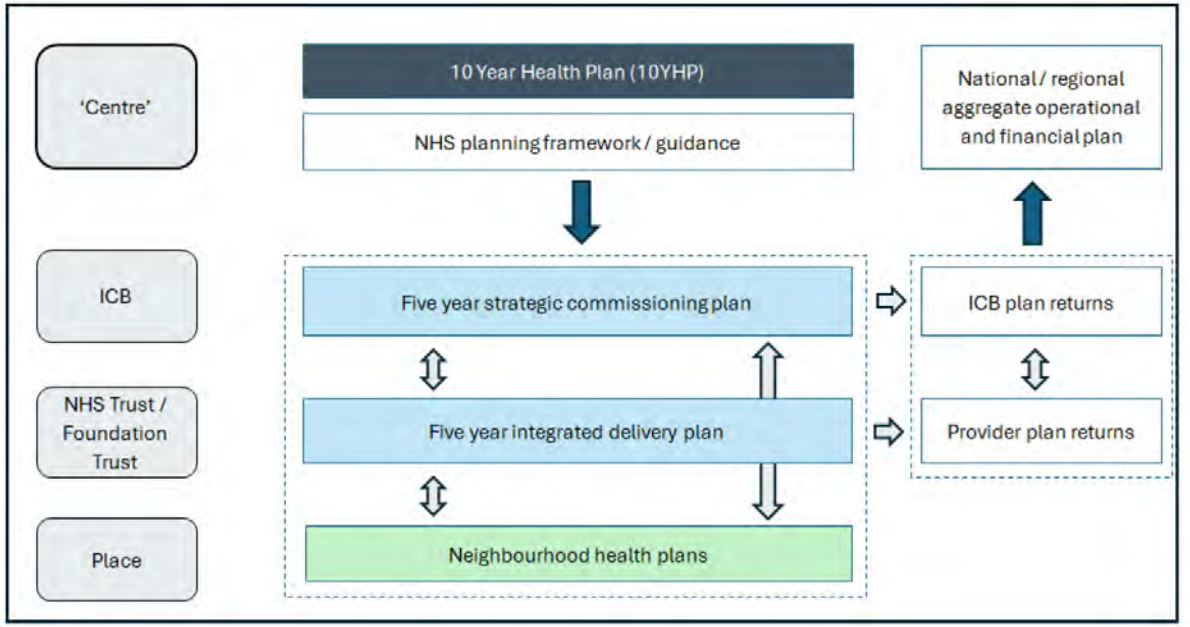
- Build on robust population health improvement and clinical strategies reflecting local needs/national ambitions.
- Be informed by the foundational activities and analysis undertaken during phase one.
- Bring together: Service plans; Workforce plans; Financial plans; Quality improvement plans; Digital plans; and Infrastructure and capital plans.

National planning architecture

Bradford District and Craven
Health and Care Partnership

Strategic/operational plans are the cornerstone of a wider national planning architecture to ensure that:

- plans are developed based on appropriate, accurate and timely information.
- plans are developed on a consistent basis to support aggregation, reporting, oversight and accountability.
- planning activities at local, regional and national level align and support each other.



- **5-year strategic commissioning plans:** Describes how, as a strategic commissioner, an ICB will improve population health and access to consistently high-quality services
- **5-year integrated delivery plans:** Demonstrates how the organisation will deliver national and local priorities and secure financial sustainability.
- **Neighbourhood health plans:** Should set out how the NHS, LA and other organisations will work together to design and deliver neighbourhood health services
- **National plan returns:** Existing set of annual finance, workforce, activity and performance templates will be redesigned to better support integrated planning. Separate returns from ICBs and Trusts rather than a single 'system return'. ICBs and providers will need to work together to ensure that these are fully aligned.

Roles and responsibilities

Bradford District and Craven
Health and Care Partnership

Providers:

- Develop strategic, operational and financial plans to deliver on national and local priorities, including pathway redesign and service development.
- Develop and continuously improve the foundations for integrated planning including robust demand and capacity modelling and triangulation across quality, finance, activity and workforce plans.
- Ensure strong clinical leadership in plan development and linked decision making.
- Collaborate with system, place and provider collaborative partners to ensure plans support the delivery of the best outcomes for local populations and the most effective use of collective resources.
- Work with ICBs to ensure plans reflect agreed commissioned activity levels and align to the overall system strategy.

Regions:

- Support ICBs and providers to 'create the conditions' for effective, integrated planning across the region, including assessment of planning maturity.
- Lead those planning activities where a regional or cross-system response is required e.g. strategic infrastructure planning, long term workforce planning, education and training capacity planning.
- Support and assure ICB and provider responses to nationally mandated elements of NHS planning including risk assessment, coordinating appropriate support, and plan acceptance.
- Work closely with national teams to design national planning products and processes and support capability and capacity building.

ICBs:

- Set overall system strategy to inform allocation of resources to improve population health outcomes and ensure equitable access to healthcare.
- Lead system level strategic planning, ensuring effective demand management and optimal use of collective resources.
- Set commissioning intentions and outcome-based service specifications to enable providers to undertake effective operational planning aligned to national and local priorities.
- Convene and co-ordinate system-wide planning activities e.g. pathway redesign, neighbourhood health, fragile services, capital and estates.
- Work closely with region on planning activities where a cross-system or multi-ICB response is required.
- Co-ordinate system response to nationally determined NHS planning requirements, working with region and providers.

National:

- Set strategic direction and national priorities and standards for the NHS.
- Develop and continuously improve the national planning framework, including specific requirements for the nationally co-ordinated element of NHS planning.
- Support capability and capacity building across the system and promote sharing and adoption of best practice.
- Deliver centrally developed resources, such as analytical tools, data packs, modelling assumptions, and templates to reduce duplication and ensure consistency.
- Provide guidance and technical support to underpin planning and assurance processes
- Work closely with regions, ICBs and providers on the design and refinement of national planning products and processes.

Core Activities

Bradford District and Craven Health and Care Partnership

	ICB	Provider[2]	Place partners
Phase one: Setting the foundations	Perform a refresh of the clinical / organisational strategy as required to ensure they are updated to reflect changes in national policy (e.g. the 10YHP) or local context. Review organisational improvement capability. Establish appropriate governance structures and agree responsibilities and ways of working to support the integrated planning process, including engagement with patients and local communities		Provide place-level input on population needs and local priorities including Joint Strategic Needs Assessment (JSNA)
	Assess population needs, identifying underserved communities and surfacing inequalities, and share with providers Review quality, performance and productivity of existing provision using data and input from stakeholders, people and communities Develop initial forecasts and scenario modelling for demand and service pressures Generate actionable insights to inform service and pathway design with providers Create outline commissioning intentions for discussion with providers	Review quality, performance and productivity at service level as well as the organisation's underlying capabilities (workforce, infrastructure, digital and technology) Establish a robust financial baseline based on underlying position and drivers of costs Identify key sources of unwarranted variation and improvement opportunities through benchmarking and best practice Identify service and pathway redesign opportunities including reviewing fragile services Undertake core demand and capacity analysis and develop initial forecasts and scenario modelling	

[2] *Individually and jointly across provider collaboratives*

Core Activities

Bradford District and Craven
Health and Care Partnership

	ICB	Provider[3]	Place partners
Phase two: Integrated planning	Develop an evidence-based five-year strategic commissioning plan to improve population health and access to consistently high –quality services	Develop a credible, integrated organisational five-year plan that demonstrates how national and local priorities will be delivered, including securing financial sustainability	Lead the co-design of integrated service models at place level Develop Neighbourhood Health Plan and supporting place-based delivery plans
	Bring together neighbourhood health plans into a population health improvement plan in discussion with people, communities and partners Iterate initial forecasting and scenario modelling for demand and service pressures Finalise commissioning plans to inform provider plan development Undertake QEIAs to support informed decision-making through the planning process Ensure improvement resources are aligned to the priority areas of the plan	Iterate core demand and capacity analysis and scenario modelling to reflect service redesign opportunities Develop clear service level plans that meet national and local priorities, including implementation plans best practice care pathways Triangulate and finalise finance, workforce, activity and quality plans Undertake QEIAs to support informed decision-making through the planning process Ensure improvement resources are in place to deliver plans	

[3] *Individually and jointly across provider collaboratives*

Assurance

Bradford District and Craven Health and Care Partnership

Triangulation

- Critical part of the process, ensuring that each element of the plan reinforces the others, making the plan internally consistent and realistic. As a minimum, this involves:
  - A common data set and shared set of planning assumptions at the outset, so that everyone is planning on the same basis.
  - Holding regular reconciliation meetings, where e.g., finance, HR, and operational leads review draft numbers together to identify and resolve discrepancies.
- Also involves aligning NHS plans with those of local government and other partners.

Board assurance

- Expected to rigorously test the plan before finalising it using robust assurance processes.
- Includes formal challenge sessions during the plan's development,
- Scenario planning and sensitivity analysis should play a key role in supporting this process to:
  - Provide a clear, quantitative measure of the plan's key financial and nonfinancial risks and mitigations
  - Systematically identify the most critical and uncertain assumptions and quantify the impact
- Declaring a plan "deliverable" is not a one-off event – it requires ongoing oversight once implementation begins through a robust delivery monitoring mechanism.
- Learning should be captured to help inform continuous improvement across the planning and delivery cycle.

Bradford District and Craven
Health and Care Partnership

Medium Term Planning Framework – delivering change together 2026/27 to 2028/29

Overview

Bradford District and Craven Health and Care Partnership

Building on the NHS 10-year plan it sets out how the NHS can deliver the three shifts and sets out the new way of working

Hospital to Community

- Accelerating progress on Neighbourhood Health: Improving and tackling unwarranted variation in GP access; reducing unnecessary non-elective admissions and bed days from high priority cohorts (people who have moderate to severe frailty, living in a care home, housebound or at the end of life); and enabling patients requiring planned care to receive specialised support closer to home
- Increasing community service capacity and productivity; greater use of community pharmacy and additional urgent dental appointments.
- Integrated health organisations (IHOs) as contract-based delivery method

Sickness to prevention

- Tackling obesity, including continued rollout of weight loss medicines and weight management services
- Supporting the target of a 25% reduction in CVD-related premature mortality
- Implementing opt-out models of tobacco dependency services
- Reducing antibiotic use and polypharmacy
- Reducing health inequalities in the exercise of their functions

Analogue to digital

- Making full use of the NHS App to communicate with and support patients
- Using the NHS Federated Data Platform to improve care through better use of data
- Adopt and implement all core national products and services including Electronic Prescription Service & Electronic Referral Service APIs.
- Deploying AI tools like ambient voice technology and digital therapeutics
- Work will continue to establish NHS Online – a new ‘online hospital’

These shifts will be supported by:

- Transforming the approach to quality and rolling out data-led monitoring, starting in maternity services.
- A new Operating Model with clarity on roles/accountabilities, offering greater freedom/flexibilities for those performing well.
- A new financial regime distributing funding more fairly and ensuring payment schemes support new models of care.
- A renewed approach to improving productivity, reducing unwarranted variation, transforming pathways and maximising the use of technology to speed up processes.

Finance

Bradford District and Craven Health and Care Partnership

Changes to the NHS financial regime

- Incentives that are aligned to key delivery priorities.
- A fairer distribution of funding.
- Longer-term planning.
- A revised approach to capital funding

Financial priorities

- A break-even or surplus financial position without deficit support funding.
- Meet a 2% annual productivity ambition.
- Adherence to other requirements (including guidance on managing provider/commissioner funding changes and a new board risk assessment process).

Care payment reform

- Work is underway to dismantle block contracts and reform the payment scheme.
- A new payment model will be introduced for urgent and emergency care (UEC) comprising a fixed element (based on cost x activity) and a variable element (roughly 20% of total payment). The payment model will be further developed to incentivise shifting more care out of hospitals and into community settings.
- New best practice tariffs on day cases, outpatients and more efficient ways of working will also be proposed

Fairer distribution of funding

- A review of the wider funding formula is underway which will seek to return system allocations to their corresponding fair share of resources.
- The pace of implementation will be balanced with ensuring finances are not destabilised in the short term

Productivity

To deliver the 2% year-on-year improvement to productivity, the framework outlines two key areas of focus:

- Getting the basics right – reducing inpatient length of stay (LoS), improving theatre productivity and returning to pre-pandemic levels of activity per whole-time equivalent (WTE).
- Seizing the opportunities offered by technology, service transformation and cost variation – accelerating the shift to digital-by-default and embedding more efficient models of care.

Systems are expected to make demonstrable progress on two key shifts in care models:

- UEC: expanded use of digital and telephony-based triage and increased access to same-day or next-day scheduled care.
- Outpatients: expanding the use of advice & guidance and digital triage tools and empowering patients with greater choice and control over their follow-up care.

The foundations

Bradford District and Craven Health and Care Partnership

Quality of care

- Use the forthcoming National Quality Board (NQB) quality strategy
- Implement modern service frameworks (MSFs).
- Implement the New Care Delivery Standards
- Plan for the introduction of the Single National
- Continue to focus on improving all-age continuing care (AACC) services,
- Review local processes and workflows to make sure digital systems are used and paper-based processes removed.
- Implement the Paediatric Early Warning System (PEWS) and Maternity Outcomes Signal System (MOSS)
- Use the national Maternity and Neonatal Inequalities Data Dashboard to identify variation in practice and put in place interventions for improvement.
- Participate in the Perinatal Equity and Anti-Discrimination Programme

Patient experience

- Complete at least one full survey cycle to capture the experience of people waiting for care.
- Capture near real-time experiences, on at least five wards/departments from patients prior to discharge

Genomics, life sciences and research

- The framework restates the 10YHP's 150-day target for clinical trial set-up times.
- From April 2026, providers should deliver services in line with the NHS Genomic Medicine Service specification.

Leadership and management

- In year action on staff survey results
- Tackle sexual misconduct, including regularly assessing progress on the Sexual Safety Charter.
- Use of forthcoming Management and Leadership Framework.
- 2026/27 will see more progress towards a College of Executive and Clinical Leadership, and the publication of a national curriculum and interactive online models for leadership and management development.
- NHSE will develop a talent database of leaders to guide challenged systems and organisations.

Delivery & transformation (1)

Bradford District and Craven Health and Care Partnership

Elective, cancer, diagnostics

- Continue prioritising the use of Advice and Guidance.
- Use the e-Referral Service (e-RS) for all advice and guidance requests from primary care from July 2026, and via third-party platforms from October 2026.
- Reduce the number of clinically low-value follow-ups.
- Expand ‘straight to test’ pathways and one stop clinics.
- Waiting lists to reduce during 2026/27, prioritising patients by clinical need, and validating lists.
- Improve long waits for children and young people’s (CYP) planned care
- Continued prioritisation of diagnostics and treatment capacity for urgent suspected cancer pathways.
- Diagnostic capacity should be expanded in line with targets through the full utilisation of community diagnostic centres, capital-funded capacity increases, improved productivity initiatives and demand optimisation.

Urgent and emergency care (UEC)

- Full utilisation of 111 and ‘hear and treat’.
- More urgent care in the community – specific focus on frail older people
- Continued collaboration between acute trusts and ambulance services to reduce handover times
- Improving Category 2 ambulance responses
- Alignment with the soon-to-be-published Model Emergency Department (ED)
- Renewed focus on ensuring that patients who are less likely to require admission are directed to a UTC
- Improve ED paediatric performance
- Establishment of mental health emergency centres in type 1 EDs.
- Improve in-hospital discharge processes, making best use of community beds, and increasing home-based intermediate care capacity.
- Improve flu vaccination uptake among staff and the public.
- A more structured, digital-first UEC model.

Community health

- Increase community health service capacity to meet 3% expected annual demand growth
- Reduce the % of waits over 18 weeks and eliminate all 52-week waits.
- Identify and act on productivity opportunities: Ensure teams have the digital tools and equipment they need; and expand point-of-care testing in the community.
- Standardise core service provision.
- Consider deployment of approved digital therapeutics, such as for MSK treatment

Delivery & transformation (2)

Bradford District and Craven Health and Care Partnership

Primary Care

- Ensure practices are delivering the 2025/26 GP contract.
- Continue to improve contract oversight, commissioning and transformation for primary care.
- Ensure additional capacity is commissioned to meet demand out-of-hours
- Support primary care providers to deploy ambient voice technologies.
- Increase the role of community pharmacy: embed pharmacy-first; introduce prescribing-based services; expand access to emergency contraception; maximise use of the Discharge Medicines Service; HPV vaccinations; patient use of NHS App to track their prescription status; enable patients to request and manage their medicines online; and transition all messaging to NHS Notify.
- Continue to secure necessary dental capacity: work to implement dental contract reforms; implement dental reforms; implement locally driven quality improvement; and introduce new pathways for high needs/complex patients.

Mental health

- Reduce inappropriate out of area placements.
- Develop local plans for establishing mental health emergency departments.
- Use ring-fenced funding to support the increase in people accessing Individual Placement and Support and NHS talking therapies.
- Expand coverage of mental health support teams in schools and colleges
- Identify and act on productivity opportunities e.g. in CYP community mental health services and LoS in adult acute mental health beds.
- Ensure all mental health practitioners undertake training and deliver care in line with the Staying safe from suicide guidance.

Learning disability, autism and ADHD

- Plans for the reform of SEND will be published ‘in due course’.
- All ICBs and providers must reduce reliance on mental health inpatient care – reducing LoS and admission rates
- Reduce long waits for autism and ADHD assessments and improve the quality of assessments

Workforce

- Produce workforce plans which account for delivering the three shifts, and finance and activity plans.
- Implement the 10 Point Plan to improve resident doctors’ working lives.
- Demonstrate progress to reduce sickness absence rates.
- Continue to reduce agency staffing reliance.
- Implement the statutory/mandatory training framework and staff safety management.
- Implement reforms to consultant job planning.

Headline targets (1)

Bradford District and Craven Health and Care Partnership

	Success measure	2026/27 target	2028/29 target
Elective, cancer, diagnostics	Improve the % of patients waiting no longer than 18 weeks for treatment	Minimum 7% improvement or a minimum of 65%, whichever is greater (national performance target of 70%)	At least 92% of patients are waiting 18 weeks or less for treatment
	Improve performance against cancer constitutional standards	Maintain performance against the 28-day cancer Faster Diagnosis Standard at the new threshold of 80%	
		94% performance for 31-day and 80% performance for 62-day standards	Maintain performance against the 31-day standard at 96% and 62-day standard at 85% from March 2029
	Improve performance against the DM01 diagnostics 6-week wait standard	Minimum 3% improvement in performance or performance of 20% or better, whichever is greater (national performance of no more than 14% of patients waiting over 6 weeks)	No more than 1% of patients are waiting over 6 weeks for a test
Urgent and emergency care	4-hour A&E performance	Maintain/improve to 82% by March 2027, with no lower than 80% as an average across the year	National target of 85% as the average for the year
	12-hour A&E performance	Higher % of patients admitted, discharged and transferred from ED within 12 hours across 2026/27 compared to 2025/26	Year-on-year % increases in patients admitted, discharged and transferred from ED within 12 hours
	Category-2 response times	Improve upon 2025/26 standard to reach an average response time of 25 minutes	Further improvement so that by the end of 2028/29 the average response time is 18 minutes, with 90% of calls responded to within 40 minutes
Primary Care	Same day appointments for all clinically urgent patients (face to face, phone or online)	90% (NHSE will consult with the profession on this new ambition)	
	Improved patient experience of access to general practice	Year-on-year improvement	
	Deliver 700k additional urgent dental appointments against the July 2023 – June 2024 baseline period	Each ICB to deliver their share of the urgent dental appointment target every year (2026/27 – 2028/29)	

Headline targets (2)

Bradford District and Craven Health and Care Partnership

	Success measure	2026/27 target	2028/29 target
Community Health Services	Address long waiting times for community health services	At least 78% of CHS activity occurring within 18 weeks	At least 80% of CHS activity occurring within 18 weeks
Mental Health	Expand coverage of Mental Health Support Teams in schools and colleges	77% coverage of operational MHSTs and teams in training	94% coverage of operational MHSTs and teams in training, reaching 100% by 2029
	Meet the existing commitments to expand NHS Talking Therapies and IPS	63,500 accessing IPS by the end of 26/27 805,000 courses of Talking Therapies by the end of 26/27 with 51% reliable recovery rate and 69% reliable improvement rate	73,500 accessing IPS by the end of 28/29 915,000 courses of Talking Therapies by the end of 28/29 with 53% reliable recovery rate and 71% reliable improvement rate
	Eliminating inappropriate out of area placements	Reducing the number of OAPs	Reducing or maintaining at zero the number of inappropriate out of area placements
Learning Disability and Autism	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people	Deliver a minimum 10% reduction year-on-year	
Workforce	Reduce use of bank and agency staffing	Trusts to reduce agency and bank use in-line with individual trust limits as set out in planning templates, working towards zero spend on agency by 29/30 Annual limits will be set for trusts individually based on a national target of 30% reduction agency in 26/27, and 10% year on year reduction in spend on bank staffing	

National timetable

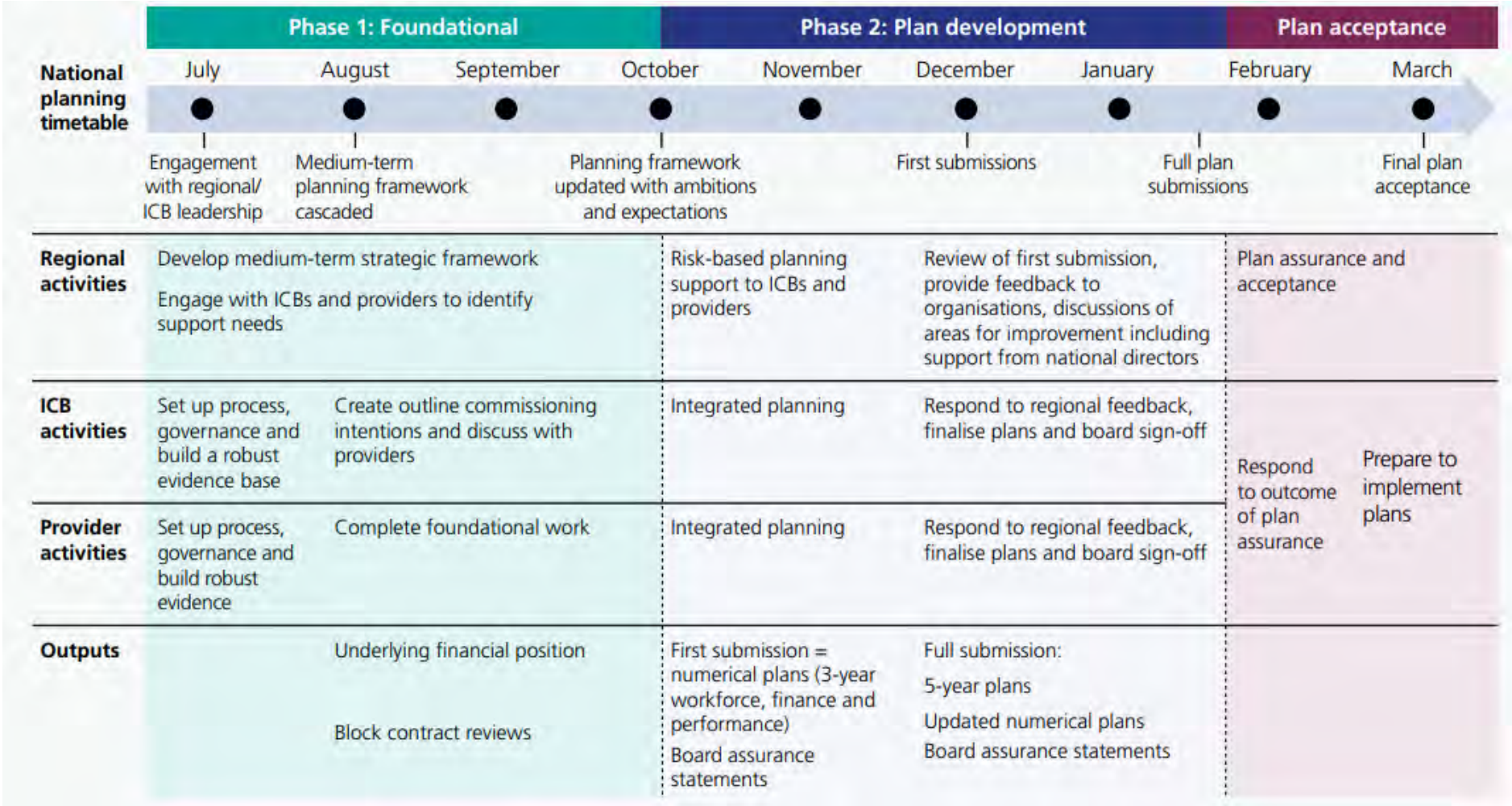
Bradford District and Craven
Health and Care Partnership

First submission:

- 3-year revenue and 4-year capital plan return
- 3-year workforce return
- 3-year operational performance and activity return
- Integrated planning template showing triangulation and alignment of plans
- Board assurance statements confirming oversight of process

Full plan submission:

- Updated revenue, capital, workforce, operational performance and activity plans
- Integrated planning template showing triangulation and alignment of plans
- 5-year narrative plan
- Board assurance statements confirming oversight and endorsement of the totality of the plans



	Phase 1: Foundational			Phase 2: Plan development				Plan acceptance	
National planning timetable	July	August	September	October	November	December	January	February	March
	Engagement with regional/ ICB leadership	Medium-term planning framework cascaded		Planning framework updated with ambitions and expectations		First submissions	Full plan submissions		Final plan acceptance
Regional activities	Develop medium-term strategic framework Engage with ICBs and providers to identify support needs			Risk-based planning support to ICBs and providers		Review of first submission, provide feedback to organisations, discussions of areas for improvement including support from national directors		Plan assurance and acceptance	
ICB activities	Set up process, governance and build a robust evidence base	Create outline commissioning intentions and discuss with providers		Integrated planning		Respond to regional feedback, finalise plans and board sign-off		Respond to outcome of plan assurance	Prepare to implement plans
Provider activities	Set up process, governance and build robust evidence	Complete foundational work		Integrated planning		Respond to regional feedback, finalise plans and board sign-off			
Outputs		Underlying financial position Block contract reviews		First submission = numerical plans (3-year workforce, finance and performance) Board assurance statements		Full submission: 5-year plans Updated numerical plans Board assurance statements			

Integrated plans

Bradford District and Craven Health and Care Partnership

- Each NHS organisation is expected to develop their own integrated plans that set out:
  - Their strategic ambitions;
  - How they will meet their local population health needs. Plans should reflect the needs of all age groups and explicitly children and young people;
  - Their transformation ambitions, demonstrating how they will implement the 3 shifts set out in the 10 Year Health Plan while improving productivity;
  - Evidence of partnership working and cooperation with other NHS organisations, local authorities and the voluntary, community, faith and social enterprise sector; and
  - How they will meet the standards set out the 2026/27 to 2028/29 guidance.
- These plans should be developed in collaboration with their NHS partners and in discussion with NHSE regional teams. Although system plans are no longer required, it is still important that plans are based on cooperation and partnership-working.
- Neighbourhood health plan requirements will be set out in the Neighbourhood Health Framework and these will not need to be submitted as part of this planning round.
- Plans will be assured by NHSE regional teams who will provide specific support to those organisations who face the biggest challenges in meeting the collective ambitions.
- ICBs should ensure that their 5-year strategic commissioning plans encompass the statutory requirement for joint forward plans (JFPs) agreed by the ICB and their partner trusts.

Further documents/guidance

Bradford District and Craven Health and Care Partnership

- Technical guidance (to be published asap)
- NHSE will share further guidance on what should be included within the 5-year narrative plans.
- Revenue finance and contracting guidance for 2026/27-2028/29
- NHS Finance and Business Rules – guidance for ICBs and NHS Trusts
- Capital Guidance for 2026/27 to 2029/30
- Capital and revenue allocations
- Consultation on the 2026/27 NHS Payment Scheme
- 2026/27 NHS Standard Contract (consultation)

Supporting documents

- A new Quality Strategy and National Care Delivery Standards (March 26)
- A draft Model Neighbourhood Framework, neighbourhood health planning framework and Neighbourhood Health Centre archetype (November 25)
- The 10 Year Workforce Plan and Management and Leadership Framework (Spring 26)
- The Strategic Commissioning Framework (October 25), draft foundation trust framework (November 25 – in draft) and Model Integrated Health Organisation Blueprint (November 25)

Bradford District & Craven (BDC) approach

Bradford District and Craven Health and Care Partnership

- Our usual planning workshop is scheduled for the 27th November (by then we should hopefully have the technical guidance).
- The process is different this year, so the proposal is that we:
  - Start with an overview of our population insights and our BDC strategy.
  - Review our planning principles.
  - Agree principles for 1, 3 and 5 year planning horizons, bringing in colleagues from the 3 BDC delivery programmes to discuss how their work might influence Trust plans e.g. expectations around integrated neighbourhood health and reductions on hospital activity.
  - Agree our assumptions on delivery of national targets and the financial envelopes.
  - Go through the high-level West Yorkshire commissioning intentions and what this means for BDC.

Bradford District and Craven Health and Care Partnership

ACTasONE

NHS West Yorkshire Integrated Care Board

Meeting name:	Bradford District and Craven Partnership Board
Agenda item no:	7
Meeting date:	14 November 2025
Report title:	Lynfield Mount Hospital redevelopment update – Full Business Case
Report presented by:	Mike Woodhead, Chief Finance Officer, Bradford District Care NHS Foundation Trust
Report approved by:	Therese Patten, Chief Executive, Bradford District Care NHS Foundation Trust
Report prepared by:	Mike Woodhead, Chief Finance Officer, Bradford District Care NHS Foundation Trust

Purpose and Action			
Assurance ☐	Decision ☒ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

The Partnership Board have received regular updates on the Lynfield Mount Hospital (LMH) redevelopment scheme over the last 4 years, including at Outline Business Case stage (October 2024) when Place support was formally given. The risks associated with the current LMH buildings, which this scheme seeks to mitigate, have also been a regular feature on the Place and System risk reports.

Executive summary and points for discussion:

The Outline Business Case was formally approved by the Department of Health and Social Care (DHSC) in February 2025. This resulted in Bradford District Care Trust (BDCT) proceeding to develop the Full Business Case (FBC) for submission in November 2025 (in line with DHSC's required timelines). Plans have been fully developed to RIBA Stage 4, planning permission approved, funding secured, and the procurement/tender process completed.

On submission of the FBC to DHSC (November 17th), BDCT is required to provide written confirmation of support from WY ICB who, in turn, would like BDC Place to re-confirm their support for this scheme.

The FBC is thousands of pages long. The attached slides summarise the key points from each part of the FBC. They also highlight what changes have occurred since Place gave support for the OBC.

The case for change hasn't materially changed. Capital costs have increased from £50m to £65m, with the additional funding secured. The return on investment and payback periods remain similar to OBC stage.

Outline how this supports our partnership vision and strategy
Our Purpose - All working to the same goal, for our population to have more chances to lead healthier lives. **Our Population -** Supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes. **Our Place -** Making our district a great place to live, work and thrive. **Our Partnership –** Greater value through the best use of our collective resources, minimising duplication and waste.
Recommendation(s)
The Bradford District and Craven Partnership Board is asked to: 1. Consider this report and, in particular, the developments since OBC approval. 2. Reconfirm Place support for the scheme.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
Links to risk 2.4 on the Board Assurance Framework and separate risk (2215) related to Lynfield Mount Hospital on the Partnership risk register.
Appendices
1. Presentation - Lynfield Mount Hospital Redevelopment Update - Full Business Case
Acronyms and Abbreviations explained
1. LMH - Lynfield Mount Hospital 2. DHSC – Department of Health and Social Care 3. BDCT - Bradford District Care Trust 4. FBC – Full Business Case 5. RIBA - Royal Institute of British Architects 6. WY ICB - West Yorkshire Integrated Care Board 7. BDC – Bradford District and Craven 8. OBC – Outline Business Case 9. BREEAM - Building Research Establishment Environmental Assessment Method

What are the implications for?

Residents and Communities	Healthier population. Significant wider social benefits as outlined in the report.
Quality and Safety	Improved quality and safety for LMH inpatients
Equality, Diversity and Inclusion	LMH inpatients come from some of the most deprived and unequal cohorts of our population and will benefit from the enhanced quality of services
Finances and Use of Resources	The case shows a strong return on investment and short payback period
Regulation and Legal Requirements	Helps to meet minimum standards and regulations

Conflicts of Interest	n/a
Data Protection	n/a
Transformation and Innovation	Modern Methods of Construction are being used and the preferred contractor has demonstrated a good level of innovation in their bid. Digital innovation is also central to the case.
Environmental and Climate Change	The case improves BDCT's green credentials and scores well vs BREEAM
Future Decisions and Policy Making	The scheme links to policy around future pathways and models of care
Citizen and Stakeholder Engagement	Stakeholder engagement has been strong over many years. The management case includes dedicated comms and engagement resource.

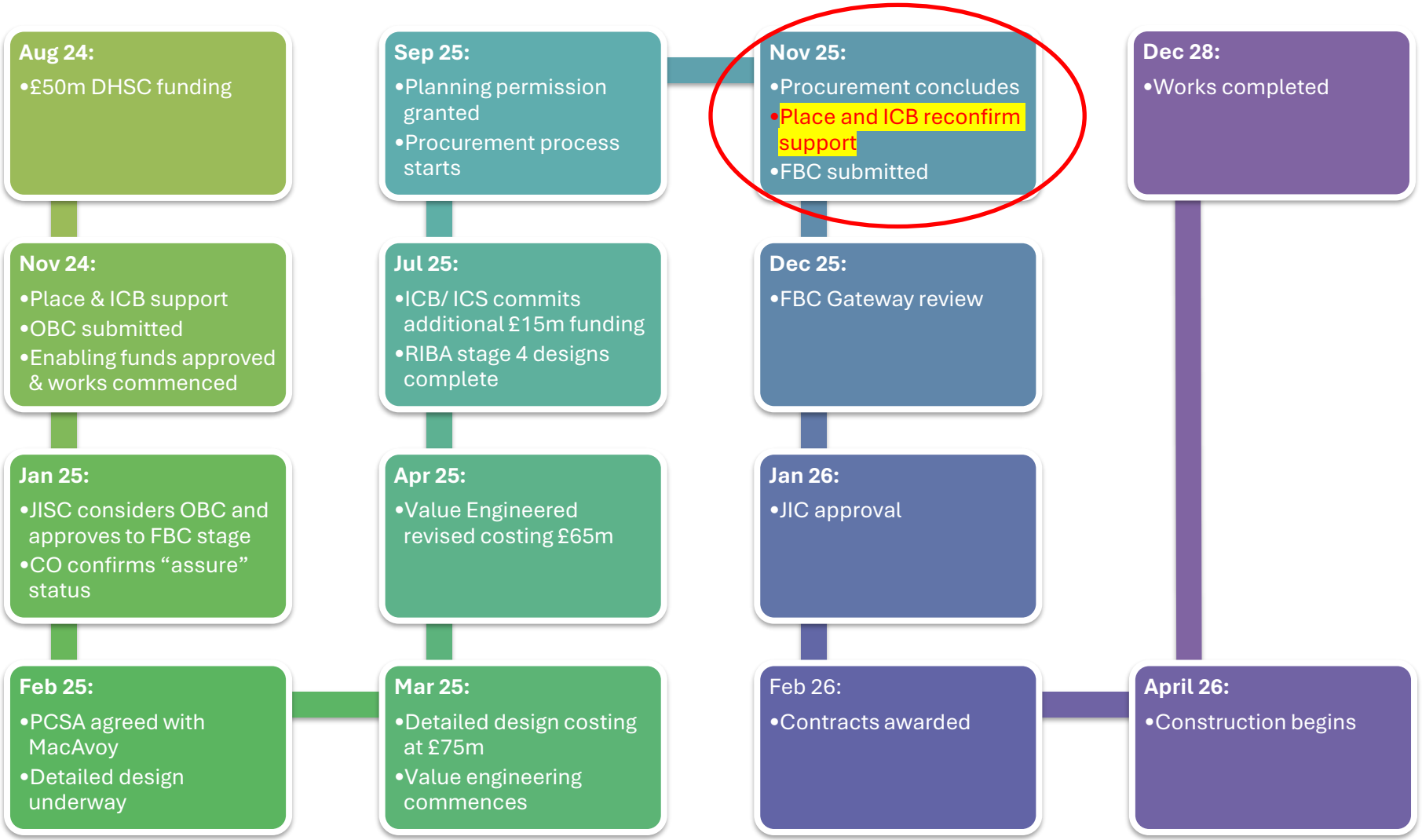
Lynfield Mount Hospital Redevelopment Update Full Business Case Nov 2025

NHS
Bradford District Care
NHS Foundation Trust

Section 1: Introduction – Recap of Scope and Scale

Option	Synopsis	Programme	Estimated Cost
Original NHP Bid	Full demolition & rebuild of main block, 4 new wards, new PICU, main entrance, public spaces, café, car parking, landscaping as per original brief	5 years	£127m (2024 prices)
FBC preferred option	**New main entrance and two-storey compliant ward block (modular). Refurbish Ashbrook & Oakburn to include 100% ensuite facilities. Refurbish existing main building to include off-ward therapy, tribunal facilities and staff spaces. Landscaping public realm.**	**3½ years**	**£65.0m**

Section 1: Introduction – Timeline and Achievements to Date



Section 2: Strategic Case – Case for Change

- 1950s design reflecting 1950s attitudes to MH.
- "One of the worst inpatient environments I have ever seen" (Former President of Royal College of Psychiatrists).
- Cruciform design = ↑ patient safety risk with costly mitigations.
- MH hospitals are required to provide a low stimulus environment, but issues at LMH include:
  - 590 callouts pa for blocked drains/ sewage on the wards;
  - Wards where bathrooms are shared by up to 21 vulnerable patients, failing to meet minimum privacy and dignity requirements;
  - Booming acoustics that make it impossible for vulnerable patients to find a quiet space;
  - Male rooms that overlook female recreation spaces, leading to significant impacts on privacy and dignity;
- 95 callouts annually for extreme temperature fluctuations, driving disruptive building work.
- This contributes to stays being almost twice the national average and one of the highest in the country:
  - High LOS/ high # of stays >60 days: bad for patients and for £s;
  - £7m+ pa on Out of Area / IS Placements (also bad for patients).
- £68m backlog maintenance – 5th highest per m2 in the country (and logistically hard to address – becoming obsolete and will soon result in wholesale closure of wards/buildings with huge financial and patient impacts).
- £3m+ capital p.a. "down the drain".
- Day to day maintenance costs (revenue) increased by 61% in recent years.
- Difficulties recruiting and retaining staff (impacts quality and agency costs).
- Infection and prevention hard/costly to manage.
- Risk of ward closures => tens of £ms more in OAPs.

Section 3: Economic Case - Summary

- The evaluation of the shortlisted options to identify the 'Preferred Option' was undertaken at OBC Stage when:
  - Capital cost ceiling was £50m; and
  - Timescales for delivery were March 2028
- The costs of the 'Preferred Option' have since increased to c£65m and timescales revised to November 2028
- Assurance has been provided from the Trusts external Cost Advisors that the costs of all options assessed in the shortlist will increase proportionately, and therefore the evaluation at OBC stage remains valid

- The 'Preferred Option' selected at OBC stage has been revalidated at FBC stage to ensure that the Benefit: Cost Ratio (BCR) remains largely consistent
- The BCR of the 'Preferred Option' at OBC stage was **5.11:1** and at FBC stage **4.66:1**, in both assessments they exceed the minimum threshold of 4:1

- Sensitivity analysis has been undertaken at OBC stage to test the impact on the BCR based on:
  - Benefits not fully materialising; and
  - Capital costs exceeding the plan

  Taking both of these factors into consideration the BCR still achieves the minimum threshold at **4.76:1** at OBC stage and **4.38:1** at FBC stage

Conclusion: The £65m LMH Redevelopment is economically sound, delivering a BCR in excess of the minimum national requirement

Section 3: Economic Case - Detail

Bradford District Care
NHS Foundation Trust

VFM assessment of shortlisted options at OBC Stage (to select the 'Preferred option')

- Modular wards; New main entrance and refurbishment of 2 existing wards for full en-suite delivers the greatest Benefit: Cost Ratio (BCR) at **5.11:1**

	Do nothing	*Preferred Option*	*Full New Build*	*More ambitious*	*Reduced Option*
Incremental costs - total	£0	-£47	-£105	-£59	-£46
Incremental benefits - total	£0	£238	£459	£257	£161
Risk-adjusted Net Present Social Value (NPSV)	£0	£192	£353	£199	£115
Benefit-cost ratio		**5.11**	**4.35**	**4.39**	**3.52**

Reassessment of VFM for 'Preferred Option' at FBC Stage

- BCR at OBC and FBC stage remains largely similar

	Preferred Option *OBC*	Preferred Option *FBC*
Incremental costs - total	-£47	-£49
Incremental benefits - total	£238	£230
Risk-adjusted Net Present Social Value (NPSV)	£192	£180
Benefit-cost ratio	**5.11**	**4.66**

Sensitivity analysis

- At OBC Stage and FBC Stage, the 'Preferred Option' continues to deliver a BCR in excess of the minimum threshold of 4:1

Sensitivity analysis	OBC	FBC
Incremental costs - total	-£50	-£52
Incremental benefits - total	£238	£229
Risk-adjusted Net Present Social Value (NPSV)	£188	£176
Benefit-cost ratio	**4.76**	**4.38**

Section 4: Commercial Case - Overview

- The Commercial Case outlines a detailed structure for managing the contract of the negotiated 'Deal' and demonstrates best VfM for the Trust to realise the project.
- Aligns with the Management Case in terms of project management and governance, specifying the approach, individual responsibilities, and clear channels for reporting and escalation.
- It confirms that the Trust has obtained specialist technical advice on building design, scope, affordability, project management and procurement methods to develop the 'Preferred Option' through to FBC stage.
- It provides comprehensive detail on the design principles of the project and Compliance with HTM / HBN & associated Mental Health Guidance.
- The project is commercially feasible and deliverable; and comes with an acceptable level of risk.

Commercial Case - Procurement Strategy

To facilitate the achievement of the objectives of the project, a number of goods and services required procurement, which include:

- Professional services
- Construction and associated works
- IM&T Co-ordination and Procurement (Digital)
- Equipment

All categories will be procured in line with the Trust's SFIs; in accordance with national and EU/UK procurement legislation to provide **'best value'**.

Section 4: Commercial Case - Route to Market (construction)

- Direct award with McAvoy Group for the whole project as opposed to a spilt tender. Benefits include:
  - ✓ Single contractor on site for the duration of the works;
  - ✓ Single site compound and overall logistics & H&S responsibility;
  - ✓ Programme durations can remain unchanged to meet FBC deadlines;
  - ✓ Potential for cost benefit to receiving quote from smaller sized refurbishment contractors (McAvoy prelims to be added to costs);
  - ✓ Single contracting entity to manage and responsible for delivery and quality
- The selected 'route to market' demonstrates:
  - ✓ Compliance with PCR 2015
  - ✓ transparency
  - ✓ VFM
- This ensures project delivery is aligned to the agreed construction programme while safeguarding quality and risk management via a compliant route to market.

Commercial Case - Framework Selection

- HealthTrust Europe (HTE) with the 'Additional Capacity Planning (ACP) Framework 2025' adopting the principles of "Constructing the Gold Standard".
- Change of procurement strategy from OBC stage – confirmed and accepted by NHSE as required by the FBC criteria checklist.
- The Trust governance process has reconfirmed and revalidated the choice of the procurement route.

HEALTHTRUST EUROPE℠

Section 4: Commercial Case – Evaluation of Tender

- The tender has been evaluated considering both 'cost and quality' to ensure that the project delivers 'best value', not just lowest cost.
- The Tender Report and Quality submission has been rigorously reviewed.
- The commercial aspects are within the outturn cost budget of £65m.
- The quality assessment provides assurance on the financial standing of McAvoy Group with robust health & safety compliance, understanding of the project deliverables and social value.
- Contractual arrangements confirmed NEC 4 Option C – Target Cost which offering greater cost flexibility and shared risk.

'Preferred Option' – Building Design Principles

- The development and design of the Preferred Option has been informed by a structured and extensive programme of engagement with key project stakeholders.
- Formal design reviews undertaken.
- Functional content, layout, accommodation plans and schedules signed off.
- All derogations from technical guidance justified and documented with external scrutiny.
- Modern Methods of Construction (MMC) and repeatable room design incorporated into new build elements to speed up and standardise constriction methods.
- Net Zero principles followed, sustainability and BREEAM compliance expected to be achieved.

Section 4: Commercial Case – the Negotiated 'Deal' & VfM

- Trust partnered with a Modular/MMC supplier to develop the design based on the robust project brief.
- Significant Value Engineering (VE) and negotiation has taken place to reduce cost of the project to £65m outturn.
- The 'partnership' approach ensures the VE process has minimal effect on clinical spaces ensuring Trust Critical Success Factors remained.
- McAvoy Group to be appointed based on their suitability for the project considering the extensive design work undertaken, relevant experience, capacity, alignment with project objectives, and benchmarking of costs against framework rates and market data.
- Robust change control process in place to manage any scope changes.
- Risks identified in the 'Deal' are assigned appropriately, considering VfM, and tracked in the project Risk Register

High level summary of the negotiated deal

Procurement Route:	HealthTrust Europe 'Additional Capacity Planning (ACP) Framework 2025'
Principal Supply Chain Partner:	McAvoy Group
Target Cost:	£43,462,848 ex VAT

Section 5: Financial Case - Summary

Capital requirements:	£64.8m, covering all Phases of the Capital development
Capital funding arrangements:	The Preferred Option will be funded as follows: · £50m PDC (approved August 2024) · £15m additional PDC required In the event the additional £15m PDC is not secured, West Yorkshire ICS Operational Capital allocation will apply (agreed June 2025)
Impact on balance sheet:	* The new build asset increases the value of the Trust's non- current assets * Investment in the Business Case will negate the need for annual capital investment in backlog maintenance at Lynfield Mount of c£3m to £4m per annum * The preferred option includes an impairment of £36.4m, which is a technical accounting adjustment and does not impact on the Trust's underlying financial sustainability
Impact on I&E:	The Preferred Option will generate: * non recurrent costs will be incurred from Aug 27 to Nov 28 as the number of beds temporarily reduce during the development * gross recurrent revenue savings of **£6.09m** per annum, comprising additional capacity and LoS reduction savings of £5.263m; pay savings of £0.734m and reactive maintenance savings of £0.092m * net recurrent revenue savings of **£1.453m** per annum, after accounting for additional staffing and running costs and increased capital charges of **£4.636m** * Benefits exceed costs from 2029/30 onwards The payback period is 13 years 11 months; when taking account of backlog maintenance savings the payback period reduces to 8 years 11 months

Savings delivery:	* LoS will improve by 9 days for males and 4 days for females compared to the BAU option as a result of the impact of the improved environment on recovery timescales * 10 additional adult acute beds and 1 additional s136 bed will reduce the need to use the independent sector to support with bed capacity * The improved ward environment will reduce the need for enhanced staffing; reduce the incidence of violence and aggression on the wards; and also improve staff absence rates and staff retention * Estates costs will reduce as a result of the reduction in violence and aggression on the wards and the associated costs of reactive maintenance.

Section 5: Financial Case - Costs

Bradford District Care
NHS Foundation Trust

Approach to FBC:

- Financials (capital costs, revenue costs and benefits realisation) have been revisited based on (1) most up to date prices; (2) most recent data; and (3) reprofiling of capital phasing
- Costs and benefits fully agreed with SROs/ budget leads

Change in Costs between OBC and FBC (Recurrent costs increased by £813k; non recurrent costs reduced by £880k; support needed from commissioners reduced by £1,462k)

	OBC £'000	FBC £'000	Change £'000	Rationale for change
Source of funding				
Mental Health Investment Standard	-£3,373	-£2,361	£1,012	Reduction in timescale for refurb; repricing of OAPs bed day rate; and
Inpatient Quality (SDF)	-£450	£0	£450	revision to OBC of when benefits exceed costs
Total funding cover costs	**-£3,823**	**-£2,361**	**£1,462**	
Incremental recurrent costs				
Ward Staffing costs	£1,852	£1,997	£145	Pay prices updated to 2025/26 pay rates; Rephasing aligned to new ward opening in Nov 28
Medical/ Clinical Staffing costs	£498	£502	£4	Pay prices updated to 2025/26 pay rates; OBC medical staffing costs too high; additional 0.5WTE Band 7 Pharmacist and rephasing of capital investment
Pay inflationary costs	£399	£354	-£45	Pay uplift changed to 3.87% (from 4% in OBC)
Estates (House keeping; Food; Linen; Utilities)	£257	£312	£54	Phasing of new beds opening; updated costings for utilities and maintenance £60k and small reduction in food costs £2k.
Non Pay (incl ward budget & prescribing)	£118	£21	-£97	Reduction in prescribing costs per bed
Capital Charges	£699	£1,450	£752	Increase in capital costs to £64.8m (£49.5m OBC) Change in asset life to 54.1 years for the new build (60 years at OBC) Certainty on baseline values for each financial year of the development Change in impairment values (now reflect a detailed review carried out by the Trusts professional asset valuers, on confirmed capital costs)
Total recurrent incremental costs	**£3,823**	**£4,636**	**£813**	
Incremental non recurrent cost changes - phasing of bed base changes				
Out of area placements	£3,103	£1,927	-£1,176	Revised bed day price for OAPS, based on more favourable contracted rates with Cygnet. Timescale to refurb wards reduced from 17 months to 14.5 months, resulting in reduced need for OAPs
Variable benefit of temporary bed reductions	-£899	-£603	£296	OBC timescale to refurb the 2 wards has been reduced from 17 months to 14.5 months, resulting in the benefits reducing
Total non recurrent incremental costs	**£2,204**	**£1,324**	**-£880**	
TOTAL COSTS	**£6,027**	**£5,960**	**-£67**	

Section 5: Financial Case - Benefits

Bradford District Care
NHS Foundation Trust

Change in Benefits between OBC and FBC (Cash releasing benefits increased by £296k and non cash releasing/ societal benefits increased by £73k)

Recurrent annual benefits	OBC	FBC	Change	Rationale
Reduction in 1:1 observations	£210	£80	-£130	During 2025/26 costs for enhanced observations have significantly reduced. In 24/25 avg cost per ward for obs was £701k, this has reduced to £266k in 25/26.
Reduction in violence and aggression	£500	£500	£0	No change in value - however phasing has changed to reflect new development timescales
Improvement in patient flow	£1,299	£2,162	£863	Revised LOS data used for last 12 months. Revised bed day pricing to use OAP contract price (used internal bed day price in OBC). Profile of savings aligned to new development timescales.
Reduction in Out of area placements (10 adult acute bed increase and 1 x s136 bed increase)	£3,515	£3,102	-£413	OBC calculation included 10 adult acute beds. FBC includes 10 adult acute beds + 1 x s136 bed. Bed day price used in OBC was spot purchase price, in 25/26 we have negotiated that OAPs will be within contract reducing daily bed day price. Phasing also changed aligned to new development timescales
Reduction in maintenance costs	£154	£92	-£62	Maintenance - £31k reduction (ward maintenance increased from £22 per m2 to £38 per m2) Utilities - £50k reduction
Reduced staff sickness	£116	£154	£38	Savings updated to reflect most up to data sickness data/ costs. Rephased to when all new wards are open.
Total Cash Releasing benefits	**£5,794**	**£6,090**	**£296**	
Reduction in clinical errors	£7	£6	-£1	
Reduced staff turnover	£11	£20	£9	Updated data with most recent staff turnover rates
Improved Mental Health	£4,095	£4,159	£64	Improved LOS updated impacts on the benefits calculation. Reset the QALY to £70k as per Green Book (inflated value used in OBC)
Reduction in CO2	£57	£57	£1	
Lifetime and economic benefit of NVQ2 apprenticeships	£24	£24	£0	
Total recurrent annual benefits	**£9,988**	**£10,356**	**£369**	

Section 5: Financial Case - Other

Bradford District Care
NHS Foundation Trust

Commissioner support

Principle agreed of providing funding cover until benefits exceed costs in 2029/30 from MHIS/ Growth. £2.361m cover required.

	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000
Total incremental costs	£156	£852	£2,125	£4,292	£5,980
Incremental benefits	£0	-£6	-£312	-£3,210	-£6,090
Net benefit/ cost - excl ICB support	**£156**	**£846**	**£1,812**	**£1,082**	**-£110**
ICB Support (in year)	-£156	-£846	-£1,812	-£2,361	-£2,361
Net position - incl ICB support	**£0**	**£0**	**£0**	**-£1,279**	**-£2,471**

Payback period

1. Pay back period – *excluding* backlog maintenance (13 years 11 months)

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14 (11 months)	
Pay back period	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000	2031/32 £'000	2032/33 £'000	2033/34 £'000	2034/35 £'000	2035/36 £'000	2036/37 £'000	2037/38 £'000	2038/39 £'000	2039/40 £'000	TOTAl
Capital Investment	£1,276	£9,003	£31,390	£18,914	£4,206											£64,789
Additional Costs	£156	£852	£1,592	£2,968	£4,656	£4,636	£4,636	£4,636	£4,636	£4,636	£4,636	£4,636	£4,636	£4,636	£4,250	**£56,199**
Benefits realisation	£ -	-£ 30	-£ 336	-£ 7,476	-£ 10,356	-£ 10,356	-£ 10,356	-£ 10,356	-£ 10,356	-£ 10,356	-£ 10,356	-£ 10,356	-£ 10,356	-£ 10,356	-£9,493	**-£120,899**
Net beneift	**£156**	**£822**	**£1,255**	**-£4,508**	**-£5,700**	**-£5,720**	**-£5,720**	**-£5,720**	**-£5,720**	**-£5,720**	**-£5,720**	**-£5,720**	**-£5,720**	**-£5,720**	**-£5,243**	**-£64,700**

2. Pay back period – *including* backlog maintenance (8 years 11 months)

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9 (11 months)	
Pay back period	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000	2031/32 £'000	2032/33 £'000	2033/34 £'000	2034/35 £'000	TOTAl
Capital Investment	£1,276	£9,003	£31,390	£18,914	£4,206						£64,789
Additional Costs	£156	£852	£1,592	£2,968	£4,656	£4,636	£4,636	£4,636	£4,636	£4,250	**£33,018**
Benefits realisation	£0	-£30	-£336	-£7,476	-£10,356	-£10,356	-£10,356	-£10,356	-£10,356	-£9,493	**-£69,117**
Reduced backlog maintenance	£0	-£4,000	-£4,000	-£3,000	-£3,000	-£3,000	-£3,000	-£3,000	-£3,000	-£2,750	**-£28,750**
Net beneift	**£156**	**-£3,178**	**-£2,745**	**-£7,508**	**-£8,700**	**-£8,720**	**-£8,720**	**-£8,720**	**-£8,720**	**-£7,993**	**-£64,849**

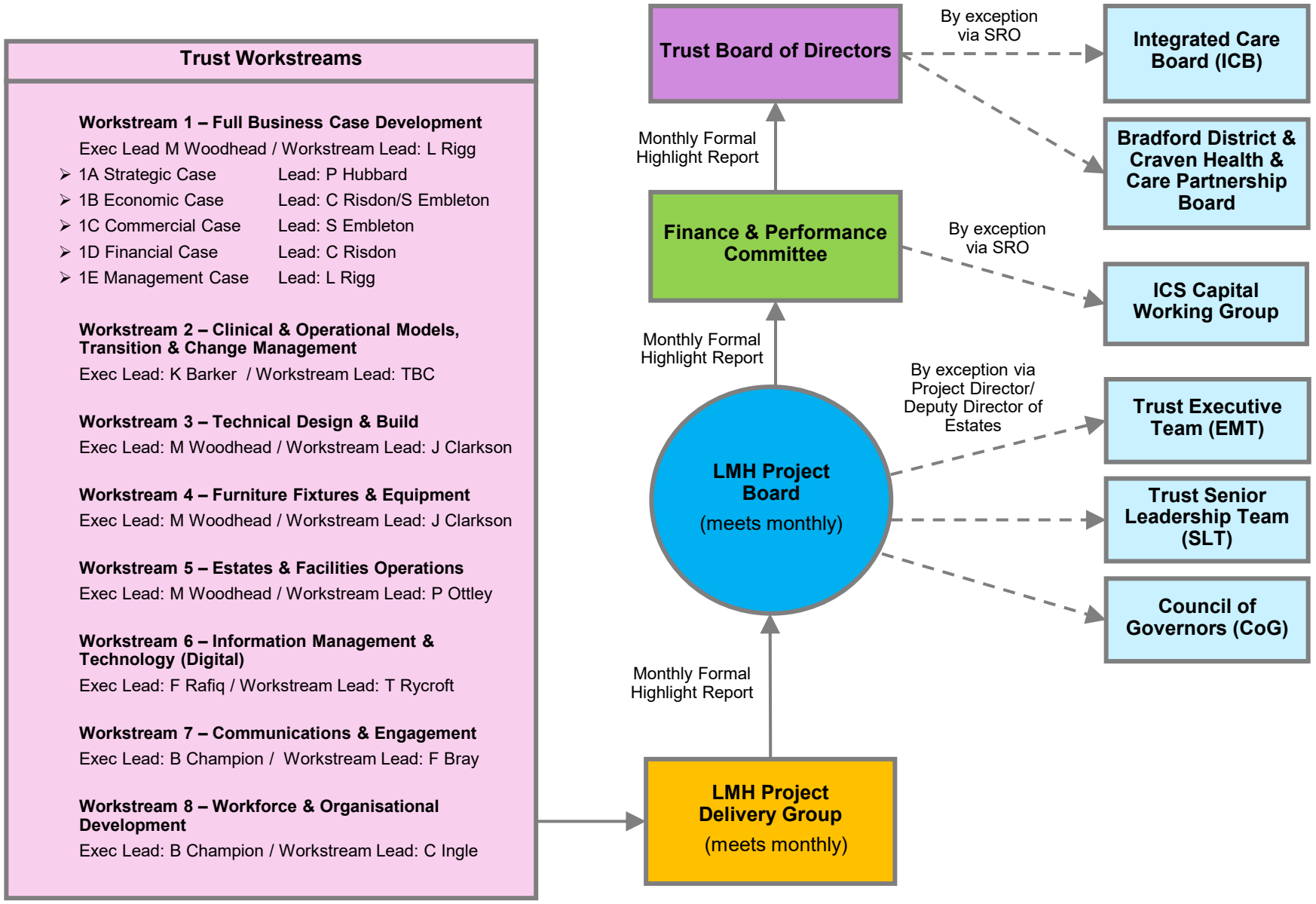
Section 6: Management Case – Overview

- The ‘Management Case describes and demonstrates that suitable and robust arrangements are in place for the successful delivery, monitoring, and evaluation of the project.
- Project Delivery Team established with clear Governance Structure.
- Risks, issues, change and progress against the key project milestones are managed and controlled by the Project Delivery Team and subject to further scrutiny each month by the Project Delivery Group and Project Board.
- An overarching programme has been developed at FBC stage, with all required activities agreed and allocated to focused workstreams.
- Communications and engagement activities have continued into FBC stage to inform the design and development of the Preferred Option supported by a robust Communication and Engagement Strategy

Management Case – Governance Structure

- The governance of the project is structured, with clearly defined roles and the establishment of a suite of boards, groups, sub-groups, and teams.
- This ensure all team members understand their role and responsibilities and provide a clear and auditable route for decision-making and the escalation of risks and issues.
- The project is led by the Trust’s Chief Finance Officer, acting as designated Senior Responsible Owner (SRO). The SRO chairs the Project Board and has full support of the Trust’s Chief Executive and other Executive Directors.

Section 6: Project Reporting / Governance Structure



Section 6: Management Case – Risk Management

- Robust risk management arrangements in place, reviewed and ratified at FBC stage, to ensure that spending objectives are achievable within defined constraints.
- Risks throughout all project phases—including design, build, implementation, and operation—are actively identified, managed, and monitored with input from relevant stakeholders.
- Early risk identification and mitigation are prioritised, with workstream leads capturing and reporting risks for collective review and impact assessment at monthly Project Delivery Group meetings.
- All risks are documented in the Project Risk Register, assessed for likelihood and impact, assigned owners, and high-scoring risks (score 12 or above) are escalated to the Project Board for oversight.
- Risk management is ongoing, incorporating workshops, contingency planning, flexible design sign-offs, and careful consideration of risk allocation in contractual relationships.

Management Case – Communications & Engagement

- The Communications and Engagement Strategy ensures ongoing, meaningful involvement of stakeholders throughout the redevelopment, using lived experience and operational feedback to shape the design.
- Regular, tailored updates are provided to staff, service users, carers, families, the local community, and partners, while managing reputational risks and legal requirements.
- The strategy's objectives include keeping stakeholders informed, contextualizing expectations, building trust through transparent communication, and engaging stakeholders to influence plans and reassure investors.

Lynfield Mount : Redevelopment Plans 2025-2028
Architect Fly through

NHS
Bradford District Care
NHS Foundation Trust

Bradford District and Craven Health and Care Partnership

ACTasONE

NHS West Yorkshire Integrated Care Board

Meeting name:	Bradford District and Craven Partnership Board
Agenda item no:	8
Meeting date:	14 November 2025
Report title:	Sub–committee Triple A Reports
Report presented by:	Sub–committee Chairs
Report approved by:	Sub–committee Chairs
Report prepared by:	Catherine Smith, Governance Manager, West Yorkshire ICB

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

N/A

Executive summary and points for discussion:

The Clinical and Professional Forum and System Quality Committee, as sub-committees of the Bradford District and Craven Partnership Board, have each compiled a Triple A (alert, advise, assure) report to support information flow from each of the meetings within this governance cycle. They are presented to the Partnership Board for assurance purposes and to allow committee chairs to alert the Board to any significant risks and asks. There will be a verbal update from the System Finance and Performance Committee.

Outline how this supports our partnership vision and strategy

Our Purpose - All working to the same goal, for our population to have more chances to lead healthier lives.

Our Population - Supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes.

Our Place - Making our district a great place to live, work and thrive.

Our Partnership – Greater value through the best use of our collective resources, minimising duplication and waste.

Recommendation(s)

The **Bradford District and Craven Partnership Board** is asked to:

1. **RECEIVE** the Triple A Reports from the recent meetings of the Clinical and Professional Forum and System Quality Committee, and a verbal update from the System Finance and Performance Committee.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
N/A
Appendices
1. Clinical and Professional Forum Triple A Report 3. System Quality Committee Triple A Report
Acronyms and Abbreviations explained
N/A

What are the implications for?

Residents and Communities	None identified
Quality and Safety	None identified
Equality, Diversity and Inclusion	None identified
Finances and Use of Resources	None identified
Regulation and Legal Requirements	None identified
Conflicts of Interest	None identified
Data Protection	None identified
Transformation and Innovation	None identified
Environmental and Climate Change	None identified
Future Decisions and Policy Making	None identified
Citizen and Stakeholder Engagement	None identified

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Bradford district and Craven Clinical Forum

Dates of meetings: 14th May 2025 and 10th September 2025

Report to: Bradford district and Craven Partnership Board

Report completed by: Sohail Abbas / John Hartley/ Iram Amin

Date of Partnership Board: 14 November 2025

Key escalation and discussion points from the meeting
Alert:
N/A
Advise:
Secondary Care Prescribing- ongoing issue regarding the lack of sufficient detail being provided when transferring patient medication information between Secondary and Primary Care. This issue has been discussed with System leads with the agreed action that Trust operational leads and LMC will strengthen primary secondary care interface meetings to ensure that such matters can be discussed and resolved. **Future Role of Clinical & Professional Forum** – an additional meeting was held on the 17th October with colleagues across the system to discuss the future role of the Clinical Forum at Local, Place, and the relationship with West Yorkshire Clinical and Care Professional Forum. A local Clinical & Professional Forum development session is planned for the 12th November where the Forum's role to provide place views in shaping strategic commissioning decisions and translating strategy into implementation at place level working as integrator with the place collaboratives will be discussed.
Assure:
ABCAS- continues to progress as a key strategic initiative incorporating BDCFT and Community services. The collaboration aims to align acute, community and corporate service functions to improve system wide efficiency and sustainability Shared care. Current focus areas include development of clinical strategy to support the new Airedale Hospital Programme.

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Escalation and Assurance Report – Alert, Advise, Assure

Report from: Bradford district and Craven System Quality Committee

Date of meeting: 9th October 2025

Report to: Bradford District and Craven Partnership Board

Report completed by: Iram Amin / John Hartley / Phillipa Hubbard/ Andy Withers

Date of Partnership Board: 14th November 2025

Key escalation and discussion points from the meeting
Alert:

Primary Care

- **Major IT outage -** affected all practices in Bradford District and Craven from 28th July 2025. The impact effected different users with some able to login fully and others only able to use contingency mode. The team at 'The Health Informatics Service (THIS)' has identified the primary cause of the issues with these fixes thoroughly tested to ensure they don't make the situation worse for practices. Report being completed with input from the Health Care Partnership (HCP) Access to care team.
  BDC System Quality Committee has requested the report on the lessons learned and outputs from the primary care IT outage incident to be presented at the January 2026 committee meeting.
- **Issues with the online consultation PATCHS-** NHSE's GP Contract Update for 2025/2026 requires Online Consultation Tools to be available and not restricted to core hours. Issues with red flag questions issued to patients, warning them of urgent care, have been identified. The issue has been escalated to WY digital leads for support, and the WYICB Digital Team is working on optimisation and training programs & new functionality releases and bug fixes ongoing. There have been no further issues with this communicated to the quality team and the team is awaiting further update/advice from our Data Quality team.
- **Pathology Concerns-** Leeds Teaching Hospitals NHS Trust (LTHFT) Pathology Lab is facing ongoing concerns due to the Laboratory Information Management System (LIMS) rollout across West Yorkshire and logistical issues from moving the service to St James Hospital.
  GP practices in Bradford and BCA Enhanced Access are experiencing issues such as lost samples, delayed results, IT/coding issues, rejected requests, and incorrect results. The volume of affected results is unclear, and GPs have been escalating concerns to the Trust.
  Work is underway at Place to understand the scale of the issue, identify any potential patient harm, and management of the risk. At West Yorkshire, fortnightly meetings have been arranged until the issues are resolved.

Bradford Teaching Hospitals NHS Trust (BTHFT)

- **Regulation 28-** received regarding a Hospital Death (Clinical Procedures and medical management) related death.
- **Summary Hospital-level Mortality Indicator** (**SHMI)/Clinical Coding-** SHMI / Clinical Coding Accuracy and focus - Following ongoing discussions at the Quality Committee, work continues to improve the accuracy of clinical coding and its impact on the Summary Hospital-level Mortality Indicator (SHMI). A Clinical Coding Transformation Plan has been developed to address these issues, aiming to improve:
    - Data integrity
    - Operational efficiency
    - Benchmarking accuracy

Bradford Metropolitan District Council (BMDC)

- **Supported Living Provider-** An embargo on new placements has been applied to the locality contract following a serious incident. Locality partner providers remain able to respond to support package requests while the embargo is in effect.
- **Home Support Provider-** The provider has been placed under serious concerns and an embargo following a second incident involving service failure.
- **Residential and Nursing Care Home-** A large nursing home in North Bradford, currently caring for 45 residents, many funded by the Integrated Care Board (ICB), is subject to significant regulatory intervention by the Care Quality Commission (CQC). The latest CQC report has rated the service as Inadequate across all domains. As a result, the home remains under enhanced monitoring, including frequent visits from the Contract and Quality Teams at the local authority and the ICB. In addition, there is ongoing oversight and on-site engagement from Social Work, Safeguarding, and Continuing Healthcare (CHC) teams.

Airedale NHS Foundation Trust

- **Infection Prevention and Control (IPC**) - Airedale quality and safety committee received a paper updating actions following the previous low assurance report from Internal Audit. The committee were reassured by the actions and welcomed a further audit in due course to give a high level of assurance around hand hygiene.

Advise:

Primary Care

- **2025 GP Patient Survey results-**The 2024/25 comparison shows improvement in key questions, with ICB and national results showing similar levels of improvements. Bradford District and Craven are reporting comparatively lower scores than neighbouring Places however the gap in performance is lessening. Results continue to be discussed at Practice Quality Assurance visits and there is also ongoing work at West Yorkshire regarding consolidating improvement opportunities.
- **Patient Welfare Checks - System significant event-** A 77-year-old housebound dementia patient, cared for by her son, underwent a welfare check following discussions at a practice Multi-Disciplinary Team meeting. The practice

contacted police and Yorkshire Ambulance Service (YAS) for support with no assistance made available due to policy.
Two practice members conducted the visit and made a safeguarding referral due to observed neglect. They requested input from ICB regarding the "Right person-right care" policy, which lacked primary care engagement. The safeguarding lead at B&C HCP was informed to escalate the issue with YAS and the Police for clarity on the BDC pathway and assurance from the Safeguarding Adult Board. Action was assigned to the YAS lead for further discussions involving primary care during a recent WY Quality Leads Meeting (QLM).

- **Cervical Screening-** Following a complaint from a cervical screening patient with abnormal cytology, it was discovered that the patient hadn't received an appointment and had therefore missed two colposcopy appointments, resulting in her discharge. The GP requested the patient to complete a cease screening form. The referral was received by BTHFT and outsourced to Westcliffe Health Innovations.
  NHSE is investigating utilising standard screening incident management processes with Screening Quality Assurance Service (SQAS), and the practice has been contacted, awaiting an outcome.
- Work continues to promote Patient Safety Incident Reporting Framework (PSIRF) in primary care at BD&C although work needs to continue to agree a standardised approach across west Yorkshire.

Bradford Teaching Hospitals NHS Trust (BTHFT)

- **Maternity and Neonatal Services** –The Trust has been included in the National Maternity and Neonatal Investigation. National terms of reference have been produced, currently no further information has been received by the Trust in relation to the investigation.
  There has been press coverage regarding the care of a baby born in BTFHT. This is following the conclusion of a maternity and newborn safety investigation (MNSI) report. The MNSI, maternity team and family have met to review the report and share the learning identified.
- The peer review of the Saving Babies Lives data showed that the maternity incentive scheme (MIS) standard had been met and overall compliance in Q4 was 91% with robust improvement actions in place.

Bradford District Care NHS Foundation Trust (BDCFT)

- **Leadership Absence in Acute & Community Mental Health Teams:** July 2025 had seen issues of leadership absences in acute and community mental health teams, which had created operational pressures. Mitigations had reduced risk, but this remained a key area to monitor.
- **Place IT Outage:** An IT outage was found to be a network failure (not cyber-attack). This highlighted ongoing risks to service continuity and the need for robust IT infrastructure and contingency planning.
- **Community Speech and Language Therapy (SALT) service**- ongoing capacity challenges particularly for children and young people. The service had had to prioritise community provision over acute ward support and the need for a system response to manage the challenges.

Airedale NHS Foundation Trust

- **Haemoglobin A1c (HbA1c) monitoring machine-** assurance was provided that following a review of patient results, the assessment found no significant variation beyond the uncertainty of measurement of the test and that there had been no indication of patient harm. The inaccurate results had stemmed from a specific day in May 2025. Those patients diagnosed in the period had been advised to request a diagnostic HbA1c test to be carried out during their next annual review.
- **Clinical Governance Quality and Patient Safety Group.** Airedale Quality & Safety Committee noted there is insufficient provision for patients who require iron transfusions, resulting in patients being diverted to Haematology and Oncology Day Unit (HODU). This then impacted upon access to HODU for those requiring treatment there. Contingency options are being considered.

SQIAIG update

- **The Maternity Outcomes Signal System (MOSS)-** expected to go live in November, is now sending alerts of triggers to Trusts. MOSS aims to identify signals about potential critical safety issues in maternity intrapartum care that could lead to adverse outcomes, and is intended to be used as part of routine safety monitoring within the Perinatal Quality Oversight Model (PQOM).
- **Care Quality Commission (CQC) inspections-**There is a high rate of CQC activity and SQC are considering how learning could be shared across partners to help with preparing for inspection.
    - **BTHFT**-A number of unannounced CQC inspections taken place in September 2025. These included: Maternity - caring, effective, responsive, safe; Urgent and Emergency care - all elements; and Outpatients St Lukes Hospital (SLH). CQC Well led inspection due to take place November 2025
    - **BDCFT**- Unannounced CQC visit to low secure areas in October 2025. No immediate concerns have been raised
    - **ANHSFT-** The trust has undergone its Well-Led CQC inspections and are awaiting its conclusion.
    - **BMDC-** awaiting the publication of their recent CQC inspection.
    - **Yorkshire Clinic**- CQC published report October 2025, rated overall as 'Outstanding'. The Well-Led, Effective and Caring domains were all rated as outstanding, Safe and Responsiveness were rated as 'Good'
    - **The Willows Medical** report published August 2025; Rate overall as 'Good'
    - **Valley View Surgery-** CQC report published and has been rated as 'Requires Improvement' Overall. Ongoing support will be offered.

Assure:

Primary Care

- **Online GP appointments-** Increase in online appointments from 4.8% in August 2024 to 8.2% in July 2025, highlighting increasing patient uptake.

Bradford Teaching Hospitals NHS Trust (BTHFT)

- **Health Equity and Inequalities** – The Trust has embarked on a Health Equity Programme developed following the Board development session in October 24.

The key projects underway are: Make Every Contact Count, Community Connectors, Library Services for Community Users/Residents Redesign of the Trust's Health Equity intranet pages

- **Quality Improvement Initiative: Martha's Rule-**Martha's Rule is a national patient safety initiative designed to empower patients, families, carers, and staff to escalate concerns when a patient's condition is deteriorating. The initiative is being implemented across Bradford Royal Infirmary (BRI) and St Luke's Hospital (SLH)

Bradford District Care NHS Foundation Trust (BDCFT)

- **Sexual Safety Charter Implementation:** The Trust had established clear policies and robust reporting mechanisms for sexual safety, with significant assurance from internal audit.
- **Clinical Board Oversight of Independent Sector Beds:** Monthly reviews ensured contracted inpatient beds with private providers met quality and safety standards. No adverse patient incidents were identified during recent doctor strikes.
- **Infection Prevention & Control (IPC):** No Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections, one Clostridium difficile case, and robust outbreak management for COVID-19 and influenza. IPC training compliance was high, and collaborative audits with facilities ensure cleanliness standards.

Airedale NHS Foundation Trust

- **Learning From Deaths.** The Q1 report was received with all deaths being reviewed by the Medical Examiner. SHMI is <1 (national average). Airedale Quality & Safety Committee has requested more detailed reporting of the SHMI for #NOF.

Bradford District and Craven Health and Care Partnership

ACTasONE

NHS West Yorkshire Integrated Care Board

Meeting name:	Bradford District and Craven Partnership Board
Agenda item no:	9
Meeting date:	14 November 2025
Report title:	Listen in – what are we hearing from White British working class men?
Report presented by:	Victoria Simmons, Senior head of communications and involvement, WY ICB (BD&C) Saeed Khan, Involvement and insight manager, WY ICB (BD&C)
Report approved by:	Matt Sandford, Director of Partnership and Place, WY ICB (BD&C)
Report prepared by:	Victoria Simmons, Senior head of communications and involvement, WY ICB (BD&C)

Purpose and Action

Assurance ☐	Decision ☐ (approve/recommend/ support/ratify)	Action ☒ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

- Listen in, how we act on what we hear. Presented at Partnership Board meeting September 2024
- Listen in, deep dive on Craven. Presented at Partnership Board meeting January 2025
- What are we hearing from LGBTQ+ people? Presented at Partnership Board development session February 2025
- What are we hearing from disabled people and their carers? Presented at Partnership Board development session February 2025
- Listen in – how what we are hearing is shaping our strategy, Presented at Partnership Board meeting May 2025
- What are we hearing from racially minoritised communities? Presented at Partnership Board meeting September 2025

Executive summary and points for discussion:

Listen in is an ongoing programme of involvement, with focused periods of activity to have direct conversations with the public, visiting community groups and public spaces to help us understand what matters most to local people when it comes to health and care.

Over the past year, Listen in has been focused on reaching into communities of interest and understanding the differing experiences of groups in our population. This report presents findings from our latest *Listen in* cycle, focused on hearing directly from white British working-class men across Bradford District and Craven. National data show that this group experiences some of the poorest health outcomes yet is least likely to engage in formal consultation or co-design. This cycle was designed to reach men in non-traditional settings such as workplaces,

barbers, and pubs, and to listen without agenda to their experiences of health, care, and community life.

The report highlights deep frustration with access to primary care services, compounded by inflexible appointment systems that do not fit around shift-based or insecure work. Men described "putting up with it" until health problems became urgent, often seeing the NHS as "broken" or "not for people who work." Cost of living pressures, loss of social connection, and enduring stigma around mental health were strong themes, alongside pride in self-reliance and work as core to identity.

The findings echo those in *Healthwatch North Yorkshire's* report *Ploughing through barriers*, which also describes stoicism, isolation, and a reluctance to seek help among men in rural and working-class communities. Together, these reports underline the need for more visible, local, and practical approaches to engagement and support.

This cycle follows our previous *Listen in* focus on racially minoritised communities. While that work revealed barriers linked to discrimination, cultural misunderstanding and lack of representation, this cycle shows that feelings of exclusion and neglect can also exist among white working-class men—though for different reasons. Both sets of insights highlight how identity, class, and belonging shape people's trust in public services and their sense of fairness.

Given the current national context around community cohesion and identity, these findings are timely and important. They offer a grounded, human view of how social and economic pressures influence people's health, wellbeing, and connection to the system.

Board members are invited to reflect on how we can respond to these insights—through more inclusive service design, communication, and partnership approaches that strengthen belonging and trust across all communities.

Outline how this supports our partnership vision and strategy

Our Purpose - All working to the same goal, for our population to have more chances to lead healthier lives.

Our Population - Supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes.

Our Place - Making our district a great place to live, work and thrive.

Our Partnership – Greater value through the best use of our collective resources, minimising duplication and waste.

Recommendation(s)

The Bradford District and Craven Partnership Board is asked to:

1. Consider the ideas and insights from this Listen in cycle

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

n/a

Appendices
1. Listen in. White British working class men – what are we hearing?
Acronyms and Abbreviations explained

What are the implications for?

Residents and Communities	**n/a**
Quality and Safety	**n/a**
Equality, Diversity and Inclusion	**n/a**
Finances and Use of Resources	**n/a**
Regulation and Legal Requirements	The Listen in programme is one way in which we discharge our statutory duty to involve the public.
Conflicts of Interest	**n/a**
Data Protection	**n/a**
Transformation and Innovation	**n/a**
Environmental and Climate Change	**n/a**
Future Decisions and Policy Making	Insight from Listen in will provide citizen voice that can be taken into account in future decision-making.
Citizen and Stakeholder Engagement	The Listen in programme is a core part of our partnership approach to citizen engagement. Local stakeholders are actively involved in planning and taking part in the programme.

Bradford District and Craven
Health and Care Partnership

ACTasONE

Proud to be part of the West Yorkshire Health and Care Partnership

Listen in

White British working class men

What are we hearing?

24 October 2025, report authors:
Saeed Khan, Involvement and insight manager
Victoria Simmons, Senior head of communications and involvement
Contact: communications@bradford.nhs.uk

Listen in – our approach

Listen in is an ongoing programme of involvement, with focused periods of activity to have direct conversations with the public, visiting community groups and public spaces to help us understand what matters most to local people when it comes to health and care.

In our third year of Listen in cycles we are focusing on reaching into communities of interest and understanding the differing experiences of groups of our population. This report will focus specifically on our Listen in cycle for white working-class men, specifically white British men from low-income backgrounds, especially those in insecure work or out of work.

National and local data show that white British working class men have some of the poorest health outcomes and shortest life expectancies yet are among the least likely to take part in engagement or service co-design. While there is growing political and media attention on this cohort, these narratives rarely reflect the everyday realities and voices of the men themselves — this work is about listening directly and with care.

Our approach:

- We go out to communities and meet them in places they feel safe
- We go to non-traditional community settings such as workplaces, barber shops, bars/pubs etc.
- We value the support of community partners and VCSE organisations
- We listen to what matters to people through open conversations, without set questions or a specific agenda*
- We invite colleagues from across our partnership to join us, so they hear first-hand from people and communities
- We record and report what we hear to maximise impact across our partnership

For each cycle of Listen in, we bring together a design group of colleagues from across our partnership to lead and coordinate the activity, ensuring that it is adapted appropriately for the relevant community of interest.

Our involvement responsibilities, including legal requirements

The legislation we must work to when delivering any involvement is set out in Appendix A.

Involving people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to people and communities.

The Listen in programme enables us to build relationships and continually listen to our communities; this creates a strong foundation of our partnership's approach to involvement which enables us to meet and exceed our statutory duties.

What did we hear?

This report uses the same format as previous ones, with insights organised around the five priority areas in health and care. Although the partnership is no longer working to this framework, we have kept this consistent format for all of this year's cycles to make it easier to compare findings across different communities of interest. The findings in this report highlight common themes, illustrative examples, and direct quotes where appropriate.

Hot topics

Access to healthcare services: Access to GP appointments came up frequently. Many men said their experience of trying to book an appointment shaped how they viewed the NHS overall — "the NHS is broken" was a common phrase. Long waits at A&E and for follow-up appointments or surgery also influenced their perceptions of the system.

Reluctance to seek help or support: Most men told us they rarely used the NHS unless something was extremely urgent or began to affect their ability to work. Several described "putting up with it" until they had no choice but to seek help.

Work and financial pressures: Concerns about job security were widespread. Many said they often had to choose between taking time off for medical appointments or earning a day's pay — and most chose work because they couldn't afford not to.

Talking about health: Many men were reluctant to discuss their health, particularly mental health. When approached in informal settings like pubs, barber shops, or workplaces, most initially said they were "fine." Those who engaged through community groups or centres were more likely to open up about mental wellbeing and everyday pressures.

Local services: Local services were highly valued. Travel costs and unreliable transport were described as barriers that discouraged people from seeking help — especially for those on low incomes.

Support from women and loved ones: Women and family members played a key role in encouraging men to seek help. Several men said they only made an appointment or agreed to talk with us because a partner, mother, or friend urged them to.

Support for men's health: Many men felt there was little support specifically focused on men's health issues. They wanted to see more targeted information and clearer promotion of what help is available.

Politics and identity: Some conversations turned to politics. Men spoke about national issues such as immigration, expressing concern about pressure on public services and a sense of uncertainty about their place in society.

Access to care

Barriers to timely healthcare access

Concerns about GP access were common, consistent with what we have heard in other Listen in cycles. However, the men in this cycle spoke about it in a particular way. Their frustration went beyond the difficulty of booking appointments; it shaped how they saw the NHS as a whole. Many described feeling that the system no longer worked for people like them.

"People can't get a GP appointment anyway, so why even bother trying?"

While a few men shared positive stories, such as one who said his experience of booking online and getting support was "fantastic", most described repeated struggles to get through on the phone or online, long waits for referrals, and limited follow-up once seen. For some, these experiences led to complete disengagement until symptoms became unbearable or affected their ability to work.

Digital access

Digital systems were seen as part of the problem. Many men said they were confident using the internet for other tasks, such as online shopping or streaming, but still found platforms like Patchs confusing, unreliable, or inaccessible. For others, this reinforced a sense that services were designed for someone else, not for them.

"I can go on the internet and buy stuff off eBay and Amazon, I can download and watch Netflix on my phone, but I can't make Patchs work for me, it so bloody difficult, it just doesn't work".

Perception and reluctance to seek support

The belief that "the NHS is broken" was more than a passing comment; it had become a shared narrative. Some men said they no longer tried to contact their GP because they expected failure. Others went directly to A&E when problems reached crisis point. Long waits for operations and specialist care added to a growing sense of disillusionment, with some describing turning to private healthcare if they could afford it.

This perception gap matters because it shows how experience and expectation combine to create disengagement, not just through practical barriers but through a deeper loss of faith in the system.

Confidence in navigating care

Some men said they found it daunting to access NHS services, especially if they had not needed to before. They described feeling unsure of what to expect or how to find their way through the system. A few suggested that women may have more experience of using health services through maternity or children's care, which can make the process feel less intimidating.

During one session, some men compared notes on their recent experiences as inpatients in hospital. They spoke about how vulnerable they had felt and how much it affected them to be unable to fend for themselves or stay in control. For men who are used to coping independently, being a patient was described as disorientating and difficult, leaving some reluctant to seek care again unless absolutely necessary.

This sense of unfamiliarity added to the barriers faced by men who were already hesitant to seek help, reinforcing how important it is that services feel approachable and easy to navigate.

Work and access to healthcare

Taking time off work for health appointments was one of the strongest and most distinctive themes in this cycle. For many of the men we spoke with, their work patterns simply do not allow time to see a GP. They are on factory floors, construction sites, driving vans, or running small trades businesses where every hour counts. If they take time out, someone else has to cover the shift, or the job falls behind. For those who are self-employed, a missed day means lost income and potentially lost customers.

"Just keep working, hopefully won't just keel over one day."

Several men described the NHS as something that no longer fits around working people's lives. Appointments were often offered during standard office hours, which for them are the busiest times of the day. A few said they could not risk asking for time off, fearing it would be seen as unreliable or might even cost them future work.

"When I finally got an appointment, it was in the middle of my shift. I couldn't take the time off, so I just didn't go. The NHS isn't for people who work, it's for people living off the system."

Many felt that this lack of flexibility was one reason they avoided seeking help until their health deteriorated. Evening and weekend appointments were seen as practical solutions that would allow them to access care without losing pay or risking their job.

The same pattern affected access to dental care. Men spoke about being removed from NHS dentist lists because they missed daytime check-ups, not through neglect but because they were at work.

"I was with an NHS dentist, but I got taken off because I couldn't take time off work for an appointment."

For these men, work is both a source of identity and a barrier to health. Being "hard-working" is part of how they define themselves and their value to others, yet that very commitment limits their ability to look after their health.

Dental access

Men talked about challenges around registering with an NHS dentist, most dental practices are not taking on NHS patients. The men complained they have tried to register with dentists but have been unsuccessful and as a result they have not seen a dentist in several years. One man told us he hasn't seen a dentist in 15 years.

Pressure on services

Some men linked their experiences of struggling to get appointments or timely care to what they saw as wider pressure on the NHS. Several spoke about immigration and population growth as reasons the system was under strain, saying they felt services were being stretched beyond capacity. One man said the NHS “cannot cope because it has been overwhelmed due to high numbers of immigrants.”

These views reflected perception rather than evidence, but they were grounded in real frustration about access and waiting times. For most, the concern was about the system’s ability to cope, not about individuals or communities.

Access to care: getting it right for white British working-class men

The men we spoke with recognised that the NHS is under strain. Some linked this to wider factors such as immigration and underfunding, but most wanted to focus on what would make access fairer and more straightforward.

Importantly, once men were “in the system,” most said the care they received was good. The challenge was getting through in the first place.

They described wide variation in how GP practices manage appointments. Some offered flexible options, allowing people to phone or walk in to book, while others relied entirely on online systems such as PATCHS, which many found difficult to use or unavailable at certain times. The men said a consistent approach across practices, where patients could choose to book online or by phone, would make access easier and fairer for everyone.

Clearer communication would also help. People wanted to understand what times online systems were open and why, and to know how triage processes worked so they could plan when to get in touch.

Men also felt that access could be improved by extending appointment times into evenings and weekends. For those in manual, shift-based, or self-employed work, daytime appointments often meant losing pay or risking job security. Evening and weekend sessions were seen as a practical way to make it easier for working people to seek help before problems became serious.

Contact hours are as much of a barrier as appointment times. Men pointed out that offering evening or weekend clinics makes little difference if practices can only be contacted between 8 and 5. Having booking lines or digital systems available outside standard hours, as well as offering evening or weekend appointment times, would make it far easier for working people to arrange care without losing pay or disrupting work.

“If they were open after work, I’d go. But I can’t afford to take a day off for it.”

Getting access right for this community means recognising how people’s lives shape their ability to use services, and designing appointment systems that reflect that reality from first contact to follow-up care.

Healthy communities

Men missing out on support

Many men told us they felt there was little support available for them in their communities. They described a sense that men are expected to cope alone, even when struggling with their health, work or finances.

“If you fall there is no safety net. We’re expected to just get on with it, and our families or mates don’t really help when you need support.”

They said most local support or social activities seem aimed at families, women or older people. They wanted to see more services that recognise men’s lives and pressures, rather than expecting men to fit into models designed for others.

Social connection and belonging

Some men had found support through local social groups or community hubs, which they described as “life savers”. These places gave them a reason to get out of the house, meet others and talk about problems without feeling judged.

“We come here and if any of us have a problem, we discuss it, and the group offers support in any which way we can.”

“These truly are life savers.”

These groups worked best when they were informal and practical – places to share a brew, fix something, or help out – rather than formal “talking sessions”. Several men said they would like to give back by volunteering or helping to run local activities.

Cost of living and everyday pressure

The cost of living came up in nearly every conversation. Many men said they were “barely getting by” even when working full-time. They worried about how they would manage rising energy bills in winter and said this constant pressure affected their stress levels and mental health.

Community-run food shops selling discounted items were described as a lifeline.

“Prices in the supermarkets are eye watering. Without the community shop, we wouldn’t manage.”

Travel costs were another concern. Some men said expensive bus fares and taxi journeys made it harder to get to appointments or community groups. Others said they had lost access to patient transport, leaving them to pay for taxis to hospital appointments.

“Have you seen how expensive the buses and taxis are?”

Work, identity and insecurity

Work was central to how men saw themselves and their value to others. Many were in manual, shift-based or self-employed work, often with little job security. They worried constantly about losing income and said this shaped every decision about health, home and family life.

"Job opportunities don't exist, and you can't live off universal credit."

One man said that when he lost his job previously, he became depressed and was worried about it happening again. Others spoke about how unemployment affected their sense of identity.

"It affects your ability to feel like a man if you're living off your woman – what kind of man would do that?"

For many, being seen as a hard worker was a source of pride, but it also stopped them from seeking help when they needed it.

Perceptions of fairness and change

When talking about their communities, some men expressed frustration about what they saw as unfairness in how support and services (particularly housing) are allocated. At first, most were hesitant to discuss these views, but as conversations developed, several spoke openly about immigration and the belief that this had placed extra pressure on the NHS and other public services.

"The NHS cannot cope because it has been overwhelmed due to high numbers of immigrants."

A number of men said they felt asylum seekers and refugees were being prioritised for housing, while "local" families were left struggling.

"Some new houses were built but given away to asylum seekers – not local white people who are living in squalor."

Others voiced concern that services were not equally available to everyone, or that some groups received "special treatment".

"There is resentment against the system that gives special treatment to ethnic cultures and communities – these communities demand special treatment."

A few men drew distinctions between long-established migrant communities, whom they saw as part of the local fabric, and more recent arrivals.

"They [previous generations of immigrants] fought in the war and worked in the factories, they contributed to the country – but these people coming over now, they're just coming for crime."

Those who expressed these views were clear that they did not see themselves as racist or aligned with far-right politics, but as concerned citizens reacting to what they heard and saw around them.

The role of women and loved ones

Across many conversations, women were described as playing an important role in encouraging men to seek help – whether medical, social or emotional. Partners, mothers and daughters often acted as the bridge between men and services.

"If it wasn't for her, I'd be a lot worse, probably dead. She keeps on top of my health."

In some conversations, women stepped in to help men talk more openly about their health, often prompting them to share things they might otherwise have kept to themselves.

Healthy communities: getting it right for white working class men

Men told us that support for men's health and wellbeing needs to be more visible, practical and grounded in real life. They wanted services that recognise the pressures of long hours, insecure work and pride in being self-reliant, rather than expecting them to fit into systems that feel distant or hard to access.

"When you're a man, nobody wants to help you. What are you (NHS) doing for men?"

Many said they would be more likely to use support if it was available in familiar places such as community centres, sports clubs or social hubs. Several said they would volunteer or help run activities themselves, such as exercise or boxing sessions, to keep their local centres active and useful.

"My community centre doesn't have much on, but me and my wife would run classes if it helped."

Getting it right for this community means recognising how class, work and identity shape access to health and wellbeing. When services are local, practical and fair, men feel valued and included – and are more likely to seek help early, contribute to their communities and trust in the system that serves them.

Healthy Minds

Talking about mental health in community settings

Men who were already attending community groups were noticeably more open about their health and wellbeing than those we met elsewhere. They described these groups as safe spaces where they could talk with others in similar situations without fear of judgement.

"I would sit in my living room with just the four walls, and I started to wonder into a dark place, I was ready to top myself as life was s**t, I was so close to doing it."

Men said that loneliness was a major problem, and that being part of a group helped them feel less isolated and gave them something to look forward to. They spoke positively about groups such as Andy's Man Club and local men's social hubs, saying that knowing these existed made a difference.

Men thought more could be done to promote these groups. They said professionals should be aware of and confident in signposting to local options, so men who are ready to reach out can find support close to home.

"We need to promote that it's ok for men to talk about mental health."

These accounts show that once men take the first step to seek support, they are often ready to speak honestly about how they feel. The challenge is reaching those who have not yet made that step.

Routes to mental health support

Many men said they were unsure where to turn when struggling with their mental health. Their first instinct was usually to contact their GP practice, but getting an appointment could be difficult at times. Some felt that when they did manage to speak with someone, the support offered was limited or unclear, and they were not always sure what local help was available.

One man told us that after recognising he had hit "rock bottom" and struggling to make a GP appointment, he searched online for "support for men" and found a local community group that helped him rebuild his confidence and outlook.

"I tried my GP but couldn't get through. Then I found the group and now I'm enjoying life."

Because formal routes could be hard to navigate, men often ended up finding help themselves, usually after encouragement from friends or family. They said it would help if information about community-based mental health support was easier to find and more consistently promoted across services.

Barriers to accessing mainstream services

Some of the community groups we visited were specifically supporting men who were struggling with mental illness. Within these groups, some men said that when they are struggling with their mental health, the process of accessing mainstream NHS services can feel overwhelming.

One man described trying to register for the NHS App but giving up part-way through because of the number of questions and information required. He said that, with memory problems and anxiety, the process felt "too much" and he "just couldn't face it."

These experiences highlight how digital systems that are designed to make access easier can, for some, add another layer of stress at the very point when they most need help.

Stigma and silence

Outside of community settings, stigma around mental health remained strong. Many men did not want to discuss it at all, and some shut down conversations quickly.

"Nah mate, we don't talk about that."

"Worries are part of life and only make you stronger."

Men said that showing vulnerability could be seen as weakness and could affect how others saw them.

"As a man, showing vulnerability affects your relationship with yourself – it gets smacked in your face."

While they recognised that mental health was a major issue for men, especially those under financial or work-related pressure, there was still a reluctance to talk about it openly.

"Men are their own worst enemy because we don't talk about our health, especially mental health, until we crack."

The role of family and friends

Family and friends played an important role in helping men access support. In several conversations, female relatives stepped in to encourage men to open up or seek help.

One man initially said he was fine until his mother interrupted to explain that he suffered from severe depression and anger issues. Another said that after the death of both parents, his sister encouraged him to attend a men's social group at the local community centre.

He told us that without her, he would still be "sitting at home all alone."

These examples show how family and peer networks can play a crucial role in connecting men to support that works for them.

Healthy minds: getting it right for white British working-class men

Men recognised that mental health is a serious issue, but stigma and a culture of self-reliance stop many from speaking up. They said it is vital to challenge the idea that “real men just get on with it” and to normalise conversations about mental wellbeing.

Support needs to be visible, local and practical. Men said they are more likely to engage if services are in familiar places and open at times that work for them. Evening and weekend access was seen as essential, particularly for those in full-time or insecure work.

Men wanted health professionals, employers and local community organisations to work more closely together so that mental health support is easy to find and talk about. Collaboration between healthcare services and workplaces – particularly in male-dominated industries – was seen as a way to reach men who would not normally engage with health messages.

Rather than calling for new services, men asked for clearer signposting, better awareness of existing community support, and reassurance that when they do reach out, someone will respond. They said every contact should be the right one – a “no wrong door” approach – so men are not passed between services.

People development

Employment and purpose were major themes in conversations with men. Many spoke about the importance of work in giving them structure, identity and pride, even when jobs were insecure or poorly paid. Several said that periods of unemployment had affected their confidence and mental health.

"The only thing that keeps me going is my kids, but I struggle to get them what they want – everything's so expensive."

These insights suggest an opportunity to think differently about how the health and care system engages men in the workforce itself. Roles that are practical, visible in communities, and based on trust and teamwork may appeal to men who want steady employment with purpose. Targeted recruitment and outreach could also help to bring lived experience, empathy and local credibility into frontline roles such as support work, estates, logistics, peer mentoring or volunteering.

Men who had contact with NHS staff often described positive experiences, saying that staff were respectful, professional and clear in explaining what was happening.

"The staff were good, professional and polite – they talked me through what was happening and what came next."

Building on that respect and visibility, there may be value in creating more entry routes and development pathways that attract men into caring roles, particularly from working-class backgrounds who may not previously have considered a career in health or care.

Who did we hear from?

During this cycle of Listen in, we took part in 17 sessions across Bradford District and Craven during July and August 2025.

Some of these sessions involved our team attending existing groups and events and literally ‘listening in’ to discussions. We also used creative methods to reach men who we might not have been able to engage through traditional approaches. Our team spent time in different settings for example Job Centres, a barbers’ shop, sports venues, pubs, and a business park where we offered mini health checks to encourage men to engage with us. These visits enabled us to connect with a group that is often underrepresented in conventional statutory engagement activities.

Thank you to staff, volunteers, and participants at the following organisations for their support in helping us hear from people during this cycle:

- Bolton Woods Community Centre
- Bradford Bulls
- Café West Community Centre
- Fuzz Gents Barbers
- Gateway Community Centre
- Greatwood and Horseclose Community Centre
- HALE Men’s Groups
- Hope not Hate
- Job Centre – Eastbrook Court Bradford
- Keighley Cougars
- Lion’s Den, Keighley
- Royds Business Park
- Sandale Trust Community Centre
- Shipley Men’s Shed
- Sutton Centre
- Thorpe Edge Community Centre
- Wetherspoons

On our visits we encountered many men that did not wish to engage with us, we still managed to engage with approximately 105 white British working-class men during this cycle. We did not collect equality monitoring data; however, we targeted activity to connect with a specific cohort. We talked to men:

- Aged approximately 20 to 75
- Predominately men from white British working-class community - from low-income backgrounds, including those in insecure work or out of work.
- With a broad range of needs and experience of the health and care system
- Living in different localities across Bradford District and Craven.

We also gathered insights from people working at community hubs, who shared rich insight into their understanding of the lives and experiences of people they support.

For each cycle of Listen in, we bring together a design group of colleagues from across our partnership to lead and coordinate the activity, ensuring that it is adapted appropriately for the relevant community of interest.

A special thank you to these colleagues who were generous with their time, energy, connections, and expertise around the experiences of white working-class men. This group was instrumental in providing guidance and support to ensure our approach was effective for this cycle: Andy Walsh, Sam Kirkby, Stuart Blackburn.

What we already know

Ahead of each cycle we try to capture recent insight reports and engagement projects relevant to the community of interest. This gives additional context to what we're hearing and over time will enable our partnership to build up a repository of intelligence that can be shared more effectively across the system. All the reports referenced below are available to download from our involvement portal https://engagebdc.com/listen-in-call-for-evidence

Highlighted findings

- **Healthwatch England:** Time to get serious about men's NHS Health Checks

This report presented research that highlighted that too many men are missing out on the NHS Health Check, which is essential in preventing illness and saving lives.

The research highlighted that geography and deprivation make a big difference, and that men that are struggling financially are least likely to commit to attending future health check appointments. The reported emphasised the need for tailored outreach.

- **Healthwatch North Yorkshire: Ploughing through barriers**

www.healthwatchnorthyorkshire.co.uk/report/2025-04-23/ploughing-through-barriers

The report highlights significant barriers to help-seeking among farming communities that mirror patterns seen more widely among men. It describes a culture of self-reliance and stoicism, where health is deprioritised until crisis point. Work identity and long, unpredictable hours mean farming often takes precedence over self-care, while stigma and confidentiality concerns discourage people from seeking support.

Practical barriers such as distance, poor access to appointments, and limited awareness of available services compound these issues. Many feel professionals do not understand their way of life, and they prefer to seek informal advice from trusted peers or other familiar figures rather than from health services.

The report recommends bringing services to familiar community settings, using plain and relatable language, and building trust through outreach by people who understand the realities of rural working life.

- **Understanding Barriers for White British Male Students from Low Higher Education Participation Areas: Understanding Barriers Project Report**

This report outlines evidence of hidden inequalities and distinct patterns of help-seeking among white working-class men. The study found that national narratives around "white privilege" can obscure the specific challenges faced by this group, contributing to feelings of alienation and neglect. It also highlighted how traditional masculine norms shape behaviour, with men often viewing help-seeking as a sign of weakness. As a result, support is frequently delayed until problems reach a point of crisis.

Appendix A – our partnership's duties

Bradford District and Craven Health and Care Partnership

ACTasONE

NHS West Yorkshire Integrated Care Board

Meeting name:	Bradford District and Craven Partnership Board
Agenda item no:	10
Meeting date:	14 November 2025
Report title:	Ploughing through barriers – Healthwatch report on farming (Craven and North Yorkshire)
Report presented by:	Ashley Green, Chief Executive Officer (CEO), Healthwatch North Yorkshire
Report approved by:	N/A
Report prepared by:	Ashley Green, CEO, Healthwatch North Yorkshire

Purpose and Action			
Assurance ☐	Decision ☐ (approve/recommend/ support/ratify)	Action ☒ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

N/A

Executive summary and points for discussion:

Introduction

Farmers across North Yorkshire (including Craven) face long hours, physically demanding work, and the constant pressure of unpredictable weather and market forces. This means many struggle to find the time or support to prioritise their own health.

North Yorkshire is one of the most rural counties in England, with 79% of its land used for farming. This close connection to the land comes with unique health challenges, and too often, farmers delay seeking help, leading to poorer health outcomes.

This report by Healthwatch North Yorkshire explores why so many farmers delay or avoid seeking medical support and what can be done to change this.

Key highlights

We spoke to **220 people** in the farming community to understand their experiences. The top three health concerns they face are:

1. **74%** experience back, joint, knee, shoulder, or muscle pain.
2. **42%** struggle with stress and anxiety.
3. **31%** have sleep problems.

Many farmers are reluctant to seek help. The report highlights key barriers:

- **Time constraints** – **36%** say their farm work stops them from prioritising health. “It is all encompassing because farming isn’t just a job.”
- **Financial pressures** – Taking time off means lost income, and hiring staff to cover is costly.
- **Difficulties arranging appointments** – **40%** say booking and attending appointments is too hard due to the unpredictability of farming work.
- **Rural access issues** – Distance, limited transport, and poor internet make access difficult.
- **Fear and stigma** – **28%** feel their issues aren’t “serious enough” to get help. “You don't admit weakness, especially if it's mental health weakness.”
- **Concerns over gun licences** – Some worry that discussing mental health issues could result in losing their licence.
- **Lack of awareness about services** – “I have no idea what services are about.”
- **Health professionals don’t always understand farming** – “I just feel like health professionals have no idea about the farming way of life.”
- **Some farmers trust their vet more than their GP** – “I haven't time to go to the doctor. It's easier to ask the vet.”
- **Health takes a backseat** – “There is nothing wrong until we can’t get out of bed in the morning.”

Solutions

We want this report to help community and farming support organisations, as well as the NHS and GP practices, understand the key issues and challenges facing the farming community and what could help:

- **Bring services to farmers** – 57% want health drop-in clinics at auction marts. “Farmers won't make the time to go to the doctors, but it would help if the nurses came to them.”
- **Provide mobile health units** – 36% said having health services visit rural villages and towns would make a difference. “Mobile services with drop in and mobile blood pressure and blood tests 'get us when we’re there.’”
- **Provide ongoing community support** – Establish health workers who can connect farmers with services and reduce stigma.
- **Improve communication and awareness** – Better promotion of services, including in auction marts, community spaces, and pubs.
- **Utilise trusted professionals for signposting** – Train rural professionals like vets to help direct farmers to support.
- **Make healthcare more accessible** – Introduce walk-in clinics at GP practices. “Drop-ins at local GP surgery so you know you can go along without having to make an appointment which can be difficult to get to.”
- **Ensure healthcare fits farmers' schedules** – 46% said more flexible appointment times would encourage them to seek help.
- **Improve understanding among healthcare professionals** – 50% believe that better training for GPs and nurses on farming life would make them more likely to seek help.

Outline how this supports our partnership vision and strategy

Whilst the report's findings cover all of North Yorkshire – it is important not to overlook the significance of the farming population in Craven, in what they add to the local economy and how these people, families and workers use and interact with health services, from primary and secondary care across Airedale Hospital and community services.

Across the Craven region there are 908 farm holdings and a total labour force of 1,964 people. Data from https://www.gov.uk/government/statistical-data-sets/structure-of-the-agricultural-industry-in-england-and-the-uk-at-june

The report highlights the late presentation of ill health to services due to work pressures and the challenge of rural access. And how the farming community has become a forgotten group of people with growing inequalities around ill health, higher than average suicide rates, poor access to services, and more recently financial concerns with more and more farmers now not making a sustainable profit.

Recommendation(s)

The Bradford District and Craven Partnership Board is asked to:

1. Consider this report
2. Identify any future actions to address the barriers faced by the farming community to accessing health care services.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

N/A

Appendices

1. Ploughing through barriers – understanding the challenges and promoting help-seeking in farming communities

Acronyms and Abbreviations explained

1. CEO – chief executive officer
2. GP – general practitioner

What are the implications for?

Residents and Communities	N/A
Quality and Safety	N/A
Equality, Diversity and Inclusion	N/A
Finances and Use of Resources	N/A
Regulation and Legal Requirements	N/A
Conflicts of Interest	N/A

Data Protection	N/A
Transformation and Innovation	N/A
Environmental and Climate Change	N/A
Future Decisions and Policy Making	N/A
Citizen and Stakeholder Engagement	N/A

healthwatch North Yorkshire

Ploughing through barriers:

Understanding the challenges and solutions to support farming communities access healthcare

Background & Aims

- Farmers often reluctant to use services, meaning they present later with these issues resulting in poorer health outcomes for this community.
- Our project aimed to explore what might be stopping the farming community in North Yorkshire (including Craven) from getting help for health and well-being issues and what services could do to make them work better for this community.
- We worked in collaboration with farming support organisations and North Yorkshire Council.

Methodology

- A mixed approach of quantitative and qualitative methods were used to collect data. We heard from 220 people.

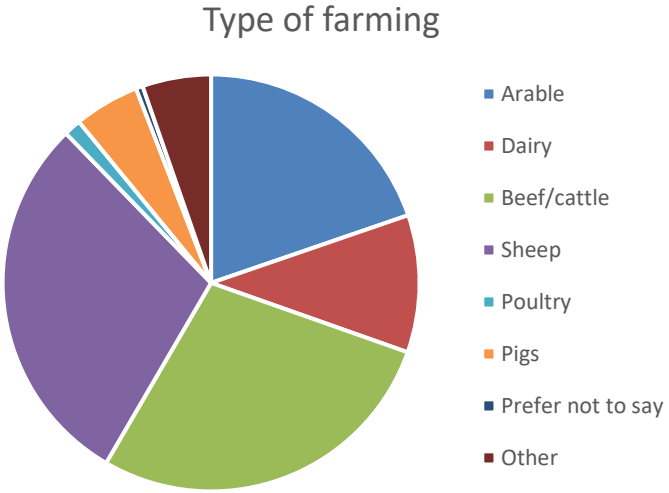
Survey

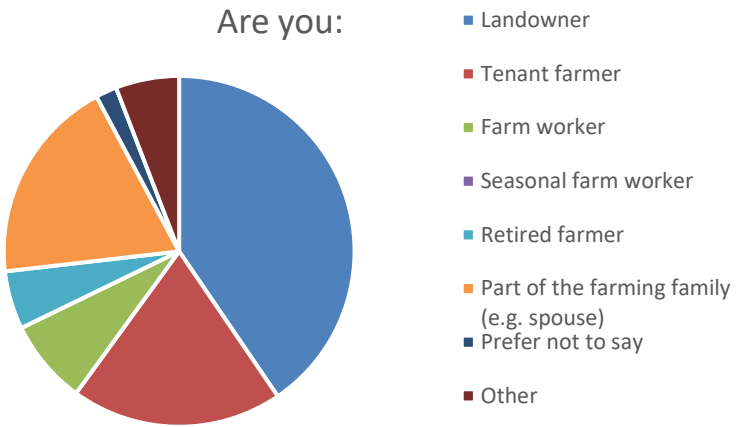
- 149 survey responses.
- Questions were co-designed by Healthwatch North Yorkshire staff, volunteers, NYC and farming support organisations.
- Distributed widely across North Yorkshire, both online and via paper copies.

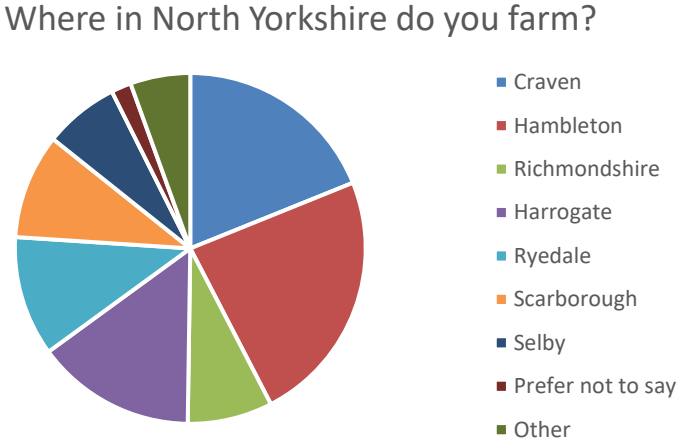
In-person engagement

- Heard from 71 people.
- Attended auction marts and agricultural shows across North Yorkshire
- Conducted a number of phone interviews.

Who we heard from







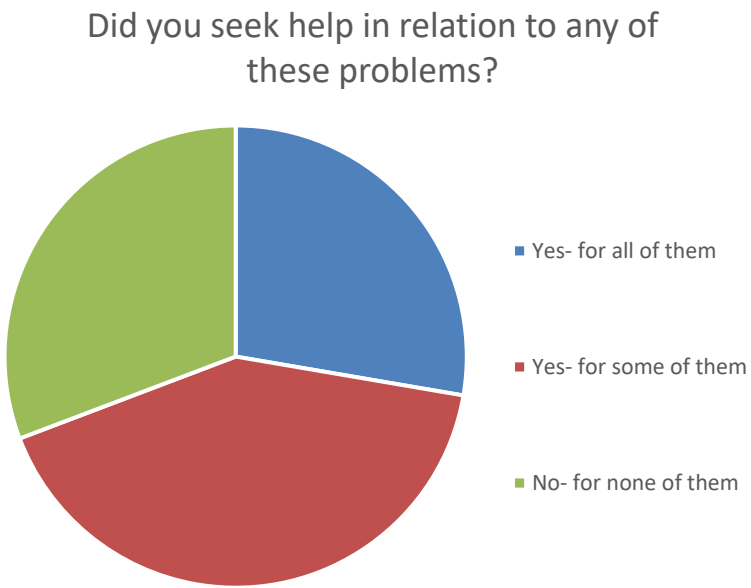
Key findings

- When asked if they had experienced any health or wellbeing issues in the past year:

74% had experienced back, joint, knee, shoulder or muscle pain

42% had experienced stress & anxiety

31% had experienced sleep problems



What stops farmers seeking help when unwell?

40% said it is hard to arrange health appointments around their farming work

36% said they don't have time to attend health appointments due to their farming work

Time off equals **lost income**, and hiring staff to cover is costly

Rural access issues: distance, limited transport, poor internet and phone signal

Worry that sharing mental health issues may lead to their **gun license** being taken away

What stops farmers seeking help when unwell?

Lack of awareness about available services and **limited health knowledge**

28% said they don't feel that their problems are severe enough to seek help

27% said they don't think that staff in health services understand the farming way of life and its pressures

Health takes a backseat: the farm comes before health

What would help farmers seek help when unwell?

Bringing services to the farming community

57% would like to have drop-in clinics at local farming sites where no appointment is needed (e.g. field nurses at auction marts)

36% said mobile health units in local villages/towns would help

Ongoing support through community-based approaches

In-person health support in rural areas to help encourage farmers to put their health first.

What would help farmers seek help when unwell?

Improving communication and awareness

Better promotion of health services and information at **auction marts, community hubs, pubs**

Reassure farmers that support is **confidential**

Use **farmer friendly language** when speaking with farmers about healthcare

Utilising trusted professionals for signposting

Train rural professionals (such as vets) to signpost farmers to health and wellbeing support

What would help farmers seek help when unwell?

Improving accessibility and trust

42% said they would like to see farmers walk-in clinics at GP practices

46% said more flexible appointment times would help

50% said healthcare professionals who understand the farming way of life and its pressures

Impact so far

- **Selby Living Well Team (NYC)** have been attending Selby auction mart to link with the farming community and promote their support service.

- **University Hospitals Tees (cancer & thoracic teams)** are looking to reach the farming community and are going to trial working with local vets to promote their referral pathway and have nurses attend auction marts.

- This autumn we have delivering protected learning time **training sessions for GP practice staff** to raise awareness of barriers to access for the farming community.

- We have received interest from three PCNs (North Riding, Hambleton N&S, Richmondshire) to trial **farmers walk in clinics.**

- The findings from our report have informed the **NYC Rural Health Needs Assessment.**

- Our report has prompted **questions in Parliament** from Julian Smith MP and Kevin Hollinrake, MP (Chair of the Conservative Party) to discuss what actions can be taken to improve services to the farming community.

Thank you for listening

Any questions?

Bradford District and Craven Health and Care Partnership

ACTasONE

NHS West Yorkshire Integrated Care Board

Meeting name:	Bradford District and Craven Partnership Board
Agenda item no:	11
Meeting date:	14 November 2025
Report title:	Section 75 agreement variation (2)
Report presented by:	Iain MacBeath, Strategic Director, Adult Social Care, Health and Housing, Bradford Metropolitan District Council (BMDC)
Report approved by:	Iain MacBeath, Strategic Director, Adult Social Care, Health and Housing, BMDC
Report prepared by:	Javeid Karim, Support and Integration Manager, BMDC

Purpose and Action			
Assurance ☐	Decision ☒ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

N/A

Executive summary and points for discussion:

The first formal variation to the Section 75 agreement was completed in February 2025, and approved by Iain MacBeath (Council) and Rob Webster (NHS). Since then, several further updates have been made to reflect changes in our joint commissioning arrangements, including:

- Expansion of schedules to cover additional services
- Updates to terms within the overarching agreement to improve clarity and alignment with current practice
- Revised governance arrangements, including updates to the Planning and Commissioning Forum's Terms of Reference, which are now reflected in the variation
- Approval of the Better Care Fund Plan for 2025-26

On 17th December 2024, the West Yorkshire ICB Board approved a request for greater delegation of the management of the Section 75 and Better Care Fund to Place. A request to amend the WY ICB Constitution has been submitted to NHS England, with ratification still pending.

The updated Section 75 agreement and Variation Agreement require formal approval by the WY ICB Board and signatures from Rob Webster and Iain MacBeath.

The Planning and Commissioning Forum will continue to maintain and oversee the Section 75 agreement, ensuring it remains fit for purpose.

Outline how this supports our partnership vision and strategy

Our Purpose - All working to the same goal, for our population to have more chances to lead healthier lives.

Our Population - Supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes.

Our Place - Making our district a great place to live, work and thrive.

Our Partnership – Greater value through the best use of our collective resources, minimising duplication and waste.

Recommendation(s)

The Bradford District and Craven Partnership Board is asked to:

1. Approve the proposed variation to the Section 75 agreement

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

N/A

Appendices

1. Letter of Variation
2. Variation Agreement
3. Overarching S75

Acronyms and Abbreviations explained

1. PCF – Planning and Commissioning Forum
2. BCF – Better Care Fund
3. S75 – Section 75 of the NHS Act 2006

What are the implications for?

Residents and Communities	• Closer collaboration with communities to shape services based on local needs
Quality and Safety	• Section 75 agreement includes reporting mechanisms for tracking quality and safety, ensuring high standards are maintained
Equality, Diversity and Inclusion	• Collaborative working fosters a unified commitment to equality and diversity • Pooling resources allows us to better address the needs of diverse groups
Finances and Use of Resources	• Pooled resources can lead to more efficient use of funds. • Shared governance structures allow closer monitoring of spend, promoting transparency and accountability

Regulation and Legal Requirements	• S75 provides a formal structure for collaboration, ensuring compliance with legal requirements in health and social care partnerships • Joint governance structure simplifies adherence to regulations by creating unified processes for monitoring and reporting
Conflicts of Interest	• The agreement includes clear processes for identifying and managing conflicts of interest. • Reduces risks of unethical practices. • PCF provides robust oversight to prevent and address conflicts early • Greater transparency and collaborative working amongst partners
Data Protection	• Standardised approach used for Data Protection
Transformation and Innovation	• The agreement creates an environment that fosters innovative approaches to service delivery
Environmental and Climate Change	N/A
Future Decisions and Policy Making	• Further alignment and sharing goals • Improved long term planning
Citizen and Stakeholder Engagement	• Greater transparency for all stakeholders • Collaboration builds stronger relationships and trust between all stakeholders.

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Department of Health & Wellbeing

People Commissioning Team
5th Floor
Britannia House
Hall Ings
Bradford
BD1 1HX

May 2025

Therese Patten
Chief Executive
NHS West Yorkshire Integrated Care Board
White Rouse House West Parade
Wakefield
WF1 1LT

Dear Ms Patten,

Variation of section 75 Agreement

1. We refer to the agreement between the NHS West Yorkshire Integrated Care Board and the City of Bradford Metropolitan District Council titled the 'Framework Partnership Agreement Relating to the Commissioning of Health and Social Care Services dated 1 April 2017 (as amended from time to time) (**Agreement**).

2. The Planning and Commissioning Forum has collaborated with stakeholders across the system to review and revise the Section 75 agreement. The Agreement was amended by a Deed of Variation dated 18th February 2025 to align with the current partnership arrangements and ensure legal compliance. The parties now wish to further amend the Agreement as set out in this amendment letter with effect from 1st November 2025 (**Variation date**).

3. Expressions defined in the Agreement and used in this amendment letter have the meaning set out in the Agreement unless otherwise defined.

4. With effect from the Variation Date, the parties agree to amend the Agreement as shown in the copy of the Agreement attached as Schedule 1 to this amendment letter, where deletions to the original contract are shown and additions are highlighted. Except as set out in **Error! Bookmark not defined.**4, the Agreement will continue in full force and effect.

5. To the extent of any conflict between the terms of the Agreement and this amendment letter, the terms of this amendment letter will prevail.

6. This amendment letter and any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with it or its subject matter or formation is governed by, and will

be interpreted in accordance with, the law of England and Wales and is subject to the exclusive jurisdiction of the courts of England and Wales.

7. Please sign and return a copy of this letter to acknowledge your agreement to the variation of the Agreement.

Yours faithfully,

.....(Iain MacBeath, Strategic Director, Adult Social Care and Health)

for and on behalf of **City of Bradford Metropolitan District Council**

NHS West Yorkshire Integrated Care Board agrees to the variation of the Agreement with effect from the Variation Date on the terms set out above.

Signed .....(Therese Patten, Chief Executive)

for and on behalf of **NHS West Yorkshire Integrated Care Board**

Schedule 1 Varied Agreement

Section 75
Agreement - Novemb

Dated **2025**

CITY OF BRADFORD METROPOLTIAN DISTRICT COUNCIL

and

NHS WEST YORKSHIRE INTEGRATED CARE BOARD

VARIATION TO FRAMEWORK PARTNERSHIP AGREEMENT RELATING TO THE COMMISSIONING OF HEALTH AND SOCIAL CARE SERVICES DATED 1 APRIL 2017

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6 ENTIRE AGREEMENT
7 COUNTERPARTS
8 GOVERNING LAW AND JURISDICTION
SCHEDULE 1 - AMENDMENTS TO THE PARTNERSHIP AGREEMENT

THIS DEED OF VARIATION is made on 14th November 2025

PARTIES

(1) **CITY OF BRADFORD METROPOLITAN DISTRICT COUNCIL of City Hall, Bradford, BD1 1HY** (the **"Council"**); and

(2) **NHS WEST YORKSHIRE INTEGRATED CARE BOARD of Scorex House West, 1 Bolton Road, Bradford, West Yorkshire, BD1 4AS** (the "**ICB"**)

(together "**the Partners**")

BACKGROUND

(A) The Partners entered into a Framework Partnership Agreement relating to the commissioning of health and social care services on **1 April 2017** in exercise of the powers referred to in Section 75 of the 2006 Act and/or Section 13Z(2) and 14Z(3) of the 2006 Act as applicable ("the Partnership Agreement").

(B) The Partners acknowledge due to passage of time, the development of integrated care systems and changes to the operational schemes they now need to review and update the Partnership Agreement.

(C) The Partners have conducted a detailed review of the scope and the practical arrangements of the Partnership Agreement. The Partners intend for the Deed of Variation to include, but not limited to, changes to the following:

- Part 2 of Schedule 1 (Scheme Specification);
- Schedule 2 (Governance); and
- Schedule 3 (Risk Share and Overspends)

(D) As a result, the Partners wish to amend the Partnership Agreement as set out in this Deed of Variation with effect from **14th November 2025** (**Variation Date**).

AGREED TERMS

1 DEFINED TERMS AND INTERPRETATION

1.1 In this Agreement, expressions defined in the Partnership Agreement and used in this Agreement have the meaning set out in the Partnership Agreement, unless otherwise defined.

1.2 The rules of interpretation set out in the Partnership Agreement apply to this Agreement.

2 VARIATION

2.1 The Partners acknowledge, agree and confirm that in accordance with Clause 30 (Variation) of the Partnership Agreement (which provides that any variation shall be recorded in writing and signed for and on behalf of each of the Partners) that the Partnership Agreement shall be amended on the Variation Date.

2.2 The Partnership agree that with effect from the Variation Date the Partnership Agreement entered into on 1st April 2017 is varied as set out in Schedule 1 Part and that with effect from the Variation Date the terms of the Partnership Agreement are as set out in Schedule 1.

2.3 Except as amended by this Agreement, the Partnership Agreement shall continue in full force and effect and this Deed shall not release or lessen any accrued rights, obligations or liability of any of the Partners under the Partnership Agreement.

3 GENERAL

3.1 The provisions of the following clauses of the Partnership Agreement shall apply, mutatis mutandis, to this Agreement: Clause 15 (Audit and Access Rights), Clause 23 (Dispute Resolution Procedure), Clause 25 (Confidentiality) Clause 26 (Freedom of Information and Environmental Protection Regulations), Clause 29 (Notices) and Clause 34 (Assignment and Sub-Contracting).

4 SEVERANCE

If any provision of this Agreement, not being of a fundamental nature, shall be held to be illegal or unenforceable, the enforceability of the remainder of this Agreement shall not thereby be affected.

5 THIRD PARTY RIGHTS

Unless the right of enforcement is expressly provided, no third party shall have the right to pursue any right under this Contract pursuant to the Contracts (Rights of Third Parties) Act 1999 or otherwise.

6 ENTIRE AGREEMENT

6.1 The terms herein contained together with the contents of the Schedules constitute the complete agreement between the Partners with respect to the subject matter hereof and supersede all previous communications representations understandings and agreement and any representation promise or condition not incorporated herein shall not be binding on any Partner.

6.2 No agreement or understanding varying or extending or pursuant to any of the terms or provisions hereof shall be binding upon any Partner unless in writing and signed by a duly authorised officer or representative of the Partners.

7 COUNTERPARTS

This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Partners shall constitute a full original of this Agreement for all purposes.

8 GOVERNING LAW AND JURISDICTION

8.1 This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales.

8.2 Subject to Clause 23 (Dispute Resolution) of the Partnership Agreement, the Partners irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute or claim, which may arises out of, or in connection with, this Agreement, its subject matter or formation (including non-contractual disputes or claims).

IN WITNESS WHEREOF this Deed has been executed by the Partners on the date of this Deed

THE COMMON SEAL of)
CITY OF BRADFORD METROPOLITAN DISTRICT COUNCIL)
was hereunto affixed in the presence of:)

Authorised by the Interim Director of Legal and Governance

Signed for on behalf of
NHS WEST YORKSHIRE INTEGRATED CARE BOARD

_____

Therese Patten
Authorised Signatory

SCHEDULE 1 - VARIED PARTNERSHIP AGREEMENT

Section 75
Agreement - Novemb

Browne Jacobson

Dated **2025**

(1) City of Bradford Metropolitan District Council

(2) NHS West Yorkshire Integrated Care Board

Framework Partnership Agreement

relating to the commissioning of Health and Social Care Services

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THIS AGREEMENT is made in 2017

PARTIES

(1) **CITY OF BRADFORD METROPOLITAN DISTRICT COUNCIL** of City Hall, Bradford, BD1 1HY ('The Council'); and

(2) **NHS WEST YORKSHIRE INTEGRATED CARE BOARD** of White Rose House West Parade, Wakefield WF1 1LT ("The ICB").

BACKGROUND

(A) The Council has responsibility for commissioning and/or providing social care services on behalf of the population of the Bradford and district area.

(B) The ICB has the responsibility for commissioning health services pursuant to the 2006 Act in the Bradford District and Craven Area.

(C) The ICB's constitution and scheme of reservation and delegation permits the place committee (Partnership Board), with approval from the ICB Board, to develop arrangements for risk sharing and/or risk pooling with other organisations including by way of agreements made under s75 of the National Health Service Act 2006.

(D) The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives. It is a requirement of the Better Care Fund that the ICB and the Council establish a pooled fund for this purpose.

(E) Section 75 of the 2006 Act contains powers enabling NHS bodies (as defined in section 275 of the 2006 Act) to exercise certain local authority functions and for local authorities to exercise various NHS functions. The Partners are entering into this Agreement in exercise of those powers under and pursuant to the 2000 Regulations.

(F) The purpose of this Agreement is to set out the terms on which the Partners have agreed to collaborate and to establish a framework through which the Partners can secure the future position of health and social care services through lead or joint commissioning arrangements. It is also the means through which the Partners will pool funds and align budgets as agreed between the Partners in respect of individual schemes.

(G) Pursuant to section 14Z43, the ICB must have regard to all likely effects of their decisions in relation to the following areas:

(i) Health and wellbeing for people, including its effects in relation to inequalities;

(ii) Quality of health services for all individuals, including the effects of inequalities in relation to the benefits that people can obtain from those services; and

(iii) The sustainable use of NHS resources.

The ICB has given due regard to all likely effects of their decisions to continue to participate in the schemes operated under this Section s75 agreement.

(H) The aims and benefits of the Partners in entering into this Agreement are to:

(i) improve the quality and efficiency of the Services;

(ii) meet the National Conditions and Local Objectives; and

(iii) make more effective use of resources through the establishment and maintenance of a pooled fund for revenue expenditure on the Services.

(I) The Partners have jointly carried out consultations on the proposals for the Services delivered through this Agreement with all those persons likely to be affected by the arrangements.

(J) The Partners are entering into this Agreement in exercise of the powers referred to in Section 75 of the 2006 Act and/or Section 13Z(2) and 14Z(3) of the 2006 Act as applicable, to the extent that exercise of these powers is required for this Agreement.

(K) On 9 February 2022, the Secretary of State issued a statutory direction to the Council resulting in the voluntary establishment of a wholly owned, not for profit, company to perform specific children's social care functions on behalf of the Council in the City of Bradford MDC's area. The Trust was established as a company limited by guarantee, wholly owned by the Council, and entered into a contract with the Council on 31 March 2023.

(L) This Agreement is between the Parties, with the Trust being deemed a provider who will support the delivery of activity within the Agreement on behalf of or in partnership with the Council.

(M) In terms of contractual arrangements between the Trust, the Council, and any provider commissioned to deliver the agreed services within this Agreement and/or any other Section 75 arrangement, there is provision in the arrangements between the Council and the Trust for the Council to provide access to and transfer relevant rights, obligations and liabilities under contract to the Trust. This is commonly termed an 'access contract'. The Council continues to be a lead party to manage the contract, issuing an 'access letter' to the Trust and third party, outlining the relevant terms. Wherever a contract involving the Trust is part of this Agreement or any other Section 75 Agreement agreement, an access contract will be established, with the Council as the lead party.

1 DEFINED TERMS AND INTERPRETATION

1.1 In this Agreement, save where the context requires otherwise, the following words, terms and expressions shall have the following meanings:

1999 Act	means the Health Act 1999.
2000 Act	means the Freedom of Information Act 2000 and any subordinate legislation made under it from to time, together with any guidance or codes of practice issued by the Information Commissioner or relevant government department concerning this legislation.
2004 Regulations	means the Environmental Information Regulations 2004.
2006 Act	means the National Health Service Act 2006.
2012 Act	means the Health and Social Care Act 2012.
2022 Act	means the Health and Care Act 2022
Affected Partner	means, in the context of Clause 24.2, the Partner whose obligations under the Agreement have been affected by the occurrence of a Force Majeure Event
Agreement means	this agreement including its Schedules and Appendices.
Aligned Commissioning	means a mechanism where the Partners commission individual services that dovetail towards a shared function(s)
Aligned Fund	means a fund held by one of the Partners containing its contribution towards a specific service which is being jointly commissioned with the other Partner who has also ring-fenced contributions towards its own aligned fund;
Approved Expenditure	means any additional expenditure approved by the Partners in relation to an Individual Service above any Contract Price and Performance Payments.
Authorised Officers	means an officer of each Partner appointed to be that Partner's representative for the purpose of this Agreement.
Better Care Fund	means the Better Care Fund as described at NHS England » Better Care Fund as relevant to the Partners.
Better Care Fund Plan	means the plan attached at Schedule 7 setting out the Partners plan for the use of the Better Care Fund.
Better Care Fund Requirements	means any and all requirements on the ICB and the Council in relation to the Better Care Fund set out in Law and guidance published by the Department of Health and Social Care and NHS England.
Change in Law	means the coming into effect or repeal (without re-enactment or consolidation) in England of any Law, or

	any amendment or variation to any Law, or any judgement of a relevant court of law which changes binding precedent in England after the date of this Agreement
Commencement Date	means 1st April 2017 and the future date when the variation comes into effect
Confidential Information	means information, data and/or material of any nature which any Partner may receive or obtain in connection with the operation of this Agreement and the Services and: (a) which comprises Personal Data of patients, service users or employees, staff, officers or contractors of either Partner or which relates to any patient, service user or his/her treatment or medical history; (b) the release of which is likely to prejudice the commercial interests of a Partner or the interests of a Service User respectively; (c) which is provided on the basis it is treated as confidential information; or (d) which is a trade secret.
Contract Price	means any sum payable to a Provider under a Service Contract as consideration for the provision of Services and which, for the avoidance of doubt, does not include any Default Liability or Performance Payment.
Data Protection Legislation	means all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder); and the Privacy and Electronic Communications Regulations 2003 (SI 2003 No. 2426) as amended; and ~~all other legislation and regulatory requirements in force from time to time which apply to a party relating to the use of Personal Data (including, without limitation, the privacy of electronic communications).~~ and any guidance and codes of practice issues by any Regulatory or Supervisory Body from time to time.
Data Subject	has the meaning given to it in the Data Protection Legislation.
Default Liability	means any sum which is agreed or determined by Law or in accordance with the terms of a Services Contract) to be payable by any Partner(s) to the Provider as a consequence of (i) breach by any or all of the Partners of an obligation(s) in whole or in part) under the relevant Services Contract or (ii) any act or omission of a third party for which any or all of the Partners are, under the

	terms of the relevant Services Contract, liable to the Provider.
Dispute Resolution Procedure	means the procedure set out in Clause 22.
Financial Contributions	means the financial contributions made by each Partner to a Pooled Fund in any Financial Year.
Financial Year	means each financial year running from 1 April in any year to 31 March in the following calendar year.
Force Majeure Event	means one or more of the following: (a) war, civil war (whether declared or undeclared), riot or armed conflict; (b) acts of terrorism; (c) acts of God; (d) fire or flood; (e) industrial action; (f) prevention from or hindrance in obtaining raw materials, energy or other supplies; (g) any form of contamination or virus outbreak; and (h) any other event, in each case where such event is beyond the reasonable control of the Partner claiming relief
Functions means	the NHS Functions and the Health-Related Functions
Health-Related Functions	means those of the health-related functions of the Council, specified in Regulation 6 of the Regulations as relevant to the commissioning of the Services and which may be further described in the relevant Scheme Specification.
Host Partner means	for each Pooled Fund the Partner that will host the Pooled Fund and for each Aligned Fund the Partner that will host the Aligned Fund
Health and Wellbeing Board	means the Health and Wellbeing Board established by the Council pursuant to Section 194 of the Health and Social Care Act 2012.
ICB Statutory Duties	means the duties of the ICB set out in the 2022 Act as reflected in the 2006 Act as amended.
Indirect Losses	means loss of profits, loss of use, loss of production, increased operating costs, loss of business, loss of business opportunity, loss of reputation or goodwill or any

	other consequential or indirect loss of any nature, whether arising in tort or on any other basis.
Individual Scheme	means one of the schemes which is agreed by the Partners to be included within this Agreement using the powers under Section 75 of the 2006 Act as documented in a Scheme Specification.
Information	has the definition given under section 84 of the 2000 Act.
Information Commissioner	has the meaning given to it in the Data Protection Legislation.
Integrated Commissioning	means arrangements by which all Partners commission Services in relation to an individual Scheme on behalf of each other in exercise of both the NHS Functions and Council Functions through integrated structures.
Joint Commissioning	means a mechanism by which the Partners jointly commission a Service. For the avoidance of doubt, a joint commissioning arrangement does not involve the delegation of any functions pursuant to Section 75.
Law	means: (a) any statute or proclamation or any delegated or subordinate legislation; (b) any guidance, direction or determination with which the Partner(s) or relevant third party (as applicable) are bound to comply to the extent that the same are published and publicly available or the existence or contents of them have been notified to the Partner(s) or relevant third party (as applicable); and (c) any judgement of a relevant court of law which is a binding precedent in England.
Lead Commissioning Arrangements	means the arrangements by which one Partner commissions Services in relation to an Individual Scheme on behalf of the other Partner in exercise of both the NHS Functions and the Health Related Functions.
Lead Commissioner	means the Partner responsible for commissioning an Individual Service under a Scheme Specification.
Losses	means all damage, loss, liabilities, claims, actions, costs, expenses (including the cost of legal and/or professional services), proceedings, demands and charges whether arising under statute, contract or at common law but excluding Indirect Losses and "Loss" shall be interpreted accordingly.
Month	means a calendar month.

National Conditions	means the national conditions as set out in the NHS England Planning Guidance as are amended or replaced from time to time.
NHS Functions	means those of the NHS functions listed in Regulation 5 of the Regulations as are exercisable by the ICB as are relevant to the commissioning of the Services and which may be further described in each Service Schedule
Non-Pooled Fund	means a non-pooled fund comprising either the ICB's financial contribution or the Council's financial contribution in respect of an Individual Scheme set out in the relevant Scheme Specification
NHS Standard Contract	means the contract published by NHS England which must be used by the ICB when commissioning clinical services.
Non-Recurrent Payments	means funding provided by a Partner to a Pooled Fund in addition to the Financial Contributions pursuant to arrangements agreed in accordance with Clause 10.4
Overspend	means any expenditure from a Pooled Fund in a Financial Year which exceeds the Financial Contributions for that Financial Year.
Partner	means either the ICB or the Council, and references to "Partners" shall be construed accordingly.
Partnership Arrangements	means the arrangements made between the Partners under this Agreement.
Partnership Board	means the sub-committee of the ICB with responsibility for the Bradford & District geographical area
Partnership Leadership Executive	means the governance group which the Planning and Commissioning forum reports to
Performance Payments	means any sum over and above the relevant Contract Price which is payable to the Provider in accordance with a Performance Payment Arrangement.
Performance Payment Arrangement	means any arrangement agreed with a Provider and one or more Partners in relation to the cost of providing Services on such terms as agreed in writing by all Partners.
Permitted Budget	means in relation to a Service: (a) where the Council is the Provider or the commissioner; or (b) where the ICB is the commissioner the budget that the Partners have set in relation to the particular Service.

Permitted Expenditure	has the meaning given in Clause 7.3
Personal Data	has the meaning given to it in the Data Protection Legislation.
Personal Data Breach	has the meaning given to it in the Data Protection Legislation.
Planning and Commissioning Forum	means the forum established by the Council and the ICB (Bradford District and Craven Health and Care Partnership) with responsibility for providing system leadership, oversight and strategic direction to the joint planning and commissioning arrangements between the Partners within the 'Act as One' framework for Bradford & District (as may be amended or replaced from time to time) including over this Agreement
Pooled Fund	means a pooled fund comprising the ICB's Financial Contribution and the Council's Financial Contribution for one or more of the Individual Schemes set out in Schedule 1, out of which payments may be made towards expenditure incurred in the exercise of Functions in relation to such Individual Scheme(s).
Pooled Fund Manage	means such officer of the Host Partner which includes a Section 113 Officer for the relevant Pooled Fund established under an Individual Scheme as is nominated by the Host Partner from time to time to manage the Pooled Fund in accordance with Clause 10.
Previous Section 75 Agreements	means previous agreements entered into by the Partners or their predecessor bodies under section 75 NHS of the 2006 Act or the 1999 Act.
Processing	has the meaning given to it in the Data Protection Legislation, and the terms "Process" and "Processed" shall be construed accordingly.
Processor	has the meaning given to it in the Data Protection Legislation.
Provider	means a provider commissioned to provide Services pursuant to any of the Individual Schemes commissioned by either or both Partners under the arrangements set out in this Agreement.
Public Health England	means the SOSHC trading as Public Health England.
Quarter	means each of the following periods in a Financial Year: 1 April to 30 June 1 July to 30 September

	1 October to 31 December 1 January to 31 March and **"Quarterly"** shall be interpreted accordingly.
Regulations	means the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (*SI 2000/617*) as amended.
Regulatory or Supervisory Body	means any statutory or other body having authority to issue guidance, standards or recommendations with which the relevant Partner must comply or to which it must have regard, and includes the Information Commissioner.
Representative	means a Partner's employee, agent or subcontractor and any employee of the other Partner who is seconded to the Partner and is acting in accordance with the Partner's instructions.
Request for Information	means a request for Information or an apparent request under the Code of Practice on Access to Government Information, FOIA or the Environmental Information Regulations 2004 (*SI 2004/3391*).
Scheme Specification	means a specification setting out the arrangements for an Individual Scheme agreed by the Partners to be commissioned under this Agreement.
Services	means such health and social care services as agreed from time to time by the Partners as commissioned under the arrangements set out in this Agreement and more specifically defined in each Scheme Specification.
Services Contract	means an agreement for the provision of Services entered into with a Provider by one or more of the Partners in accordance with the relevant Individual Scheme.
Service Users	means those individuals who are eligible to receive the Services, as more particularly set out in the relevant Scheme Specification.
Special Category Personal Data	means Personal Data that falls within the scope of special categories of Personal Data specified in Article 9 of the UK GDPR.
SOSHSC	means the Secretary of State for Health and Social Care.
Third Party Costs	means all such third party costs (including legal and other professional fees) in respect of each Individual Scheme as a Partner reasonably and properly incurs in the proper performance of its obligations under this Agreement and as agreed by the Planning and Commissioning Forum.

Trust	means the Bradford Children and Families Trust Limited.
UK Data Protection Legislation	means any data protection legislation from time to time in force in the UK including the Data Protection Act 2018 (DPA 2018) or any successor legislation.
UK GDPR	has the meaning given to it in section 3(10) (as supplemented by section 205(4)) of the Data Protection Act 2018.
Working Day	means 8.00am to 6.00pm on any day except Saturday, Sunday, Christmas Day, Boxing Day, Good Friday or a day which is a bank holiday (in England).

1.2 In this Agreement, all references to any statute or statutory provision shall be deemed to include references to any statute or statutory provision which amends, extends, consolidates or replaces the same and shall include any orders, regulations, codes of practice, instruments or other subordinate legislation made thereunder and any conditions attaching thereto. Where relevant, references to English statutes and statutory provisions shall be construed as references also to equivalent statutes, statutory provisions and rules of law in other jurisdictions.

1.3 Any headings to Clauses, together with the front cover and the index are for convenience only and shall not affect the meaning of this Agreement. Unless the contrary is stated, references to Clauses and Schedules shall mean the clauses and schedules of this Agreement. The Schedules form part of this Agreement and shall have effect as if set out in full in the body of this Agreement.

1.4 Any reference to the Partners shall include their respective statutory successors, employees and agents.

1.5 In the event of a conflict, the conditions set out in the Clauses to this Agreement shall take priority over the Schedules.

1.6 Where a term of this Agreement provides for a list of items following the word “including” or “includes”, then such list is not to be interpreted as being an exhaustive list.

1.7 In this Agreement, words importing any particular gender include all other genders, and the term “person” includes any individual, partnership, firm, trust, body corporate, government, governmental body, trust, agency, unincorporated body of persons or association and a reference to a person includes a reference to that person’s successors and permitted assigns.

1.8 In this Agreement, words importing the singular only shall include the plural and vice versa.

1.9 In this Agreement, “staff” and “employees” shall have the same meaning and shall include reference to any full or part time employee or officer, director, manager and agent.

1.10 Subject to the contrary being stated expressly or implied from the context in these terms and conditions, all communication between the Partners shall be in writing.

1.11 Unless expressly stated otherwise, all monetary amounts are expressed in pounds sterling but in the event that pounds sterling is replaced as legal tender in the United Kingdom by a different currency then all monetary amounts shall be

converted into such other currency at the rate prevailing on the date such other currency first became legal tender in the United Kingdom.

1.12 All references to the Agreement include (subject to all relevant approvals) a reference to the Agreement as amended, supplemented, substituted, novated or assigned from time to time.

2 TERM

2.1 This Agreement shall come into force on the Commencement Date.

2.2 This Agreement shall continue until it is terminated in accordance with Clause 22.

2.3 The duration of the arrangements for each Individual Scheme shall be as set out in the relevant Scheme Specification.

3 GENERAL PRINCIPLES

3.1 Nothing in this Agreement shall affect:

3.1.1 the liabilities of the Partners to each other or to any third parties for the exercise of their respective functions and obligations (including the Functions); or

3.1.2 any power or duty to recover charges for the provision of any services (including the Services) in the exercise of any local authority function.

3.2 The Partners agree to:

3.2.1 treat each other with respect and an equality of esteem;

3.2.2 be open with information about the performance and financial status of each; and

3.2.3 provide early information and notice about relevant problems.

3.3 For the avoidance of doubt, the aims and outcomes relating to an Individual Scheme may be set out in the relevant Scheme specification.

4 PARTNERSHIP FLEXIBILITIES

4.1 This Agreement sets out the mechanism through which the Partners will work together to establish one or more of the following:

4.1.1 Lead Commissioning Arrangements;

4.1.2 Integrated Commissioning;

4.1.3 Joint Commissioning;

4.1.4 Aligned Commissioning

4.1.5 the establishment of one or more Pooled Funds/Non-Pooled Funds.

in relation to Individual Schemes (the “Flexibilities”)

4.2 The Council delegates to the ICB and the ICB agrees to exercise, on the Council's behalf, the Health Related Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS Functions.

4.3 The ICB delegates to the Council and the Council agrees to exercise on the ICB's behalf the NHS Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the Health Related Functions.

4.4 Where the powers of a Partner to delegate any of its statutory powers or functions are restricted, such limitations will automatically be deemed to apply to the relevant Scheme Specification and the Partners shall agree arrangements designed to achieve the greatest degree of delegation to the other Partner necessary for the purposes of this Agreement which is consistent with the statutory constraints.

4.5 The Partners agree and acknowledge that the Council will discharge specific Health Related Functions to the Trust. The Trust agrees to exercise, on the Council's behalf, the Health Related Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS Functions.

5 FUNCTIONS

5.1 The purpose of this Agreement is to establish a framework through which the Partners can secure the provision of health and social care services in accordance with the terms of this Agreement.

5.2 This Agreement shall include such functions as shall be agreed from time to time by the Partners.

5.3 Where the Partners add a new Individual Scheme to this Agreement a Scheme Specification for each Individual Scheme in the form set out in Schedule 1 shall be completed and agreed between the Partners.

5.4 The Partners shall not enter into a Scheme Specification in respect of an Individual Scheme unless they are satisfied that the Individual Scheme in question will improve health and well-being in accordance with this Agreement.

5.5 The introduction of any Individual Scheme will be subject to appropriate governance and business case in accordance with approval process set out in Schedule 7.

6 COMMISSIONING ARRANGEMENTS

Integrated Commissioning

6.1 Where there are Integrated Commissioning arrangements in respect of an Individual Scheme, all Partners shall work in cooperation and shall endeavour to ensure that the NHS Functions and Health Related Functions are commissioned with all due skill, care and attention.

6.2 All Partners shall be responsible for compliance with and making payments of all sums due to a Provider pursuant to the terms of each Service Contract.

6.3 All Partners shall work in cooperation and endeavour to ensure that the relevant Services as set out in each Scheme Specification are commissioned within each

Partners Financial Contribution in respect of that particular Service in each Financial Year.

6.4 The Partners shall comply with the arrangements in respect of the Joint and/or Aligned Commissioning as set out in the relevant Scheme Specification.

6.5 Each Partner shall keep the other Partners, the Planning and Commissioning Forum and the Partnership and Leadership Executive regularly informed of the effectiveness of the arrangements including the Better Care Fund and any Overspend or Underspend in a Pooled Fund or Non Pooled Fund and as a minimum in accordance with the provisions of Schedule 2.

6.6 The Planning and Commissioning Forum will report to the Partnership Leadership Executive as required by its Terms of Reference.

Appointment of a Lead Commissioner

6.7 Where there are Lead Commissioning Arrangements in respect of an Individual Scheme the Lead Commissioner shall:

6.7.1 exercise the NHS Functions in conjunction with the Health Related Functions or exercise the Health Related Functions in conjunction with the NHS Functions as identified in the relevant Scheme Specification;

6.7.2 endeavour to ensure that the NHS Functions and the Health Related Functions are funded within the parameters of the Financial Contributions of each Partner in relation to each particular Service in each Financial Year as set out in the relevant Scheme Specification and the Partners shall use reasonable endeavours to agree any changes and/or increases in timely manner following notification in writing from the Lead Commissioner;

6.7.3 commission Services for individuals who meet the eligibility criteria set out in the relevant Scheme Specification;

6.7.4 contract with Provider(s) for the provision of the Services on terms agreed with the other Partners;

6.7.5 comply with all relevant legal duties and guidance of all Partners in relation to the Services being commissioned;

6.7.6 where Services are commissioned using the NHS Standard Contract, perform the obligations of the “Commissioner” and “Co-ordinating Commissioner” with all due skill, care and attention and where Services are commissioned using any other form of contract to perform its obligations with all due skill and attention;

6.7.7 undertake performance management and contract monitoring of all Service Contracts;

6.7.8 make payment of all sums due to a Provider pursuant to the terms of any Services Contract.

6.7.9 keep the other Partners, the Planning and Commissioning Forum and the Health & Wellbeing Board and the Partnership Leadership Executive regularly informed of the effectiveness of the arrangements

including the Better Care Fund and any Overspend or Underspend in a Pooled Fund or Non-Pooled Fund.

7 ESTABLISHMENT OF A POOLED FUND

7.1 In exercise of their respective powers under Section 75 of the 2006 Act, the Partners have agreed to establish and maintain such pooled funds for revenue expenditure as set out in the Scheme Specifications.

7.2 Each Pooled Fund shall be managed and maintained in accordance with the terms of this Agreement.

7.3 It is agreed that the monies held in a Pooled Fund may only be expended on the following:

7.3.1 the Contract Price;

7.3.2 where the Council is to be the Provider, the Permitted Budget;

7.3.3 Performance Payments;

7.3.4 Approved Expenditure

("Permitted Expenditure")

7.4 The Partners may only depart from the definition of Permitted Expenditure to include or exclude other revenue expenditure with the express written agreement of the other Partner.

7.5 For the avoidance of doubt, monies held in the Pooled Fund may not be expended on Default Liabilities unless this is agreed by all Partners.

7.6 Pursuant to this Agreement, the Partners agree to appoint a Host Partner for each of the Pooled Funds set out in the Scheme Specifications. The Host Partner shall be the Partner responsible for:

7.6.1 holding all monies contributed to the Pooled Fund on behalf of itself and the other Partners;

7.6.2 providing the financial administrative systems for the Pooled Fund;

7.6.3 appointing the Pooled Fund Manager; and

7.6.4 ensuring that the Pooled Fund Manager complies with its obligations under this Agreement.

8 POOLED FUND MANAGEMENT

8.1 When introducing a Pooled Fund in respect of an Individual Scheme, the Partners shall agree:

8.1.1 which of the Partners shall act as Host Partner for the purposes of Regulations 7(4) and 7(5) and shall provide the financial administrative systems for the Pooled Fund; and

8.1.2 which officer of the Host Partner shall act as the Pooled Fund Manager for the purposes of Regulation 7(4) of the Regulations.

8.2 The Pooled Fund Manager in respect of each Individual Scheme where there is a Pooled Fund shall have the following duties and responsibilities:

8.2.1 the day to day operation and management of the Pooled Fund;

8.2.2 ensuring that all expenditure from the Pooled Fund is in accordance with the provisions of this Agreement and the relevant Scheme Specification;

8.2.3 maintaining an overview of all joint financial issues affecting the Partners in relation to the Services and the Pooled Fund;

8.2.4 ensuring that full and proper records for accounting purposes are kept in respect of the Pooled Fund;

8.2.5 reporting to the Planning and Commissioning Forum as required and requested by the Planning and Commissioning Forum, in accordance with their Terms of Reference, and the relevant Scheme Specification;

8.2.6 ensuring action is taken to manage any projected under or overspends relating to the Pooled Fund in accordance with this Agreement;

8.2.7 preparing and submitting to:

(a) the Department for Health and Social Care quarterly report (or more frequent reports if required by the Department for Health and Social Care) on the use and application of funds provided under the Better Care Fund scheme; and

(b) and an annual return about the income and expenditure from the Pooled Fund together with such other information as may be required by the Health and Wellbeing Board

The Partners agree to provide all necessary information to the Pooled Fund Manager in time for the reporting requirements to be met.

8.2.8 preparing and submitting reports to the Health and Wellbeing Board and the Partnership Leadership Executive as required by it.

8.3 In carrying out their responsibilities as provided under Clause 8.2 the Pooled Fund Manager shall have regard to the recommendations of the Planning and Commissioning Forum and shall be accountable to the Partners.

9 NON-POOLED FUNDS

9.1 Any Financial Contributions agreed to be held within a Non-Pooled Fund will be notionally held in a fund established for the purpose of commissioning that Service as set out in the relevant Scheme Specification. For the avoidance of doubt, a Non-Pooled Fund does not constitute a pooled fund for the purposes of Regulation 7 of the Partnership Regulations.

9.2 When introducing a Non-Pooled Fund in respect of an Individual Scheme, the Partners shall agree:

9.2.1 which Partner, if any, shall host the Non-Pooled Fund; and

9.2.2 how and when Financial Contributions shall be made to the Non-Pooled Fund.

9.3 The Host Partner will be responsible for establishing the financial and administrative support necessary to enable the effective and efficient management of the Non-Pooled Fund, meeting all required accounting and auditing obligations.

9.4 All Partners shall ensure that Services commissioned using a Non-Pooled Fund are commissioned solely in accordance with the relevant Scheme Specification.

9.5 Where there are Joint and/or Aligned Commissioning arrangements, the Partners shall work in cooperation and shall endeavour to ensure that:

9.5.1 the NHS Functions funded from a Non-Pooled Fund are carried out within the ICB's Financial Contribution to the Non- Pooled Fund for the relevant Service in each Financial Year; and

9.5.2 the Health Related Functions funded from a Non-Pooled Fund are carried out within the Council's Financial Contribution to the Non-Pooled Fund for the relevant Service in each Financial Year.

10 FINANCIAL CONTRIBUTIONS

10.1 The Financial Contribution of the ICB and the Council to any Pooled Fund or Non-Pooled Fund for the first Financial Year of operation of each Individual Scheme shall be as set out in the relevant Scheme Specification.

10.2 The process for determining the Financial Contributions going forward will be as set out in the relevant Scheme Specification.

10.3 Financial Contributions will be paid as set out in each Scheme Specification.

10.4 With the exception of Clause 13, no provision of this Agreement shall preclude the Partners from making additional contributions of Non-Recurrent Payments to the Pooled Fund from time to time by mutual agreement. Any such additional contributions of Non-Recurrent Payments shall be explicitly recorded in Planning and Commissioning Forum minutes and recorded in the budget statement as a separate item.

11 NON-FINANCIAL CONTRIBUTIONS

11.1 The Scheme Specification shall set out non-financial contributions of each Partner including staff (including the Pooled Fund Manager), premises, IT support and other non-financial resources necessary to perform its obligations pursuant to this Agreement (including, but not limited to, management of service contracts and the Pooled Fund).

12 RISK SHARE ARRANGMENTS, OVERSPENDS AND UNDERSPENDS

Risk share arrangements

12.1 The Partners have agreed risk share arrangements as set out in each Scheme Specification, which provide for financial risks arising within the commissioning of services from the Pooled Funds and the financial risk to the pool arising from the payment for performance element of the Better Care Fund.

Overspends in Pooled Fund

12.2 Subject to Clause 7, the Host Partner for the relevant Pooled Fund shall manage expenditure from a Pooled Fund within the Financial Contributions and shall ensure that the expenditure is limited to Permitted Expenditure.

12.3 The Host Partner shall not be in breach of its obligations under this Agreement if an Overspend occurs PROVIDED THAT the only expenditure from a Pooled Fund has been in accordance with Permitted Expenditure and it has informed the Planning and Commissioning Forum in accordance with Clause 12.4.

12.4 In the event that the Pooled Fund Manager identifies an actual or projected Overspend the Pooled Fund Manager must ensure that the Planning and Commissioning Forum is informed as soon as reasonably possible.

Overspends in Non-Pooled Funds

12.5 Where in Joint and/or Aligned Commissioning Arrangements any Partner forecasts an overspend in relation to a Partner's Financial Contribution to a Non-Pooled Fund or Aligned Fund that Partner shall as soon as reasonably practicable inform the other Partner and the Planning and Commissioning Forum.

12.6 Where there is a Lead Commissioning Arrangement the Lead Commissioner is responsible for the management of the Non-Pooled Fund and Aligned Fund. The Lead Commissioner shall as soon as reasonably practicable inform the other Partner and the Planning and Commissioning Forum.

Underspend

12.7 In the event that expenditure from any Pooled Fund or Non-Pooled Fund in any Financial Year is less than the aggregate value of the Financial Contributions made for that Financial Year the Partners shall agree how the surplus monies shall be spent, carried forward and/or returned to the Partners. Such arrangements shall be subject to the Law and the Standing Orders and Standing Financial Instructions (or equivalent) of the Partners and the terms of the Performance Payment Arrangement.

13 CAPITAL EXPENDITURE

13.1 Neither Pooled Funds nor Non-Pooled Funds shall normally be applied towards any one-off expenditure on goods and/or services, which will provide continuing benefit and would historically, have been funded from the capital budgets of one of the Partners. Any arrangements for the sharing of capital expenditure shall be made separately and in accordance with section 256 (or section 76) of the 2006 Act and directions made thereunder.

14 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

15 AUDIT AND RIGHT OF ACCESS

15.1 All Partners shall promote a culture of probity and sound financial discipline and control. The Host Partner shall be responsible for preparing the annual return for the Pooled Fund and/or Non-Pooled Fund in accordance with its statutory audit requirements and any relevant National Guidance. If National Guidance requires this return to be subject to external audit, the Host Partner shall arrange this.

15.2 The Council shall, on reasonable notice, provide to the ICB any reports required concerning the NHS Functions and/or Health Related Functions.

15.3 The ICB shall, on reasonable notice, provide to the Council any reports required concerning the Health Related Functions

15.4 The Partners shall co-operate in the provision of Information, and access to premises and staff, to ensure compliance with any statutory inspection requirements, or other monitoring or scrutiny functions. The Partners shall implement recommendations arising from these inspections, where appropriate.

16 LIABILITIES AND INSURANCE AND INDEMNITY

16.1 Subject to Clause 16.2, each Partner (Indemnifying Partner) shall indemnify and keep indemnified the other Partner (Indemnified Partner) against all actions, proceedings, costs, claims, demands, liabilities, losses and expenses whatsoever, whether arising in tort (including negligence), default or breach of this Agreement, to the extent that any loss or claim is due to the breach of contract, negligence, wilful default or fraud of itself, the Indemnifying Partner's employees, or any of its Representatives or sub-contractors, except to the extent that the loss or claim is directly caused by or directly arises from the negligence, breach of this Agreement, or applicable Law by the Indemnified Partner or its Representatives.

16.2 If any third party makes a claim or intimates an intention to make a claim against any Partner, which may reasonably be considered as likely to give rise to liability under this Clause 16 the Partner that may claim against the other indemnifying Partners will:

16.2.1 as soon as reasonably practicable give written notice of that matter to the Other Partner specifying in reasonable detail the nature of the relevant claim;

16.2.2 not make any admission of liability, agreement or compromise in relation to the relevant claim without the prior written consent of the Other Partner (such consent not to be unreasonably conditioned, withheld or delayed);

16.2.3 give the Other Partner and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents and records within its power or control so as to enable the Indemnifying Partner and its professional advisers to examine such premises, assets, accounts, documents and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim.

16.3 Liabilities arising from Services provided or commissioned under any Previous Section 75 Agreements shall remain with the Host Partner for the Service under the relevant agreement.

16.4 Each Partner shall at all times take all reasonable steps to minimise and mitigate any loss for which one party is entitled to bring a claim against the other pursuant to this Agreement.

16.5 The Partners shall effect and ensure that they maintain policies of insurance (or equivalent arrangements through schemes operated by the National Health Service Litigation Authority) in respect of all potential liabilities arising from this Agreement.

16.6 Each Partner shall be responsible for einsuring the premises and assets it contributes to the Partnership Arrangements.

17 STANDARDS OF CONDUCT AND SERVICE

17.1 The Partners will at all times comply with Law.

17.2 The Partners shall collaborate to ensure that the Partnership Arrangements are discharged in accordance with:

17.2.1 the prevailing standards of clinical/quality governance;

17.2.2 the Partners' standing orders and standing financial instructions; and

17.2.3 any requirements specified by the Care Quality Commission, NHS England, OFSTED and any other relevant external regulator.

17.3 The Partners shall, where they agree to do so, develop operational guidance and procedures to reflect compliance with Clause 17.

17.4 The Partners shall ensure that each employee is appropriately managed and supervised in accordance with all relevant prevailing standards of professional accountability.

17.5 The Council is subject to the duty of Best Value under the Local Government Act 1999. This Agreement and the operation of the Pooled Fund is therefore subject to the Council's obligations for Best Value and the other Partners will co-operate with all reasonable requests from the Council which the Council considers necessary in order to fulfil its Best Value obligations.

17.6 The Partners acknowledge their respective duties under equality legislation to eliminate unlawful discrimination, harassment and victimisation, and to advance equality of opportunity and foster good relations between different groups.

17.7 The Partners shall take all reasonable steps to secure the observance of Clause 17 by all servants, employees or agents of the Partners and all Service Providers employed in delivering the Services described in this Agreement.

18 CONFLICTS OF INTEREST

The Partners shall comply with the agreed policy for identifying and managing conflicts of interest as set out in Schedule 4.

19 GOVERNANCE

19.1 Overall strategic oversight of partnership working between the Partners is vested in the Planning and Commissioning Forum which reports to the Partnership Leadership Executive, the Partnership Board and Health and Wellbeing Board, which for these purposes shall make recommendations to the Partners as to any action it considers necessary.

19.2 The Partners have established a Planning and Commissioning Forum to:

19.2.1 Explore and negotiate opportunities for integrated commissioning of health and social care services in Bradford and District.

19.2.2 Develop stronger and deeper integration of health and social care and enhance joint working, including the pooling of budgets, where appropriate;

19.2.3 Enable integration and unblock system-wide barriers to integration;

19.2.4 Support the implementation of the Health and Wellbeing Board's (HWB) long term strategy for the area and co-ordinate the partnership actions to achieve the priorities in the 5-year strategy and any other strategies that may be agreed by the Partners from to time;

19.2.5 Operate as the joint commissioning forum with delegated authority as per the agreed scheme of reservation and delegation from the ICB;

19.2.6 Direct and manage resources, including the pooling of budgets, where appropriate;

19.2.7 Oversee the development and monitoring of current and future Section 75 agreements and the establishment of joint posts; and

19.2.8 Provide oversight of the Better Care Fund Plan, with commissioning responsibility for monitoring the Section 75 as well as the financial and performance impacts of the fund. The Planning and Commissioning Forum is based on a joint working group structure. Each member of the Planning and Commissioning Forum shall be an officer of one of the Partners and will have individual delegated responsibility from the Partner employing them, either the Council or the ICB (via employment or honorary contract), to make decisions which enable the Planning and Commissioning Forum to carry out its objectives, roles, duties and functions as set out in this Clause 19 and Schedule 2.

19.3 The terms of reference of the Planning and Commissioning Forum shall be as set out in Schedule 2.

19.4 Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.

19.5 The Planning and Commissioning Forum shall be responsible for the overall approval of the Individual Schemes in accordance with the Planning and Commissioning Forum Decision Flowchart as set out in Schedule 2, ensuring compliance with the Better Care Fund Plan and the strategic direction of the Better Care Fund.

19.6 Each Scheme Specification shall confirm the governance arrangements in respect of the Individual Scheme and how that Individual Scheme is reported to the Planning and Commissioning Forum, ICB Board and Health and Wellbeing Board.

20 REVIEW

20.1 Save where the Planning and Commissioning Forum agree alternative arrangements (including alternative frequencies) the Partners shall undertake an annual review ("**Annual Review**") of the operation of this Agreement, any Pooled Fund, Non-Pooled Fund and Aligned Fund and the provision of the Services within 3 Months of the end of each Financial Year.

20.2 Subject to any variations to this process required by the Planning and Commissioning Forum, Annual Reviews shall be conducted in good faith and, where applicable, in accordance with the governance arrangements set out in Schedule 2.

20.3 The Partners shall within twenty (20) Working Days of the Annual Review prepare a joint annual report documenting the matters referred to in this Clause 20. A copy of this report shall be provided to the Planning and Commissioning Forum and to the Partnership Leadership Executive as the parent group in the structure.

20.4 In the event that the Partners fail to meet the requirements of the Better Care Fund Plan and NHS England the Partners shall provide full co-operation with NHS England to agree a recovery plan.

21 COMPLAINTS

21.1 The Partners' own complaints procedures shall apply to this Agreement. The Partners agree to assist one another in the management of complaints arising from this Agreement or the provision of the Services.

22 TERMINATION & DEFAULT

22.1 This Agreement may be terminated by any Partner giving not less than six (6) Months' notice in writing to terminate this Agreement provided that such termination shall not take effect prior to the termination or expiry of all Individual Schemes.

22.2 Each Individual Scheme may be terminated in accordance with the terms set out in the relevant Scheme Specification provided that the Partners ensure that the Better Care Fund requirements continue to be met.

22.3 If any Partner ("Relevant Partner") fails to meet any of its obligations under this Agreement, the other Partner may by notice require the Relevant Partner to take such reasonable action within a reasonable timescale as the other Partner may specify to rectify such failure. Should the Relevant Partner fail to rectify such failure within such reasonable timescale, the matter shall be referred for resolution in accordance with Clause 23.

22.4 Termination of this Agreement (whether by effluxion of time or otherwise) shall be without prejudice to the Partners' rights to terminate forthwith in the event;–

22.4.1 of Persistent or repetitive breach of obligations which materially and adversely affect the provision of Services;

22.4.2 Any necessary registrations are cancelled; or

22.4.3 Failure to pay any amount due after a reasonable period and after being notified in writing

22.5 In the event of termination of this Agreement, the Partners agree to cooperate to ensure an orderly wind down of their joint activities and to use their best endeavours to minimise disruption to the health and social care which is provided to the Service Users.

22.6 Upon termination of this Agreement for any reason whatsoever the following shall apply:

22.6.1 the Partners agree that they will work together and co-operate to ensure that the winding down and disaggregation of the integrated and joint activities to the separate responsibilities of the Partners is carried out smoothly and with as little disruption as possible to Service Users, employees, the Partners and third parties, so as to minimise costs and liabilities of each Partner in doing so;

22.6.2 where either Partner has entered into a Service Contract which continues after the termination of this Agreement, all Partners shall continue to contribute to the Contract Price in accordance with the agreed contribution for that Service prior to termination and will enter into all appropriate legal documentation required in respect of this;

22.6.3 the Lead Commissioner shall make reasonable endeavours to amend or terminate a Service Contract (which shall for the avoidance of doubt not include any act or omission that would place the Lead Commissioner in breach of the Service Contract) where the other Partners request the same in writing, provided that the Lead Commissioner shall not be required to make any payments to the Provider for such amendment or termination unless the Partners shall have agreed in advance who shall be responsible for any such payment;

22.6.4 where a Service Contract held by a Lead Commissioner relates all or partially to Services which relate to the other Partner's Functions, then provided that the Service Contract allows, the other Partners may request that the Lead Commissioner assigns the Service Contract in whole or part upon the same terms mutatis mutandis as the original contract;

22.6.5 the Planning and Commissioning Forum shall continue to operate for the purposes of functions associated with this Agreement for the remainder of any contracts and commitments relating to this Agreement; and

22.6.6 Termination of this Agreement shall have no effect on the liability of any rights or remedies of any Partner already accrued, prior to the date upon which such termination takes effect.

22.7 In the event of termination in relation to an Individual Scheme the provisions of Clause 22.6 shall apply mutatis mutandis in relation to the Individual Scheme (as though references as to this Agreement were to that Individual Scheme).

23 DISPUTE RESOLUTION

23.1 In the event of a dispute between the Partners arising out of this Agreement, either Partner may serve written notice of the dispute on the other Partner, setting out full details of the dispute.

23.2 The Authorised Officers shall meet in good faith as soon as possible and in any event within seven (7) days of notice of the dispute being served pursuant to Clause 23.1, at a meeting convened for the purpose of resolving the dispute.

23.3 If the dispute remains after the meeting detailed in Clause 23.2 has taken place, the Partners' respective Chief Executives/Accountable Officers or nominees shall meet in good faith as soon as possible after the relevant meeting and in any event

with fourteen (14) days of the date of the meeting, for the purpose of resolving the dispute.

23.4 If the dispute remains after the meeting detailed in Clause 23.3 has taken place, then the Partners will attempt to settle such dispute by mediation in accordance with the CEDR Model Mediation Procedure or any other model mediation procedure as agreed by the Partners. To initiate a mediation, any Partner may give notice in writing (a "**Mediation Notice**") to the others requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the Partners asking them to nominate a mediator. The mediation shall commence within twenty (20) Working Days of the Mediation Notice being served. No Partner will terminate such mediation until all of them have made their opening presentation and the mediator has met each of them separately for at least one (1) hour. Thereafter, paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the Partners). The Partners will co-operate with any person appointed as mediator, providing such person with such information and other assistance as they shall require and will pay their costs as they shall determine or in the absence of such determination such costs will be shared equally.

23.5 Nothing in the procedure set out in this Clause 23 shall in any way affect any Partner's right to terminate this Agreement in accordance with any of its terms or take immediate legal action.

24 FORCE MAJEURE

24.1 Neither Partner shall be entitled to bring a claim for a breach of obligations under this Agreement by the other Partner or incur any liability to the other Partner for any losses or damages incurred by that Partner to the extent that a Force Majeure Event occurs and it is prevented from carrying out its obligations by that Force Majeure Event.

24.2 On the occurrence of a Force Majeure Event, the Affected Partner shall notify the other Partner as soon as practicable. Such notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the Affected Partner and any action proposed to mitigate its effect.

24.3 As soon as practicable, following notification as detailed in Clause 24.2, the Partners shall consult with each other in good faith and use all best endeavours to agree appropriate terms to mitigate the effects of the Force Majeure Event and, subject to Clause 24.4, facilitate the continued performance of the Agreement.

24.4 If the Force Majeure Event continues for a period of more than sixty (60) days, any Partner shall have the right to terminate the Agreement by giving fourteen (14) days written notice of termination to the other Partners. For the avoidance of doubt, no compensation shall be payable by any Partner as a direct consequence of this Agreement being terminated in accordance with this Clause.

25 CONFIDENTIALITY

25.1 In respect of any Confidential Information a Partner receives from another Partner (the "**Discloser**") and subject always to the remainder of this Clause 25, each Partner (the "**Recipient**") undertakes to keep secret and strictly confidential and shall not disclose any such Confidential Information to any third party, without the Discloser's prior written consent provided that:

25.1.1 the Recipient shall not be prevented from using any general knowledge, experience or skills which were in its possession prior to the Commencement Date; and

25.1.2 the provisions of this Clause 25 shall not apply to any Confidential Information which:

(a) is in or enters the public domain other than by breach of the Agreement or other act or omission of the Recipient; or

(b) is obtained by a third party who is lawfully authorised to disclose such information.

25.2 Nothing in this Clause 25 shall prevent the Recipient from disclosing Confidential Information where it is required to do so in fulfilment of statutory obligations or by judicial, administrative, governmental or regulatory process in connection with any action, suit, proceedings or claim or otherwise by applicable Law.

25.3 Each Partner:

25.3.1 may only disclose Confidential Information to its employees and professional advisors to the extent strictly necessary for such employees to carry out their duties under the Agreement; and

25.3.2 will ensure that, where Confidential Information is disclosed in accordance with Clause 25.3.1, the recipient(s) of that information is made subject to a duty of confidentiality equivalent to that contained in this Clause 25; and

25.3.3 shall not use Confidential Information other than strictly for the performance of its obligations under this Agreement.

26 FREEDOM OF INFORMATION AND ENVIRONMENTAL PROTECTION REGULATIONS

26.1 The Partners acknowledge that each is subject to the requirements of the 2000 Act and the 2004 Regulations and shall assist and co-operate with one another to enable each Partner to comply with these information disclosure requirements, where necessary and within the statutory timescales. This co-operation shall include but not be limited to finding, retrieving and supplying information held, directing requests to other Partners as appropriate and responding to any requests by the Partner receiving a request for comments or other assistance.

26.2 Any and all agreements between the Partners as to confidentiality shall be subject to their duties under the 2000 Act and 2004 Regulations. Neither Partner shall be in breach of Clause 26 if it makes disclosures of information in accordance with the 2000 Act and/or 2004 Regulations.

27 OMBUDSMEN

The Partners will co-operate with any investigation undertaken by the Health Service Commissioner for England or the Local Government Commissioner for England (or both of them) in connection with this Agreement.

28 DATA PROTECTION AND INFORMATION SHARING

28.1 Each Partner shall (and shall procure that any of its Representatives involved in the provision of the Services shall) comply with any notification requirements under

Data Protection Legislation. Both Partners shall duly observe all their obligations under Data Protection Legislation and the ICB's Information Governance Policies (Schedule 5), which arise in connection with this Agreement.

28.2 The Partners shall share information about Service Users to improve the quality of care and enable integrated working. The Partners shall adhere to the Information Sharing Protocol when sharing information under this Agreement.

29 NOTICES

29.1 Any notice to be given under this Agreement shall either be delivered personally or sent by first class post or electronic mail. The address for service of each Partner shall be as set out in Clause 29.3 or such other address as each Partner may previously have notified to the other Partner in writing. A notice shall be deemed to have been served if:

29.1.1 personally delivered, at the time of delivery;

29.1.2 posted, at the expiration of forty-eight (48) hours after the envelope containing the same was delivered into the custody of the postal authorities; and

29.1.3 if sent by electronic mail, at the time of transmission and a telephone call must be made to the recipient warning the recipient that an electronic mail message has been sent to him (as evidenced by a contemporaneous note of the Partner sending the notice) and a hard copy of such notice is also sent by first class recorded delivery post (airmail if overseas) on the same day as that on which the electronic mail is sent.

29.2 In proving such service, it shall be sufficient to prove that personal delivery was made, or that the envelope containing such notice was properly addressed and delivered into the custody of the postal authority as prepaid first class or airmail letter (as appropriate), or that the electronic mail was properly addressed and no message was received informing the sender that it had not been received by the recipient (as the case may be).

29.3 The address for service of notices as referred to in Clause 29.1 shall be as follows unless otherwise notified to the other Partner in writing:

29.3.1 if to the Council, addressed to:

Iain MacBeath

Strategic Director - Health and Wellbeing

City of Bradford Metropolitan District Council, City Hall, Bradford, BD1 1HY

Tel: 01274 434176

Email: Iain.Macbeath@bradford.gov.uk

and

29.3.2 if to the ICB, addressed to:

Mel Pickup/ Nancy O'Neill

Strategic Director – Health & Care Integration

NHS West Yorkshire Integrated Care Board (Bradford District and Craven Place), White Rose House West Parade, Wakefield WF1 1LT

Tel: 07980903666

Email: Nancy.O'Neill@bradford.nhs.uk

30 VARIATION

No variations to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each of the Partners.

31 CHANGE IN LAW

31.1 The Partners shall ascertain, observe, perform and comply with all relevant Laws, and shall do and execute or cause to be done and executed all acts required to be done under or by virtue of any Laws.

31.2 On the occurrence of any Change in Law, the Partners shall agree in good faith any amendment required to this Agreement as a result of the Change in Law subject to the Partners using all reasonable endeavours to mitigate the adverse effects of such Change in Law and taking all reasonable steps to minimise any increase in costs arising from such Change in Law.

31.3 In the event of failure by the Partners to agree the relevant amendments to the Agreement (as appropriate), the Clause 24 (Dispute Resolution) shall apply.

32 WAIVER

No failure or delay by any Partner to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same or of some other right to remedy.

33 SEVERANCE

If any provision or part-provision of this Agreement is or becomes invalid, illegal or unenforceable, it shall be deemed modified to the minimum extent necessary to make it valid, legal and enforceable. If such modification is not possible, the relevant provision or part-provision shall be deemed deleted. Any modification to or deletion of a provision or part-provision under this clause shall not affect the validity and enforceability of the rest of this Agreement.

34 ASSIGNMENT AND SUB-CONTRACTING

The Partners shall not sub-contract, assign or transfer the whole or any part of this Agreement, without the prior written consent of the other Partner, which shall not be unreasonably withheld or delayed. This shall not apply to any assignment to a statutory successor of all or part of a Partner's statutory functions.

35 EXCLUSION OF PARTNERSHIP AND AGENCY

Nothing in this Agreement shall be construed as constituting a legal partnership between the Partners or as constituting either Partner as the agent of the other for any purpose whatsoever, except as specified by the terms of this Agreement.

36 THIRD PARTY RIGHTS

Unless the right of enforcement is expressly provided, no third party shall have the right to pursue any right under this Contract pursuant to the Contracts (Rights of Third Parties) Act 1999 or otherwise.

37 ENTIRE AGREEMENT

37.1 The terms herein contained together with the contents of the Schedules constitute the complete agreement between the Partners with respect to the subject matter hereof and supersede all previous communications, representations, understandings and agreement and any representation promise or condition not incorporated herein shall not be binding on any Partner.

37.2 No agreement or understanding varying or extending or pursuant to any of the terms or provisions hereof shall be binding upon any Partner unless in writing and signed by a duly authorised officer or representative of the parties.

38 COUNTERPARTS

This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Partners shall constitute a full original of this Agreement for all purposes.

39 GOVERNING LAW AND JURISDICTION

39.1 This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales.

39.2 Subject to Clause 23 (Dispute Resolution), the Partners irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute or claim, which may arise out of, or in connection with this Agreement, its subject matter or formation (including non-contractual disputes or claims).

IN WITNESS WHEREOF this Agreement has been executed as a Deed the Partners on the date of this Agreement.

EXECUTED AS A DEED

by affixing the common seal

of CITY OF BRADFORD

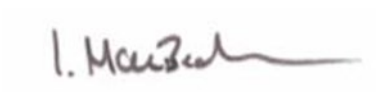
METROPOLITAN DISTRICT

COUNCIL in the presence of:

Authorised by the Interim Director of Legal and Governance

Signed for and on behalf of)
City of Bradford Metropolitan)
District Council)

Iain MacBeath
Strategic Director – Health and Wellbeing



_____
Authorised Signatory

Signed for and on behalf of
NHS West Yorkshire Integrated)
Care Board)

Robert Webster
Chief Executive, NHS West Yorkshire Integrated Care Board

_____
Authorised Signatory

SCHEDULE 1 SCHEME SPECIFICATION

2025/26 SCHEDULE OF STATUS

Section 75	Lead	THE ICBs	CBMBC	Review
SCHEDULE 1.1 Bradford and Airedale Community Equipment Services*	Council	£2,082,826*	£3,074,300*	23/10/2025
SCHEDULE 1.3 Better Care Fund	As per Section 7 of this Schedule	£55,767,440	£36,527,650	24/04/2025
~~SCHEDULE 1.4 Administering Continuing Healthcare Contracts~~	~~Council~~	~~£206,000~~	~~—~~	~~19/11/2024~~
SCHEDULE 1.6 Carers Services*	Council	£955,441*	£552,603*	02/09/2024
SCHEDULE 1.7 Daytime Activities Provider List	Council	-	-	02/09/2024
SCHEDULE 1.8 Advocacy Services	Council	£268,922	£375,467	08/04/2024
SCHEDULE 1.11 Positive Behaviour Service	Council	£29,520	£134,480	23/10/2025
SCHEDULE 1.12 SEND Information and Advice Service	Council	£43,700	£174,797	25/11/2024
SCHEDULE 1.13 Young Carers	Council	£53,323	£151,236	18/11/2024
SCHEDULE 1.14 Voice of Parent Carers	Council	£10,000	£32,500	20/11/2024
SCHEDULE 1.15 Multi-agency Support Services	Council	£218,000*	£359,200*	23/10/2025
SCHEDULE 1.17 Mental Health Grant Services	ICB	£743,526	£269,821	23/10/2025
SCHEDULE 1.18 Alcohol Drugs Treatment and Substance Misuse	Council	£749,925	£6,650,075	30/08/2023
SCHEDULE 1.19 Domestic Abuse and Sexual Violence Service	Council	£266,390	£1,535,610	23/10/2025
SCHEDULE 1.20 Genetics services	Council	£55,000	-	21/11/2024
SCHEDULE 1.21 Warm Homes Healthy People Service	Council	£28,835	£209,111	07/10/2024
~~SCHEDULE 1.22~~	~~Council~~	~~-~~	~~£395,928~~	~~01/07/2024~~

Section 75	Lead	THE ICBs	CBMBC	Review
~~Mental Health Crisis Respite Service~~				
SCHEDULE 1.23 Occupational Therapy Service for Learning Disabilities – Community Team	Council	£189,000	-	05/08/2024
SCHEDULE 1.26 Adversity Trauma and Resilience/Reducing Inequalities Alliance Partnership	ICB	£300,000	£105,000	23/10/2025
~~SCHEDULE 1.27 Health Communities Traineeships Programme with All Star Entertainments~~	~~ICB~~	~~£130,523~~	~~£45,000~~	~~04/03/2024~~
SCHEDULE 1.28 Lead Commissioning Arrangements	Council	£63,000	£1,134,384	23/10/2025
SCHEDULE 1.29 Maternity Circles – Start for Life Family HIBS/RIA Partnership	ICB	£131,149	£80,000	23/10/2025
SCHEDULE 1.30 Specialist Mental Health Support in the Community for Ethnically and Culturally Diverse Communities	ICB	£799,835	£125,085	23/10/2025
SCHEDULE 1.31 Suicide Bereavement	ICB	£333,890	£33,199	23/10/2025
SCHEDULE 1.32 VCSE Support & Improvement Programme	ICB	£219,623	£285,991	02/09/2024
Schedule 1.33 SEND Dispute Resolution and Mediation	Council	£24,000	£216,000	24/04/2025
Schedule 1.35 Smoking Cessation Medication	Council	-	£260,000	24/04/2025

Section 75	Lead	THE ICBs	CBMBC	Review
Schedule 1.36 NHS Health Checks	Council	-	-	24/04/2025
Schedule 1.38 - Little Minds Matter	ICB	£156,270	£677,843	23/10/2025
Total including BCF		£61,026,709	£51,792,280	
Total excluding BCF		£2,221,002	£13,651,630	

*Services marked with an asterisk may receive partial or full funding from the BCF. These contributions are included in the total for Schedule 1.3.

SCHEDULE 1.1 - BRADFORD AND AIREDALE COMMUNITY EQUIPMENT SERVICES

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in this S75 Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

Bradford and Airedale Community Equipment Service (BACES) is an NHS and social care integrated community equipment service which gives service users and their carers access to a range of equipment and minor adaptations, according to assessed health or social care needs. The service is available to all people who are ordinarily resident within Bradford District and/or registered with a GP practice covered by Bradford District and Craven Health and Care Partnership and the NHS West Yorkshire Integrated Care Board (referred to as the WY ICB). The service responds in a timely manner and operates seamlessly and cost effectively across health and social care.

The service operates on the principle of a pooled budget, with funding from the ICB and the Council. The Host Partner for Pooled Fund is the City of Bradford Metropolitan District Council (The Council) and the designated 'Pooled Fund Manager', is the Principal Officer: BACES, Safe & Sound.

2 AIMS AND OUTCOMES

The main aim of this service is to support people to achieve their optimal levels of independence through the loan of equipment and to enable people to carry out activities of daily living or to receive nursing care with or without the support of carers. The service supports people with needs arising from physical and sensory impairments.

The service provides a wide range of nursing and disability equipment e.g. profiling beds, hoists, specialist mattresses, commodes etc. to help support people leaving hospital or to prevent admission to hospital or permanent care as well as to support people living in the community with long-term conditions and disabilities. This service includes the provision of equipment to both adults and children

The BACES Steering Group receives regular reports covering key areas such as:

- Finance report
- Performance report
- Annual report
- Exception reports
- Risk Reports/updates
- BACES Resource Panel

3 THE ARRANGEMENTS

This is a lead commissioning arrangement with a pooled budget and the Council as the Lead commissioner.

BACES is delivered through a formal partnership; the Council is the lead commissioner for the service through the operation of a pooled fund by the following 'Partners':

- City of Bradford Metropolitan District Council, Adult Services
- NHS West Yorkshire Integrated Care Board

The Partner charged with hosting and delivering the service on behalf of the commissioners is the Council.

Strategic overview is provided by a joint Steering Group. The Steering Group is charged with managing and monitoring the pooled funding arrangement and the operational delivery and quality of the service.

The Partners have identified the Community Equipment Service as being one to be delivered under Section 75. The Partners have worked together to agree the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Scheme Specification.

For the purpose of this Service, the ICB has agreed to delegate the exercise of its NHS Functions as set out below to the Council to exercise alongside the Council's Health Related Functions and act as lead commissioner in respect of this Service.

The Council shall provide the financial administrative systems for the Pooled Fund and shall manage the delivery and outcomes of the Service.

4 FUNCTIONS

The NHS-related functions which the Integrated Care Board delegate to the Council to enable the Council to act as lead commissioner for the commissioning of the service for NHS funded provision are as follows:

- Power to procure equipment in order to loan equipment to service users
- Power to make commissioning arrangements in relation to the exercise of a community equipment function with any person or body, including public authorities and voluntary organisations

The Council will take responsibility for the day-to-day running, monitoring and development of the service, ensuring compliance with the obligations set out in the scheme specification.

BACES will provide the resources, accommodation and processes to ensure delivery of the following functions:

- Provision of a defined range of equipment to service users following appropriate assessment of need
- Purchasing of equipment for stock and 'one off' bespoke pieces of equipment for individual requirements through contracts with external suppliers
- Maintaining access to a supply of equipment through an effective IT system
- Evaluation of new products in the marketplace and re-evaluation of existing products held in stock, through the Product Review Group
- Provide a catalogue of information on stock equipment held.
- Delivery, assembly and fitting of equipment to service users within agreed delivery times
- Collection and decontamination of supplied equipment
- Repair, service and planned maintenance on all equipment, including PAT testing
- Provide access to equipment out of hours, weekends and bank holidays through a third party agreement
- Actively respond to product recalls and safety notices
- Collection of service user and carer feedback in relation to satisfaction of services provided
- Ongoing service development
- Maintain a list of all authorised prescribers
- Keep all authorised prescribers informed of service changes
- Actively seeking the views of service users and reporting on their feedback
- Ensuring that all equipment stocked and on loan is safe and compliant with relevant regulations
- Trained and skilled workforce competent to deliver, fit, decontaminate, repair and recycle equipment

5 SERVICES

BACES provide a range of equipment and minor adaptations, according to assessed health or social care needs. An annual assessment of stock is undertaken and built into an annual action plan. The stock system request (referral), delivery and receipt are managed by an electronic system called TCES.

Regular performance reporting on management of ordering stock, delivery hit rates, delivery misses, recycling and activity rates across adult and children's equipment are monitored amongst a range of other key performance metrics.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

This Service is effective from the date included herein and subject to any rights to terminate and extend, will continue in perpetuity unless terminated in accordance with the provisions set out below.

Either Party may terminate this Service by giving 12 months' notice in writing with appropriate flexibility to allow time for any statutory requirements i.e. staff consultation to be carried out in full and potential redundancy processes etc.

A strategic review shall take place on dates to be agreed to review the aims, objectives and performance of the Individual Scheme. In the event the Partners agree to terminate then an exit strategy shall also be agreed.

The BACES Steering Group is constituted to give direction and oversee the delivery of the BACES service. The Planning & Commissioning Forum will provide strategic direction to BACES. The Steering Group will work in partnership with other members and strategic partners to ensure a good fit for the service and participate in and consider the effects of the wider regional developments.

Reporting Requirements
The Council will produce outcome reports which will be reported quarterly to the BACES Steering Group and the through the governance arrangements on monitoring of services included in this S75 agreement (periodically to the Planning & Commissioning Forum (PCF). Appendix 1 sets out the requirements.

Contracting Arrangements

The Council acts as lead commissioner and will issue and manage the contract including;
- Performance Monitoring
- Quality Monitoring
- Contract management and/or review meetings

The specification for this service includes Warehousing arrangements
- Vehicles for delivery
- TCES ordering system
- Arrangement re bed provision out of hrs
- Maintenance contract

Access

Access to the service
The service is available to all people who are ordinarily resident within Bradford District and/or registered with a GP practice covered by Bradford District and Craven Health and Care Partnership and the NHS West Yorkshire Integrated Care Board (referred to as the WY ICB). This excludes residents under the Craven area.

BACES accept requests for equipment from Authorised Prescribers only, these are listed below. Requests are to be made with an accompanying email address. The authorisation limits of individual Authorised Prescribers will be agreed by the PRG and notified to BACES for special order requests only.

The PRG shall provide information to BACES identifying Authorised Prescribers and any associated restrictions. BACES will update and maintain their system in response to any changes notified to them.

BACES will accept and act on appropriately authorised requisitions delivered electronically by an Authorised Prescriber. BACES will be responsible for ensuring that the equipment prescribed can be tracked back to the original Authorised Prescriber and recipient. Authorised Prescribers should be existing employees of the Council or NHS and expected to be from the following staff groups:

- Occupational Therapists
- OT Assistants
- Hospital Physiotherapists
- Community Physiotherapists
- Physiotherapy Assistants
- District Nurses
- Community Staff Nurses
- Specialist Nurses e.g., Tissue Viability Nurses, Continuing Care Nurses,
- Intermediate Care Teams
- Hospital Paediatric Occupational Therapists
- Community Paediatrics Therapists

- Paediatric Physiotherapists
- Trusted Assessors
- Named Hospice staff

Additional groups of prescribing staff may be added to this list through the life of the contract, subject to appropriate approval.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2023/2024	WY ICB contribution	Council Contribution
Core Revenue Funding (BCF)	£1,745,208	£1,319,200
iBCF Funding		£500,000
Capital		£750,000

Financial Year 2024/2025	WY ICB contribution	Council Contribution
Core Revenue Funding (BCF)	£1,843,987	£1,070,786
iBCF Funding		£500,000
Capital		£750,000

Financial Year 2025/2026	WY ICB contribution	Council Contribution
Core Revenue Funding (BCF)	£1,843,987	£1,113,000
LA Better Care Grant		£500,000
Capital		£851,400
LA Corporate Services Expenditure		£464,200
Additional contribution	£238,839	£145,700
Total	**£2,082,826**	**£3,074,300**

Financial resources in subsequent years to be determined in accordance with the agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Finance report – submitted quarterly by CBMDC Finance Team at BACES Steering Group meeting, Annual Outturn report at year end.

Annual report from BACES Steering Group to the Planning and Commissioning Forum.

(2) Management of the Pooled Fund

Management of this schedule and its funding will be the responsibility of the local authority and formally reported through to BACES Steering Group

The Council will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract and such sums shall be paid form the pooled fund. The WY ICB will make an annual contribution towards the cost of the service.

The Council will invoice the ICB quarterly for its contribution to the pooled fund and such invoices shall be payable within 30 days.

(3) Audit Arrangements

What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedure

	Both WY ICB and LA
(4) Financial Management Angela to update	
Which financial systems will be used?	*SAP*
What monitoring arrangements are in place?	*CBMDC Senior Finance Officer to monitor budgets with the Manager of the BACES store*
Who will produce monitoring reports?	*CBMDC Senior Finance Officer in conjunction with Group Accountant*
What is the frequency of monitoring reports?	*Monthly*
What are the rules for managing overspends?	*Anticipated overspends should be reported monthly to WY ICB Finance Team and quarterly to PCF.* *Any overspends are to be funded equally by both the LA and WY ICB*
Do budget managers have delegated powers to overspend?	*No. The council standing orders state that overspending is not allowed.*
Who is responsible for means testing?	*N/A*
Who will own capital assets?	*Bradford MDC*
How will capital investments be financed?	*Prudential borrowing*
What management costs can legitimately be charged to pool?	*Stores management and overheads of the council via recharging*
What are the arrangements for overheads?	*Overheads to be annually recharged*
What closure of accounts arrangement needs to be applied?	*Usual council processes*
The proportion of the pooled budget contributions is currently set as above, with both Partners contributing their respective amount. In relation to any potential overspend this will be shared equally (50/50) between both Partners. The over / (under) spend position is after the charging of appropriate expenditure against the core Capital budget funding. Financial resources in subsequent years to be determined in accordance with the provisions within the Scheme Specification or any such over-arching funding arrangements that are agreed take preference over this Agreement. The base budget will not be allowed to carry over at the year end, but with permission any capital monies for specific projects may be carried over. The Partners, including their auditors, shall have the right to access all relevant monitoring records relating to the services. The Council's external audit regime will apply, although access will be reasonably granted to the WY ICB's authorised external auditors subject to appropriate prior notice to the Pooled Fund Manager and BACES Steering Group. The governance of this Service will be provided by the joint BACES Steering Group. The hosting partners' financial management systems will be used, at this time, this will be the Council's System Analysis Program (SAP) system. Financial and performance reports will be produced by the host partner, for presentation at the BACES Steering Group, each quarter of the financial year. These reports will be produced by the BACES Principal Officer, Finance and Strategic Support officers. All staff working within or on behalf of the service will be subject to Council Standing Orders, Standing Financial Instructions and Scheme of Delegation. All efficiency saving proposals will be presented to the BACES Steering Group for consideration and formal approval.	
9 VAT	
The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.	
Which Partners VAT regime will apply?	The VAT regime of the Lead Commissioning Organisation will be applied to each scheme that it is the Lead Commissioner for.
Is one Partner acting as 'agent' for another?	N/A

Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning Forum as described in this agreement has responsibility for monitoring this scheme.

The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to the ICB, Council and System Governance bodies.

Reports will be provided to relevant Boards/Groups as required.

The BACES Steering Group will oversee, review, monitor and give direction to the delivery of the Bradford and Airedale Community Equipment Service. The Steering Group will report quarterly to the Partnership Board to oversee the strategic direction to this agreement. The Steering Group membership comprises of:

- Representative from OT Services (CBMDC Adult & Community Services)
- Representatives from the Bradford and Airedale Hospital Trusts
- Representatives from Bradford District Care Trust
- Representative from Finance (CBMDC)
- BACES Principal Officer(s) (CBMDC)
- Representative from the (WY ICB)
- Chair of the Professional Reference Group (CBMDC)
- Service Manager Health and Well-Being (CBMDC) (Vice Chair)

Reports to go to the BACES Steering Group

Title	By Whom	Frequency
% of items delivered within 10 working days	BACES Manager	Each Meeting
Number of delivery 'misses'	BACES Manager	Each Meeting
Breakdown of the number of days to deliver	BACES Manager	Each Meeting
Finance Report	Finance Officer	Each Meeting
Additional Finance information	BACES Manager	As and When
Break down of **Specials Equipment Reporting** requested, Adults/ Children	BACES Manager	Each Meeting
Volume and cost of Hired Equipment	BACES Manager	Alternate Meetings
Cost Savings/avoidance	BACES Manager	Quarterly update to Steering Group
Products added or removed from stock, and reasons	BACES Manager	Quarterly update to Steering Group
Recycle figures and write offs	General Manager	Quarterly update to Steering Group
Maintenance/ Servicing / repairs/ Pat testing	Tec and warehouse manager	6 monthly
Paper work audit 10%	Systems supervisor	6 monthly
MHRA recalls/ notices updates	Tec and warehouse manager	As and when and annually
Complaints	General Manager	As and when and annually
Mandatory completion of Training	General Manager	Annually

11 NON-FINANCIAL RESOURCES

N/A

12 STAFF

Staff responsible for the duties set out in this Service will be employed by the Council and as such will be subject to the full terms and conditions of Council employees. The service is being delivered through the full-time equivalence of 35.38 staff. Budgets for these staff are set by the lead commissioner.

13 ASSURANCE AND MONITORING

Financial and performance reports will be produced by the Council, for presentation at the BACES Board, each quarter of the financial year. These reports will be produced by the BACES Principal Officer, Finance and strategic support.

The Service is monitored on its ability to meet the 'Hit Rate' categories. These include the following metrics:

- Overall delivery performance
- Number of days taken to deliver equipment to date.
- Total volume of equipment delivered.
- Panel information
- Special order requests
- Recycle rates.

The 'Hit Rate' categories show activity, volume and percentage performance of completed deliveries for the financial year. This is collated and reported to the BACES Steering Group as part of the assurance and monitoring process.

A report will be shared annually for assurance to the Planning and Commissioning Forum who are responsible for overseeing this schedule.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council Lead	June Pursey	Principal BACES Safe & Sound Manager	38 New Works Road, Low Moor, Bradford, BD12 0LB	01274 431472	june.pursey@bradford.gov.uk
Council Senior Lead	Rachael Meadows-Hambleton	Assistant Director - Older People's Services	Britannia House, Bradford, BD1 5RW	07484535480	rachael.meadows-hambleton@bradford.gov.uk
WY ICB Lead	Sarah Worstead	Project Manager Intergrated Health and Care	Scorex House, Bradford BD1 4AS		Sarah.worstead@bradford.nhs.uk
ICB Senior Lead	Jackie Bell	Programme Director – Access to Care	Scorex House, Bradford BD1 4AS		Jackie.Bell2@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the BACES Steering Group for individual items above £7,000.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

The budget for this Service is managed by the BACES Steering Group who is responsible for the performance and finances of the Service. The Service will operate on the basis of a risk and gain share in relation to any potential overspend or underspend (after charging appropriate expenditure against core capital budget funding), which will be shared equally (50/50) between both parties.

17 REGULATORY REQUIREMENTS

The service will comply with Council policy and relevant procedures in relation to regulations pertaining to staff and buildings in respect of service specific operational matters such as equipment decontamination; storage and transport requirements and over-arching areas such as: Health & Safety; employment legislation; etc.

18 INFORMATION SHARING AND COMMUNICATION

Both parties shall comply with the requirements of the General Data Protection Regulations ('GDPR') in respect of any personal data howsoever acquired or processed for the purposes of, or in the operation of, the Agreement and no personal data collected or processed for any purposes connected with this Agreement will be disclosed to any other person otherwise than in strict accordance with the provisions of the DPA.

Any data disclosed by either party to the other for use in carrying out the purpose of this Agreement will be held and processed strictly in accordance with DPA and any common law obligation of confidentiality.

Each party shall where necessary use all reasonable endeavours to obtain the consent of service users and other data subjects, to disclose personal information to be used for the purpose of this Agreement

The Parties shall share and supply such information in respect of the service as each party may reasonably require to give effect both to the terms of this Agreement and in order to improve the quality of care provided, subject to the DPA and any other internal information sharing protocol operated by either party.

The parties shall work together to establish effective arrangements to permit and control the exchange of information to support the partnership ethos. Information on services users will be shared in compliance with above legislation to ensure a quality, secure service can be provided.

Council Systems in use and impacting on the agreement:

- SAP: for financial accounting, management and purchase to pay
- Consultation – staff, people supported by the Partners, unions, providers, public, other agency.
- Printed stationary – dual logos.
- Service user surveys
- Ongoing consultation with Health & LA staff through the Professional Reference Group and Product Review Group

19 DURATION AND EXIT STRATEGY

The parties may agree that if required a strategic review can be authorised by the Steering Group and shall take place on dates to be agreed, the purpose being to review the aims, objectives and performance of the Agreement. In the event the Partners agree to terminate then an exit strategy shall also be agreed.

Either party may terminate this Agreement by giving 12 months' notice in writing with appropriate flexibility to allow time for any statutory requirements i.e., staff consultation to be carried out in full and potential redundancy processes etc.

Disputes

If any dispute arises between the parties in relation to the agreement, they will be handled in line with Clause 23 of this overarching Section 75 agreement.

Liability and indemnity

Both parties shall indemnify each other from and against any damages, claims or liabilities suffered and reasonable fees incurred arising from the exercise of their functions or the breach of their obligations cause by their negligence. Service will continue jointly for a year whilst arrangements are made to run services separately. There will be joint responsibility for contracts which continue after that point until they reach end date unless agreement can be reached with suppliers.
20 OTHER PROVISIONS
Complaints and Investigations –see Clause 21 **Freedom of Information – see Clause 26** **Publicity -** Prior to the issue of any press release or making any contact with press on any issue attracting media attention the parties shall consult with each other to agree a joint strategy for the release and handling of the issue. **Safeguarding -** This service will be subject to current Council policy on safeguarding. All staff will receive appropriate training.

SCHEDULE 1.3 BETTER CARE FUND

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

In line with the requirements of the Care Act 2014 and the NHS Act 2006, a pooled fund called the Better Care Fund (BCF) has been established, the operation of which is set out in this Agreement. The aim is to facilitate the development of integrated health and social care services and to create flexibility between health and social care budgets to improve care for patients whilst making best use of resources.

The BCF provides a mechanism for joint health, housing and social care planning and commissioning.

It brings together ring-fenced budgets from the NHS West Yorkshire Integrated Care Board (referred to as the ICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the Local Authority Better Care Grant.

The BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved. These are:

- A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
- Implementing the two new BCF Policy Objectives:
    - To support the shift from sickness to prevention
    - To support people living independently and the shift from hospital to home
- Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care.
- Complying with oversight and support processes.

The 2025-26 planning template outlines the spend areas of the BCF. Notable changes to the BCF include the amalgamation of the Discharge Fund into the Local Authority Better Care Grant (formerly the Improved Better Care Fund) and the NHS Minimum Contribution, forming the consolidated Better Care Fund total for 2025–26.

2 AIMS AND OUTCOMES

The overall aim and vision set out within the Better Care Fund Plan is to create a sustainable health and care economy that enables people to be healthy, well and independent.

To achieve this vision, we will:

- Promote self-care and illness prevention and improve the general health and wellbeing of the population of Bradford District and Craven
- Transform primary and community services and place the patient at the centre of their care
- Implement a 24/7 integrated care system across health and care economy- this is the particular focus of the BCF
- Develop and deliver a sustainable system wide model for urgent care services
- Develop and implement a system wide model for delivery of planned care interventions

Our ambition is to move to a system of resource allocation across the whole health and care economy and informed by level of need and population segmentation, collectively allocate resources at our joint disposal to maximise value and outcomes for service users.

Our vision is of a health and social care system which empowers people including carers to take control, enabling them to set their own personal goals and to become the architect of their own support package with services which are responsive when people need care.

The care provided will be patient centred, co-ordinated and safe, meeting the needs of individuals and their carers. This presents an opportunity to rethink how we support people with long term conditions and the frail elderly, our largest groups of people requiring care (as evidenced through risk stratification and population segmentation), ensuring a consistency of offer seven days a week.

Care will be integrated around the needs of the individual, not organisations. Services will wrap around the person and be enabled by use of technology which will help accelerate achievement of personal goals. We will make optimum use of the resources available thereby ensuring effective use of the financial resource.
When people have set their own goals they will be supported to achieve these, self-care will be the starting point and people will be empowered to engage in this. Care will be more proactive rather than reactive and ensure appropriate responses, including promoting health and wellbeing.
The health and social care system will use real time data to identify people who are likely to need more care and identify interventions that will maintain their wellbeing. This will decrease reliance on traditional high cost medical and social services and will free-up resources for re-investment and expansion in community services.

People who have complex needs, that need support from a number of professionals, will be supported by multi-disciplinary, multi-functional integrated teams which will agree a personalised care plan with the person, taking their goals and wishes into account. We are already implementing such models of care.

Professionals will be able to share and access information through a shared IT system where one person, one record will become a reality. This will improve decision making and avoid the same questions having to be asked over again. Voluntary and Community Services will be involved in this health and care planning, so that more people can be supported in their local communities and build strong relationships that are empowering.

When needed, these multi-disciplinary integrated teams will work alongside other local agencies, such as the police, housing, faith organisations, leisure services and education, to address an individual's needs in a way that is encompassing and centred around their unique circumstances.

Enabling home care services and rehabilitation support will be available to help people be safe and competent in their own homes. Where appropriate, technology will be used to support the delivery of care in people's homes. This integrated approach will enable people to be more independent, for longer. People's care will be coordinated by a Lead Practitioner who will be the most relevant member of staff involved in the person's care for example a nurse, therapist, social care worker, GP or voluntary worker. The default setting for the delivery of integrated care will be the person's own home. When people do need to go into hospital, the people who support them in the community will be in contact with the hospital team and, keeping the patient and their wishes at the fore, agree a package of support that will enable the quickest possible return home.

Intermediate care services, such as community nursing and occupational therapy, will work alongside enabling home care services to get people back on their feet and enjoying life in a way that is right for them. For those who cannot recover, care at the end of life will respect each person's individual wishes.
Given the growing ageing population, increasing public expectations, challenging financial outlook and the opportunities technology brings, we need to seize this opportunity to do something radically different to better meet the needs of our local community. By working together to meet the challenges we face, we can ensure that we continue to benefit from the best health and social care, sustain our communities and empower more people to enjoy fulfilling lives.

Our ambition as commissioners is to develop commissioning, contracting and payment models that enable services and systems to transform and integrate, delivering high quality, safe, local outcomes-focused services, seven days a week.

The Better Care Fund 2025-26 has the following metrics which it must meet:

- **Reducing avoidable hospital admissions:** This involves minimizing the number of unplanned admissions to hospitals, emphasising preventative care and community-based support.
- **Improving discharge outcomes:** Ensuring timely and effective discharge from hospitals, particularly for individuals with complex needs, to support recovery and independence.
- **Enhancing long-term care outcomes:** Promoting independence and reducing reliance on long-term residential or nursing care by providing integrated and person-centred care.

We will continue to develop our services and our BCF plan to fulfil the requirements of the funding and adhere to the government guidelines regarding the reporting expectations of the BCF. We will make changes where required by the BCF team to maintain compliance with the guidance.

3 THE ARRANGEMENTS

The Better Care Fund Scheme will be treated as a Pooled Fund with Aligned Budgets and lead commissioning arrangements. The Partners have worked together to agree the purpose, aims and outcomes for the Better Care Fund which shall be delivered in accordance with each individual scheme specification.

4 FUNCTIONS

The Council and the ICB will use the BCF to facilitate the development of integrated health and social care services and to create flexibility between health and social care budgets to improve care for patients whilst making best use of resources.

The functions which may be exercised under this agreement are:

- The prescribed NHS functions of the ICB under regulation 5 (a), (b), (ba), (bb), bc) and (c) of the NHS Bodies and Local Authorities (partnership arrangements regulations 2000 (SI no 617 of 2000)

The Health related functions of the Council prescribed under regulations 6 (a), (aa), (b), (k) (l) and (m) of the aforementioned regulations.

5 SERVICES

A number of services will be provided under the BCF scheme. Access arrangements will be as set out in the individual service specifications.

Services provided within the Better Care Fund are as follows:

- Prevention and Early Intervention
- Intermediate and Integrated Care and Support
- Grants and Adaptations
- Support for Carers
- Community and Domiciliary Care
- Equipment and Assistive Technology
- Other

A detailed breakdown is included in section 7 below.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

Each Scheme within the Better Care Fund Service shall operate under Lead Commissioning arrangements. Respective Lead Commissioners for each scheme are detailed in section 7 below.

Individual Schemes joint commissioned under the lead commissioner arrangements, will include all elements of the commissioning cycle, from the identification of need at a population level through to the monitoring, review and quality assurance of provision. Joint commissioning will also include market shaping and market management, the development of fee structures and provider negotiations, tendering, contract and relationship management and proactive quality improvement activity.

Other schemes are a contribution towards budgetary costs within that area. Commissioning for these areas will be outside the remit of the Better Care Fund and budgetary control responsibility for the day-to-day management of these services within budget remains with the relevant budget holders within the partner organisation which is spending the money.

Scheme leads are responsible for leading and coordinating the development of new activities and developments which may change patterns of spending. Lead Commissioners will undertake the work in accordance with normal operating procedures of their own organisation.

Contracting Arrangements

The Lead Commissioner will engage with partners to agree the conditions and specification of each contract for commissioned services within their normal operating procedures with the aim of commissioning high quality services that meet the populations needs whilst delivering value for money. Contract management and reviews will be as per the Commissioners normal processes and procedures, with engagement from partners, as agreed.

Contracts shall only be assigned to another partner on the agreement of both Partners.

Access

Services are commissioned to meet the needs of the population of Bradford City and District. Eligibility of individuals for access to each particular Service shall be set out in the relevant Scheme Specification. Material changes to eligibility shall not be made without consultation with the other party.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2025/2026	WY ICB contribution	Council Contribution
Pooled Fund BCF	£55,767,440	£36,527,650 (LA Better Care Grant and DFG)

Financial resources in subsequent years to be determined in accordance with the Agreement

Table 1 – Overall funding contributions:

BCF Funding Contribution	2025/26
Minimum NHS (ICB) contribution	£55,767,440
Disabled Facilities Grant	£7,674,349
Grant allocation for adult social care (LA Better Care Grant).	£28,853,301
Total	**£92,295,090**

Table 2 - Detail of the schemes funded via the Better Care Fund (25-26):

WY ICB Schemes (2025-26)	BCF
Virtual Ward/Urgent Community Response (UCR)	£7,588,190
Discharge support and infrastructure – Staffing in Transfer of Care Hub	£130,560
Residential Placement – Nursing Home	£2,483,453
Bed Based Intermediate Care	£8,046,270
End of Life Care – REACT	£1,114,799
Local Prevention and Independence Schemes	£1,248,288
Trust Reablement Contract	£701,155
Contribution to BACES	£1,843,988
Pathway 1 Therapy Support	£200,000
Home Based Packages for Continuing Health Care	£882,000
Total	**£24,238,703**

LA Schemes (2025-26)	BCF	LA BCG	Total
Equipment Services	£1,413,900	£1,100,000	£2,513,900
Social Work Teams	£2,107,200	£2,458,100	£4,565,300
Support to Carers	£1,053,600		£1,053,600
Respite Services	£297,000		£297,000
Residential Care	£8,678,300	£4,191,000	£12,869,300
LA IMC Beds	£2,570,300	£1,534,000	£4,104,300
Reablement Services	£7,995,600	£320,000	£8,315,600
MAST	£316,300		£316,300
Nursing	£2,480,900		£2,480,900
Home Support	£3,227,037	£12,530,505	£15,757,542
Commissioning Infrastructure	£188,600		£188,600
Direct Payments		£254,600	£254,600
DTA Pathway 3	£1,200,000		£1,200,000
Supported Living		£6,465,096	£6,465,096
Total	**£31,528,737**	**£28,853,301**	£60,382,038

DFG (2025-26)	Total	Notes

Disabled Facilities Grant	£6,374,349	Including funding increase
Carry Forward from 24-25	£1,300,000	Confirmed carry forward from previous year
Total	£7,674,349	

Total BCF Funding (2025/26)	**BCF**	**LA BCG**
Total BCF excluding DFG	£55,767,440	
Total BCF including DFG	£63,441,789	
Total Better Care Grant		£28,853,301

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Management of the Pooled Fund:

- Finance report – submitted quarterly to the ICB and the BCF national team. This is signed and approved by the Health and Wellbeing Board
- Annual report from Planning and commissioning Forum to the Partnership Leadership Executive

(2) Management of the Pooled Fund

For the purposes of this schedule, lead commissioners for each area set out in section 7 will act as a 'Pooled Fund Manager'. The Pooled Fund Manager shall have the following duties and responsibilities:

- the day to day operation and management of the Pooled Fund;
- ensuring that all expenditure from the Pooled Fund is in accordance with the provisions of this agreement and the BCF expenditure plan;
- maintaining an overview of all joint financial issues affecting the Partners in relation to the services and the Pooled Fund;
- ensuring that full and proper records for accounting purposes are kept in respect of the Pooled Fund;
- ensuring action is taken to manage any projected under or overspends related to the Pooled Fund in accordance with this Agreement;
- preparing and submitting to the Partnership Board-quarterly reports and an annual return covering the financial position of the Pooled Fund and the performance metrics relating to the schemes, together with such other information as may be required by the Partnership Board to monitor the effectiveness of the Pooled Fund.
- the Partners agree to provide all necessary information to the Pooled Fund Manager in time for the reporting requirements to be met.
- preparing and submitting reports to the HWB as may be required by it and any relevant National Guidance, including the quarterly reports referred to in section 10 of this schedule;
- any other duties and responsibilities agreed by the Partnership Board.

(3) Audit Arrangements

What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedures. The Host Partner shall be responsible for preparing the annual return for the Better Care Fund as determined by National Guidance. If National Guidance requires this return to be subject to external audit, the Host Partner shall arrange this.

	The Partners shall comply with relevant NHS finance and accounting obligations as required by relevant Law and/or National Guidance.
(4) Financial Management	
Which financial systems will be used?	The financial management systems of the lead commissioner organisation will be used.
What monitoring arrangements are in place?	Monitoring arrangements for the overall BCF programme shall be followed as set out by the Planning and Commissioning Forum. Monitoring of individual schemes shall be at the request of the board.
Who will produce monitoring reports?	The lead commissioner will produce reports as required. The Support & Integration Manager (BCF lead) will prepare reports on behalf of the board for submission to any external monitoring process.
What is the frequency of monitoring reports?	TBA
What are the rules for managing overspends?	N/A
Do budget managers have delegated powers to overspend?	See part 16 of this schedule.
Who is responsible for means testing?	N/A
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What re the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	N/A

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	The VAT regime of the relevant Lead Commissioner will apply.
Is one Partner acting as 'agent' for another?	NA
Have Partners confirmed the format of documentation, reporting and accounting to be used?	NA

10 GOVERNANCE ARRANGEMENTS

Relevant reporting shall be prepared and coordinated by the commissioning leads as appropriate, in line with the reporting requirements set out by the Planning and Commissioning Forum, Bradford Health and Wellbeing Board and the requirements Better Care Fund Reporting requirements set out in the BCF Policy Framework.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	NA	NA	NA
Assets and equipment	NA	NA	NA
Contracts	NA	NA	NA
Central support services	NA	NA	NA

WY ICB Contribution	Details	Charging arrangements	Comments
Premises	NA	NA	NA
Assets and equipment	NA	NA	NA
Contracts	NA	NA	NA

Central support services	NA	NA	NA

12 STAFF

The Support & Integration Manager (BCF Lead) will be made available to provide support to both parties, with respect of preparation and coordination and submission of any planning and reporting requirements set out nationally in relation to the Better Care Fund.

The Council and the ICB will make available respective service leads and finance leads in order to appropriately undertake these tasks.

Where joint commissioning is taking place under a lead commissioner arrangement, the other party will make available appropriate staffing resources to effectively commission services.

13 ASSURANCE AND MONITORING

The arrangements covered by this schedule shall be monitored and assured by the Lead Commissioner, in accordance with the individual monitoring requirements of each area of commissioning activity. Monitoring and assurance will take the form of quantitative and qualitative assessment, provider reporting, formal contract meetings, and proactive and reactive activity.

Commissioners will ensure that service outcomes are in line with the broader strategic outcomes of The Better Care Fund Plan, and that monitoring, and assurance activity demonstrates the extent to which the outcomes are being achieved.

Reporting of performance and the achievement of outcomes will be to the Planning and Commissioning Forum, in a form and frequency determined by the Planning and Commissioning Forum.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council	Jane Wood	Assistant Director of People Commissioning & Business support	Britannia House	01274 437312	Jane.wood@bradford.gov.uk
WY ICB	Helen Farmer	Director of System Transformation	Scorex House	07932 946494	Helen.Farmer@bradford.nhs.uk

15 INTERNAL APPROVALS

In accordance with the Planning and Commissioning Forum Terms of Reference and the constitutions and Schemes of Delegation of the Council and the ICB.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

The risk of financial underspend and overspend shall be borne by the Host Partner for each relevant Individual Scheme within this Service. The exception being where BCF is making a contribution to a service which an Individual Scheme within this Agreement. In this circumstance the primary schedule for that service will apply, e.g. BACES.

17 REGULATORY REQUIREMENTS

Commissioner to ensure regulatory and registration requirements are met for individual service.

18 INFORMATION SHARING AND COMMUNICATION

The Council and the ICB will shall share and supply information in respect of the services as each party may reasonably require.
19 DURATION AND EXIT STRATEGY
General provisions for the termination of the Agreement are set out in section 22 of the Agreement. Those termination provisions will also apply to Individual Schemes within this BCF Service where both Partners agree to such a partial termination. However, where either Partner does not agree to the partial termination then the Individual Scheme will either need to be terminated in its entirety or continued in its entirety.
20 OTHER PROVISIONS
NA

SCHEDULE 1.4 ADMINISTERING CONTINUING HEALTHCARE CONTRACTS (PERSONALISED COMMISSIONING DEPARTMENT)

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The Financial Support Service (referred to as FSS) is a team within Bradford Council (referred to hereafter as the Council) that provide the core administrative functions for a range of services across adult social care including Home Support, Residential and Nursing Care etc. The Council and NHS West Yorkshire Integrated Care Board, (referred to hereafter as the ICB) will use this agreement to enable the Council to carry out the administration functions and payment on behalf of both parties for Continuing Healthcare & Funded Nursing Care services (adults). This arrangement shall be the mechanism through which the functions/services are to be fulfilled. This agreement is in place to implement the administrative duties and not the operational service. The Council will act as the lead commissioner of this arrangement with the FSS delivering the functions.

2 AIMS AND OUTCOMES

To establish a partnership framework which enables all parties to meet their respective statutory obligations to improve the health and well-being of residents in the Bradford area.

The parties wish to use this Agreement to enable the Council to act as Host on behalf of the ICB and for the Council to carry out the administration and payment of Continuing Healthcare & Funded Nursing Care funded services for adults.

It is the Partners intention that the Partnership arrangements shall be the mechanism through which the functions/services are to be fulfilled.

To work and co-operate together in a spirit of openness and mutual good faith, to resolve any difficulties concerning this Service, quickly and honestly to avoid any such issues having a negative impact.

3 THE ARRANGEMENTS

The Partners have identified the administration of adult CHC Contracts by the Financial Support Service (FSS) as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes of the FFS administering the adult CHC contracts which shall be delivered in accordance with the Scheme Specification.

For the purpose of the FSS administering CHC Contracts, the ICB has agreed to delegate the exercise of its CHC administrative functions relating to adult CHC contracts to the Council alongside the Council's Health Related Functions and act as lead commissioner in respect of this Service.

The Council shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Service.

The Partners wish to use this Agreement to enable CBMDC to act as Host on behalf of the ICB and for the Council to carry out the administration and payment of CHC & FNC funded services for adults.

The ICB shall contribute to the Council the costs of its administrative support in respect of the Council providing the Service.

4 FUNCTIONS

The Council is a prescribed local authority within the meaning of S.75 of the NHSA 2006, a local services authority for the purposes of S.256 of the Act and is an adult social care authority discharging the social service function of supporting vulnerable adults.

The NHS related functions which the ICB delegates to CBMDC to enable CBMDC to act as lead administrator of services for NHS funded care set out in clause 5.

The table below sets out the agreed functions carried out by each organisation.

SERVICE AREA	RESPONSIBILITIES AS AT SEPTEMBER 2024 FOR CHC FUNDED INDIVIDUALS	
	CHC RELATED TASKS COMPLETED BY THE WY ICB	**TASKS COMPLETED BY CBMDC ON BEHALF OF THE WY ICB**
Residential and Nursing - i.e CHC/FNC placements	Add service line in SystmOne (Adult social care case management system) (Contract Request - replacing CHC1 Form) Approve the service line Workflow to the relevant the Financial Support Services (adults) Contracts Team	Add provided service to ContrOCC (financial system which is linked to SystmOne that enables payment to provider) Send Contract Add attribute Monitoring provider approvals in the provider portal that has replaced the use of Payment Claim Forms. Initiate payment process First point of contact for provider payment queries
Funded Nursing Care (FNC)	Agree FNC Eligibility Send FNC approval letter to the service user and provider confirming FNC eligibility and effective date.	Add service line (joint LA/FNC cases only) Approve service line (joint LA/FNC cases only) Add provided service to ContrOCC Send Contract (only where there is an LA funded contract in place) Add attribute Monitoring provider approvals in the provider portal that has replaced the use of Payment claim forms Initiate payment process
Home Support	Authorise ICB lines for payment. Add service line Approve Add provided service Send Contract Add attribute Send PCFs Enter variations. Over payment to ICB providers who want to make an arrangement to pay.	Finalise payment process. First point of contact for provider payment queries. Deal with over payments to providers, liaising with corporate resources to ensure refunds are paid in full and allocated to WY ICB cost codes. Add service levels and pricing agreements
Supported Living	Add service line Approve the service line Workflow to the Support Options Team Authorise ICB lines for payments. Send PCF's Enter variations. Over payment to ICB providers who want to make an arrangement to pay.	Add provided service to ContrOCC. Add attribute. Send PCFs and input variations to the "planned" service recorded on PCF's returned by the provider to Financial Support Service (Adults) Finalise Payment process. Amendments to service lines are processed by the Support Options Team. First point of contact for provider payment queries Deal with over payments to providers, liaising with corporate resources to ensure refunds are paid in full and allocated to WY ICB cost codes.

Support at Care Home and/or Nursing Home (1:1 Support)	Authorise ICB lines for payment. Add service line Approve Add provided service Send Contract Add attribute Send PCFs Enter variations	Finalise payment process. Deal with over payments to providers, liaising with corporate resources to ensure refunds are paid in full and allocated to WY ICB cost codes.
Variations	Enter manual variations to services delivered based on returned PCFs for all service areas including Supported Living Services	Enter manual variations to services delivered based on returned PCFs for Supported Living services
Direct Payments (DP)	Add service line Approve Service line and push through to ContrOCC Audit Full Fund cases Send out contracts for fully funded Send out variation letters for fully funded Send out contract for WY ICB part of joint funded Send out variation letters for WY ICB part of joint funded	Add provided service Set up PFS (prepaid financial service card) Add attribute Release Payment Audit Joint Funded cases Set date for first audit Reclaim funds for joint funded DP's by apportioning percentage of funds due to LA/WY ICB at audit. Reclaim funds for fully funded DP's Amend/end service lines for part and joint funded Send copies of joint funded audits to WY ICB Check weekly payment runs to make sure payments and any adjustments for joint and fully funded DP's are correct Ensure expired cards are renewed First point of contact for provider payment queries Uplift DP's, checking adjustments on payment run. Send uplift notifications to service users
New Provider Requests and Rate Changes	Request sent to the Commissioning Team	Contact Provider for banking details, company structure and contacts. Set Up provider in ContrOCC. Request Vendor Number from Procure 2 Pay (P2P) (Council system that enables invoices to be paid) Set Up or amend Service Levels and initial pricing Agreements. System Tests before go live. Set up Contacts and give Provider Portal Access Set up additional pricing agreements as required (across contract types)
Recharging	Analysis of recharging data and approval	Four weekly recharging of WY ICB expenditure incurred by the Local Authority for all CHC & FNC funded services. Submit recharge data to WY ICB for approval. Respond to recharge queries Raise invoices for approved recharges. Submit invoices to TAD Payables for payment. Analysis of payment received (28 day cycle). FOI (freedom of information) requests, Ad Hoc reports, Attributes Report

Annual Provider Rate Uplifts	Provide BMDC with agreed percentage annual uplifts for WY ICB funded services to be applied in the new financial year. Provide BMDC with signed letters for each contract type to be sent to WY ICB funded providers informing them of the agreed uplift.	Apply uplift formulas to all WY ICB funded service lines based on the approved rates for the new financial year. Uplift all negotiated/joint rates on a one by one basis as agreed Send uplift letters out to WY ICB funded providers. First point of contact for provider uplift payment queries
Day Care & Daytime Activity Provider List	Add service line Approve Add provided service Send Contract Add attribute Send PCFs Enter variations Authorise ICB lines payments. Over payment to ICB providers who want to make arrangement to pay.	Finalise payment process. First point of contact for provider payment queries. Deal with over payments to providers, liaising with corporate resources to ensure refunds are paid in full and allocated to WY ICB cost codes.
Controcc Support		Help to resolve any system errors e.g. pricing agreement errors Unsuspending and re-suspending service lines for those services on embargo etc. Test and Set up ICB Service Groups, Levels, Pricing Agreements for new Contract Types / Tenders as required Provide support to CHC Providers if struggling with access to the Provider Portal (password resets etc.)

5 SERVICES

The Services are aimed at adult service users assessed as needing nursing care and continuing healthcare.
The Council will provide staff to manage services and budgets and will handle administration and payments on behalf of the ICB in relation to service users for whom the ICB have a financial responsibility receiving continuing healthcare funded services linked to the services described in Section 75 Schedule 1.28.

The ICB shall inform the Council via an approved electronic workflow request once a service user has been assessed as qualifying for CHC or FNC funding.

The Council shall issue contracts to service providers under the terms of the ICB's request, which will be based on the information recorded by the ICB in the notes section of the service line approved electronic workflow request.

The Council will make payments to the Service Providers on behalf of the ICB in accordance with terms of the individual contracts for each service user, normally at the end of each two-week period.

The Council will provide details of invoices in respect of the total amounts paid out each four-week period within 14 days of the end of such period. The ICB shall then pay these invoices to the Council within 28 days of receipt.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

N/A

Contracting Arrangements

These Services are aimed at service users assessed as needing nursing care and continuing health care.

The Council will provide staff to manage services and budgets and will handle administration and payments on behalf of the ICB in relation to any service users for whom the WY ICB have a financial responsibility.

The ICB shall inform the Council via an approved electronic workflow request once a service user has been assessed as qualifying for CHC or FNC funding.

If any dispute arises between the parties in relation to the Agreement, the first course of action should be for the matter to be discussed between the party's senior managers.

If the matter cannot be resolved, then the dispute will be referred to the Planning & Commissioning Forum.

If this fails to resolve the matter, then it should be referred to the Chief Executives and legal teams of the respective organisations in order for them to attempt to resolve the dispute.

In the event this fails then the matter will be referred to mediation.

Access

The Council shall:

a) These Services are aimed at adult service users assessed as needing nursing care and continuing healthcare.

b) ensure that the Services comply with national requirements including Inspections and audits required by national organisations such as the Care Quality Commission.

c) Where information cannot be sourced in ContrOCC or recharging information by the ICB to assist their internal monitoring and reporting on expenditure and income of activities in relation to any agreed budgets, the Council will assist by providing reporting information.

d) As part of the 4 weekly recharging process, monitor and report on reasons for any significant variation on spend.

Both Partners shall provide appropriate access and information to any external body empowered by statute to inspect, audit or monitor the parties discharge of their duties and services under this Agreement.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2022/2023	**WY ICB contribution**	**Council Contribution**
Non-Pooled Fund A - Cost of administrative support in respect of providing the services	£206,000	
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial Year 2023/2024	WY ICB contribution	Council Contribution
Non-Pooled Fund A - Cost of administrative support in respect of providing the services	£206,000	
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial Year 2024/2025	WY ICB contribution	Council Contribution
Non-Pooled Fund A - Cost of administrative support in respect of providing the services	£206,000	
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial resources in subsequent years to be determined.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

The Partners acknowledge that they **are not** entering into a 'pooled fund' arrangement pursuant to Section 75 (2) of the Act and Regulations 7 of the Regulations.

The ICB shall inform the Council via a 'contract request' once a service user has been assessed as qualifying for CHC or FNC funding.

The Council shall issue contracts to Service Providers under the terms of the ICB request. The Service Providers will provide confirmation of service delivery and variations to the planned level of service using an agreed method set out in the provider contracts, which will act as the invoice to the Council for the cost of provision of the services; the Council will make payments on the ICB's behalf and then recharge the ICB for their contribution. The contribution shall be paid within 30 Days.

Both Partners are required to comply with principals of value for money and best use of resources. Each Partner will therefore co-operate with all reasonable request from the other Partner in order to fulfil their respective obligations in this respect.

Both Partners, including their auditors, shall have the right to access all relevant accounting records relating to these Services.

The ICB will be responsible for the payment of all invoices received from the Council in accordance with the terms of the services contract.

The Council will pay the providers on behalf of the ICB. The Council will then recharge the ICB for administration of the system and the process at the agreed sum of £206,000 per annum

The Council will invoice the ICB annually. The invoice shall be payable within 30 days.

The partners will meet annually to discuss any appropriate uplifts and evaluate the activity being delivered in relation to this schedule. Both parties reserve the right to formally raise any concerns regarding increases in demand or issues related to the delivery of services within the scope of the agreed contributions. Such concerns shall be initially addressed through the PCF Finance Forum, with escalation to the Planning and Commissioning Forum if further negotiation is required. Both parties agree to engage in good-faith negotiations to reach a mutually acceptable resolution on any adjustments or accommodations that may be necessary.

The PCF Finance Forum will be used to facilitate the outcomes of any review and determine any changes required to this agreement.

(2) Management of the Pooled Fund

The Partners accept that this service is not a pooled fund.

(3) Audit Arrangements

What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedure.

(4) Financial Management

Which financial systems will be used?	*Standard lead commissioner systems*
What monitoring arrangements are in place?	*As above*
Who will produce monitoring reports?	*As above*
What is the frequency of monitoring reports?	*As above*
What are the rules for managing overspends?	*As above*
Do budget managers have delegated powers to overspend?	*As above*
Who is responsible for means testing?	*As above*
Who will own capital assets?	*As above*
How will capital investments be financed?	*As above*
What management costs can legitimately be charged to pool?	*As above*
What re the arrangement for overheads?	*As above*
What closure of accounts arrangement need to be applied?	*As above*

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	The VAT regime of the Lead Commissioning Organisation will be applied to each scheme that it is the Lead Commissioner for.
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Planning & Commissioning Forum as described in this agreement (clause 19.2) has responsibility for monitoring this scheme as set out in Schedule 2.

Reports will be provided to any committee within the Partners' governance structures as required.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	5th Floor Britannia House	As per Clause 7	
Assets and equipment	Desks, Chairs, IT Equipment, Printer,	As per Clause 7	

	Scanner, Shredder, Paper, Telephony		
Contracts	Printer/Scanner Confidential Waste OCC – ContrOCC TPP – SystmONE Utility Supplies	As per Clause 7	
Central support services	IT Support for LA and WY ICB Cleaning Services (office) Confidential Waste Birklands – Mail In & Out	As per Clause 7	

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

Staff responsible for the duties set out in this agreement will be employed by the Council and as such will be subject to the full terms and conditions of Council employees.

13 ASSURANCE AND MONITORING

The Lead officers will review the operation of this schedule in line with the commissioning arrangements set out in Section 5 of this Schedule

The Planning and Commissioning Forum is the primary group responsible for the assurance and monitoring of this schedule. Where required updates will be delivered to the to the Healthy Minds priority board which will provide further assurance and monitoring of the schedule.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council lead commissioner	Chris Cobb	Service Manager Financial Support Services (Adults)	5th Floor Britannia House Bradford BD1 1HX	01274 431716	chris.cobb@bradford.gov.uk
WY ICB lead commissioner	Vickie Milner	Head of All Age Continuing Care	Scorex House 1 Commercial St, Bradford BD1 4AS	07866059144	Victoria.Milner@bradford.nhs.uk

Council Senior Lead	Jane Wood	Assistant Director - People Commissioning & Business support	5th Floor Britannia House Bradford BD1 1HX	01274 437312	Jane.wood@bradord.gov.uk
ICB Senior Lead	Grainne Eloi	Deputy Director of Nursing and Quality	Scorex House 1 Commercial St, Bradford BD1 4AS	07912796843	Grainne.eloi@bradford.nhs.uk
ICB	Walter O'Neill	Assistant Director for West Yorkshire Community Contracts	Scorex House, 1 Commercial Street, Bradford, BD1 4AS	07432721557	Walter.oneill@nhs.net

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning & Commissioning Forum

16 RISK AND BENEFIT SHARE ARRANGEMENTS

Not applicable

17 REGULATORY REQUIREMENTS

Not applicable

18 INFORMATION SHARING AND COMMUNICATION

Where the required information cannot be obtained through system interrogation, the Council and the ICB will shall share and supply such information in respect of the service as each Partner may reasonably require to give effect both to the terms of this Service.

19 DURATION AND EXIT STRATEGY

This Service is effective from the date included herein.

Either Partner may terminate this Service by giving 12 months' notice in writing.

A Strategic review shall take place on dates to be agreed to review objectives and performance.

In the event the Partners agree to terminate, then an exit strategy shall also be agreed within the agreed lead in time.

20 OTHER PROVISIONS

None

SCHEDULE 1.6 ADULT CARERS SERVICES

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The Carers' Service is a jointly commissioned NHS and local authority service for people (18 years+) living or caring for someone in Bradford District and Craven and/or registered with a GP practice within the ICB geographical footprint, providing a comprehensive range of services for local unpaid adult carers.
This was recommissioned on 6th April 2023 for a period of 5 years following extensive engagement with unpaid carers throughout the district.
Lot 1: Adult Carers Service
Lot 3: Carers Navigator Service

North Yorkshire County Council ("NYCC") also have access to the service for unpaid adult carers living in the Craven area.

2 AIMS AND OUTCOMES

The aim of the Adult Carers' Service is to promote, support and improve the mental, physical, emotional and economic well-being of carers, so they can continue in their caring role, look after their own health and wellbeing and have a life of their own including opportunities for work, training, education, leisure and social interaction.

Outcomes include, but are not limited to:

- Carers identify themselves as carers at an early stage
- Carers report having a good quality of life
- Carers report having the amount of social contact that they would like
- Carers are able to access support including support for their own personal and healthcare needs
- Carers report finding it easy to find information about support Carers are well informed about benefits and financial choices
- Carers report that they have been included or consulted in discussions about the person they care for
- Carers are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation

3 THE ARRANGEMENTS

This is a Lead Commissioning arrangement with the Council as the lead commissioner.

The Partners have identified the Carers service as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Scheme Specification.

For the purpose of this Service, the ICB has agreed to delegate the exercise of its NHS Functions of providing support to carers to the Council to exercise alongside the Council's Health Related Functions and act as lead commissioner in respect of this Service.

An MoU is in place that confirms CBMDC will lead, manage and contract manage the contract, with assurance provided by N. Yorks Council.

The Council shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Service.

4 FUNCTIONS

The Council is the lead commissioner on behalf of the ICB and North Yorkshire County Council and will be responsible for enforcing and monitoring the Contract.

5 SERVICES

A contract has been awarded for a period of five years commencing April 2023 with an option to extend by two years.

Adult Carers

The provider shall provide a locality-based Adult Carers' Service which will ensure that the service is proportionately accessible to people in all demographic groups across Bradford District and Craven including people from BAME communities. The service will work with other organisations including organisations in primary care, secondary care and the voluntary sector to identify, reach and support carers.

The range of services will include: (see Service Specification for full range and scope of services)

- Ensure the Service is carer led with carers leading decision making and regularly engaging with carers
- Consult and work with other well-established forums and provide a platform by which carers' voices will be listened to by local decision makers
- Encourage carer participation in the development and improvement of local services
- Undertake ongoing publicity, promotion and awareness raising activities across the geographical boundaries including planning the delivery of the Annual Carer Rights Day and Carers Week
- To support carers to have control over their lives, including support relating to employment
- To identify concerns over finance and ensure that appropriate advice is accessible
- To provide advice and support to the person in their caring role
- Promote and deliver services in line with legislation, guidance, best practice and research relating to carers as well as responding to local carers needs over the lifetime of the contract; the service needs to continually demonstrate innovative ways of designing, promoting, delivering and monitoring services and include carers in decision making from the outset.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

Lead Commissioning; contract issued and managed by the Council

Contracting Arrangements

Management of this contract will be undertaken by the Council in the following manner:

- Performance Monitoring
- Quality Monitoring
- Risk based validation
- Contract management and/or review meetings will be held as required

The Service Provider is required to report on Quality and Performance Indicators at the required intervals to the appointed officer in the Adult & Community Service's Commissioning Team.

North Yorkshire Council will review the monitoring data shared by Bradford Council and participate in regular contract monitoring meetings.

Access

The Service Provider shall provide:

- A locality-based Adult Carers' Service which will ensure that the Service is proportionately accessible to people (18+) in all demographic groups across Bradford District and Craven including people from BAME communities. The Service will work with other organisations including organisations in primary care, secondary care and the voluntary sector to identify, reach and support carers

7 FINANCIAL CONTRIBUTIONS

Financial Year 2023/2024	WY ICB contribution	Council Contribution
Non-Pooled Fund A	£959,500 (BCF)	£71,315 (Adult Social Care contribution) £517,000 (Public Health Grant)

Non-Pooled Fund B		£31,171 NYC (Craven)
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial Year 2024/2025	WY ICB contribution	Council Contribution
Non-Pooled Fund A	£955,441 (BCF)	
Non-Pooled Fund B		£517,000 (Public Health Grant)
Non-Pooled Fund C		£33, 300 NYC (Craven)
Pooled Fund X		
Pooled Fund Y		

Financial Year 2025/2026	WY ICB contribution	Council Contribution
Non-Pooled Fund A	£955,441 (BCF)	
Non-Pooled Fund B		£517,000 (Public Health Grant)
Non-Pooled Fund C		£35, 603 NYC (Craven)
Pooled Fund X		
Pooled Fund Y		

Financial resources in subsequent years to be determined in accordance with the agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution have been agreed (see table above)

Bradford Council will invoice North Yorkshire Council for their contribution.

(2) Management of the Pooled Fund

Arrangements are set out in the standard conditions of contract - Financial monitoring of payment claims will be undertaken through the submission of additional information to be provided with invoice submission. A template will be provided by the Council detailing the additional information to be submitted with the invoices.

The Council will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract.

The Council will invoice the ICB through the BCF quarterly for its share of the costs of the services and such invoices shall be payable within 30 days.

Public Health provide funding via their contribution to Adult Social Care.

Bradford Council will invoice North Yorkshire Council for their contribution.

Where the Local Authority is the lead commissioner, the Finance Forum will propose the uplift arrangements on an annual basis to the Finance and Performance Committee. The Finance and Performance Committee will be responsible for the negotiation and approval of uplifts.

(3) Audit Arrangements	
What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedure.

(4) Financial Management	
Which financial systems will be used?	*Standard lead commissioner systems*
What monitoring arrangements are in place?	*tbc*
Who will produce monitoring reports?	*Provider*
What is the frequency of monitoring reports?	*tbc*
What are the rules for managing overspends?	*Any overspends are at the providers risk*
Do budget managers have delegated powers to overspend?	*No*
Who is responsible for means testing?	*N/A*
Who will own capital assets?	*N/A*
How will capital investments be financed?	*N/A*
What management costs can legitimately be charged to pool?	*N/A*
What are the arrangement for overheads?	*N/A*
What closure of accounts arrangement need to be applied?	*Standard lead commissioner arrangements*

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	*lead commissioners regime*
Is one Partner acting as 'agent' for another?	yes
Have Partners confirmed the format of documentation, reporting and accounting to be used?	yes

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to the ICB, Council and System Governance bodies.
Reports will be provided to the relevant board or committee, as scheduled or by exception.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

WY ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		

Contracts	N/A		
Central support services	N/A		

12 STAFF

The Service Provider organisation must provide leadership for, and take ownership of, the implementation of the Service. This includes providing adequate senior oversight, management and governance of the Service

13 ASSURANCE AND MONITORING

Assurance of this contract will be managed by the Council in the following manner:

- Performance Monitoring
- Quality Monitoring
- Risk based validation
- Contract management and/or review meetings will be held as required

The Service Provider is required to report on Quality and Performance Indicators at the required intervals to the appointed officer in the Adult & Community Service's Commissioning Team.

A report will be shared annually for assurance to the Planning and Commissioning Forum who are responsible for overseeing this schedule.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Lead commissioner	Julie Robinson-Joyce	Joint Commissioning Manager	Britannia House	07582 102671	julie.robinson-joyce@bradford.gov.uk
Council	Jane Wood	Assistant Director People Commissioning and Business support	Britannia House	01274 437312	Jane.wood@bradford.gov.uk
WY ICB	Sasha Bhat	Priority Director - Healthy Minds	Scorex House	07956 323180	Sasha.Bhat@bradford.nhs.uk
N. Yorks Council	Sally Anderson	Strategic Service Development Manager - Prevention Health and Adult Services		01609 532438	Sally.Anderson@northyorks.gov.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning and Commissioning Forum.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

N/A

17 REGULATORY REQUIREMENTS

Outcomes required are:

- Carers report having a good quality of life

- Carers report having the amount of social contact that they would like
- Carers are able to access support including support for their own personal and healthcare needs
- Carers report finding it easy to find information about support
- Carers report that they have been included or consulted in discussions about the person they care for
- Carers are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation

18 INFORMATION SHARING AND COMMUNICATION

The Council and the ICB will shall share and supply such information in respect of the service as each Partner may reasonably require giving effect to the terms of this Agreement

19 DURATION AND EXIT STRATEGY

This is a 5-year contract commencing on 6th April 2023 with the option to extend the contract by 2 years.
The duration of this agreement is in line with the duration of the Provider contract for the commissioned service subject to Clause 22 of this agreement.
The parties may terminate this agreement by giving a minimum of 6 months' notice in writing.
Providers are subject to the standard terms described in the provider contract.

20 OTHER PROVISIONS

N/A

SCHEDULE 1.7 DAYTIME ACTIVITIES PROVIDER LIST

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The DAYTIME ACTIVITIES PROVIDER LIST (DAPL) is a list of contracted providers, put in place via a pseudo dynamic purchasing system (PDPS), to offer daytime activities for people with eligible Social Care needs across all client groups and communities of interest, including those people eligible for NHS Continuing Health Care (CHC) funding.

The PDPS has been put in place to ensure:

- Better access for people we support to the district's range of social and leisure activities
- An improved offer, whereby the people we support have access to a pool of local daytime activity support providers
- More people we support having jobs through increasing the range of options for support through the daytime activities tender.
- A consistent, simplified payment structure for all commissioned daytime activity providers: by standardising payment for daytime activities.
- Improved quality across commissioned daytime activities providers: by introducing a quality framework and providing training for providers.

2 AIMS AND OUTCOMES

Providers are required to deliver on the following Adult Social Care Outcomes:
Domain 1: Enhancing quality of life for people with care and support needs
Domain 2: Delaying and reducing the need for care and support
Domain 3: Ensuring that people have a positive experience of care and support
Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm

In addition, Providers will deliver a continuous process of learning which allows them to keep adapting to the changing strengths and needs of each person they support. The focus will be on:

- Co-designing
- Experimentation, reflection and redesign
- Putting learning at the heart of governance
- Embedding and influencing
- Collaboration and partnership working
- Accountability in what they deliver including client profile data

As well as delivering the full detail of the Quality Assurance process as outlined in the tender documents.

3 THE ARRANGEMENTS

The Council will be the Lead commissioner of this arrangement.
The mechanism for the purchase of services for CHC funded individuals is the same process as set out in Schedule 1a.

The Partners have identified the Daytime Activities Provider List as being one to be delivered under Section 75 of the 2006 Act.

For the purpose of this scheme, the ICB has agreed to delegate the exercise of its NHS Functions to the Council to exercise alongside the Council's Health Related Functions and act as lead commissioner in respect of this scheme.

The Council shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Service.

4 FUNCTIONS

The Council will undertake:

- Market development
- Delivery of the commissioning process
- The day to day running of the PDPS
- To provide funding for Care Act placements
- Contract management of Providers
- manage payments to Providers using the Controcc system

The ICB will:

- Delegate lead responsibility to the Council
- Provide funding for CHC funded placements for daytime activities

5 SERVICES

These will be delivered in line with specification to offer:

- Support for people to get paid jobs, increase the number of hours they are working and/or keep jobs
- Support for people to access volunteering opportunities
- Access to group based activities that include provision in community centres and smaller buildings. This is likely to include support for people with personal care needs.
- Short term support at activities that help people to build skills and confidence
- Groups that go out and about to enjoy hobbies and interests

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The lead Commissioner has undertaken the following:

- Engagement with people using day services and those who may use them
- Stakeholder engagement
- Data analysis
- Market engagement
- Procurement process

Contracting Arrangements

Providers will be required to deliver in line with the terms and conditions of the Daytime Activities Provider list.

Access

Daytime activities will be available for people:

- Who are resident in Bradford district
- Over 18
- 16 or 17 years' old who in transition from Children's Services and are referred by the Preparing for Adulthood team
- Who have been assessed as meeting the national eligibility criteria as defined in the Care Act, 2014

The referral process will be via social workers or Personalised Commissioning Dept./CHC case workers.

7 FINANCIAL CONTRIBUTIONS

The table below outlines the cost of support packages. The Council will pay these rates directly to the provider in accordance with the number of hours commissioned. Schedule 1A details the administration duties carried out by the Council on Behalf of the ICB to commission support packages.

The pricing schedule for Daytime Activity individual placements is as outlined below:

	Standard	Enhanced	Individual Support
Hours	For people who can be supported in a group environment where staffing is a 1:4 ratio	For people who need some 1:1 support during the day	For people who need 1:1 support throughout the day
3	£25.21	£41.09	£60.84
4	£33.61	£54.78	£81.11
5	42.01	68.48	104.71
6	50.41	82.18	121.67
7	£58.81	£95.87	121.67 [max]
8	£67.22	£109.57	121.67 [max]

If the ICB Personalised Commissioning Department wish to use Providers who have not signed up the Daytime Activities Provider List, it will be ICB's responsibility to agree the price.

The ICB will pay the above rates for support packages relating to Schedule 1A. These rates will be paid to the providers by the Council on behalf of the ICB. The Council will then recharge the ICB for any costs linked to the commissioned support packages.

Financial resources in subsequent years to be determined in accordance with the Agreement

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

N/A

(2) Management of the Pooled Fund

The Service Providers will provide confirmation of service delivery and variations to the planned level of service using an agreed method set out in the provider contracts, which will act as the invoice to the Council for the cost of provision of the services; the Council will make payments on the ICB's behalf and then recharge the ICB for their contribution. The contribution shall be paid within 28 Days.
Both partners are required to comply with principals of value for money and best use of resources. Each Partner will therefore co-operate with all reasonable request from the other parties in order to fulfil their respective obligations in this respect.
Both Partners, including their auditors, shall have the right to access all relevant accounting records relating to the Services.

The Council will be responsible for the payment of all invoices received from the service providers in accordance with the terms of the services contract. The ICB will contribute to the costs of the Service by funding the costs of all services delivered by the service providers the responsibility for the provision of which is a ICB responsibility

The Council will invoice the ICB 4 weekly for its share of the costs of the services and such invoices shall be payable within 28 days.
The ICB will pay the rates detailed In the Daytime Activities Provider List schedule for support packages relating to this schedule. The Council will pay the providers on behalf of the ICB. The Council will then recharge the ICB for any costs linked to the commissioned support packages.

Where the Local Authority is the lead commissioner, the Finance Forum will propose the uplift arrangements on an annual basis to the Finance and Performance Committee. The Finance and Performance Committee will be responsible for the negotiation and approval of uplifts.	
(3) Audit Arrangements	
What Audit arrangements are needed?	N/A
(4) Financial Management	
Which financial systems will be used?	The mechanism for the purchase of services for CHC funded individuals is the same process as set out in Schedule 1a.
What monitoring arrangements are in place?	
Who will produce monitoring reports?	Council
What is the frequency of monitoring reports?	The mechanism for the purchase of services for CHC funded individuals is the same process as set out in Schedule 1a.
What are the rules for managing overspends?	N/A
Do budget managers have delegated powers to overspend?	
Who is responsible for means testing?	
Who will own capital assets?	
How will capital investments be financed?	
What management costs can legitimately be charged to pool?	
What re the arrangement for overheads?	
What closure of accounts arrangement need to be applied?	

9 VAT	
The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.	
Which Partners VAT regime will apply?	Council
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Planning & Commissioning Forum as described in this agreement (clause 19.2) has responsibility for monitoring this scheme as set out in Schedule 2.

Reports will be provided to any committee within the partners' governance structures as required.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A	N/A	
Assets and equipment			
Contracts			
Central support services			

WY ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A	N/A	
Assets and equipment			

Contracts				
Central support services				

12 STAFF

Staff delivering this service will be employed by the organisation registered on the DAPL.
Staff responsible for the commissioning duties will be employed by the council and as such will be subject to the full terms and conditions of Council employees

13 ASSURANCE AND MONITORING

Quality Assurance is in line with the contract requirements covering:

- Vision and Values
- Policies and Procedures
- Staff Recruitment, Induction, and Training
- Safety (including safeguarding)
- My plan
- Case Studies and Outcomes

Monitoring is in line with the contract covering:

- Safeguarding
- Staffing
- Partnership Working
- Client Profile data

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Tel. Number	Email Address	
Council lead commissioner	Julie Robinson-Joyce	Joint Commissioning Manager	Britannia House (5th floor) Broadway Bradford BD1 1HX	07582 102671	julie.robinson-joyce@bradford.gov.uk	
WY ICB lead commissioner	Jessica Parker	Associate Director of Healthy communities	Scorex House 1 Commercial St. Bradford	07974124044	Jessica.parker@bradford.nhs.uk	
Council senior lead	Jane Wood	Assistant Director	Britannia House (5th floor) Broadway Bradford BD1 1HX	07970 273682	jane.wood@bradford.gov.uk	

WY ICB senior lead	Sasha Bhat	Deputy director of integration and transformation	Scorex House 1 Commercial St. Bradford	07956323180	Sasha.Bhat@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning & Commissioning Forum

16 RISK AND BENEFIT SHARE ARRANGEMENTS

There are no risks of over/underspend as each party will access the services at the agreed hourly rate. This is a set contract with the providers.

17 REGULATORY REQUIREMENTS

The regulatory requirement detailed in the contract will be followed accordingly.

18 INFORMATION SHARING AND COMMUNICATION

As per information sharing agreements in place between the WY ICB and the Council.

19 DURATION AND EXIT STRATEGY

The Provider list is in place from 12th April 2021 for 10 years.
Termination or exit arrangements of the schedule are detailed in the contract.
Agreement to terminate by an individual party will be referred to the Commissioning and Partnership Forum for formal approval.
The maintenance of Services and responsibility for debts incurred will be the relevant organisation (Council or WY ICB) who has made the placement.

20 OTHER PROVISIONS

None

SCHEDULE 1.8 ADVOCACY SERVICES

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

"Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy providers work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice" [1]

Jointly commissioned Advocacy services cover Independent Statutory and General Advocacy Services

Jointly commissioned Advocacy services cover Self and Group Advocacy for the period: 1st April – 30th September 2024.

2 AIMS AND OUTCOMES

Independent Statutory and Non Statutory Advocacy Services
The key aims of the Services are:

- To improve outcomes for the individual who needs care and support (referred to here as the people supported) and their carers who are eligible for Statutory Advocacy;
- To provide the right information, advice and guidance at the right time and in the right place and format to people supported, their family and carers as their needs change over time;
- To improve awareness and understanding of Statutory Advocacy amongst people supported, carers, professionals and health and wellbeing partners across the public, private and voluntary and community sector.
- Ensure sufficiency of supply of professional Advocates to meet statutory requirements and contribute to developing Advocate capacity and infrastructure.

Self and Group Advocacy, Capacity Building and Volunteering
The key aims of the Services are to:

- Improve outcomes for Service Users and their Carers who are in need of Self and Group Advocacy;
- Improve awareness and understanding of Self and Group Advocacy concepts amongst Service Users, Carers, professionals and health and wellbeing partners across the public, private and voluntary and community sector.
- Ensure sufficiency of supply of Self and Group Advocacy and contribute to developing self-advocate capacity and infrastructure.

3 THE ARRANGEMENTS

This is a Lead commissioning arrangement with the Council as the lead commissioner.

The Partners have identified the Services as being ones to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Scheme Specification.

For the purpose of this Service, the ICB has agreed to delegate the exercise of its NHS Functions relating to providing an advocacy service to the Council to exercise alongside the Council's Health Related Functions and act as lead commissioner in respect of this Service.

The Council shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Service.

4 FUNCTIONS

[1] (http://www.qualityadvocacy.org.uk/wp-content/uploads/2014/03/Code-of-Practice.pdf)

The Council is the lead commissioner on behalf of NHS WY ICB.

5 SERVICES

Statutory and General Advocacy Services

- Independent Mental Capacity Advocacy (IMCA) and Paid Relevant Person Representatives (RPR)
- Independent Mental Health Advocacy (IMHA)
- Care Act Advocacy
- General Advocacy

Self and Group Advocacy, Capacity Building and Volunteering

- Self and Group Advocacy - a system of peer support; giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful
- Capacity building and volunteer develop to further develop self and group advocacy opportunities

Please see the Service Specification for full range and scope of services

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

Lead Commissioning; contract issued and managed by the Council

Contracting Arrangements

Management of this contract will be undertaken by the Council in the following manner:

- Performance Monitoring
- Quality Monitoring
- Risk based validation
- Contract management and/or review meetings will be held as required

The Service Provider is required to report on Quality and Performance Indicators at quarterly intervals to the appointed officer in the Health and Wellbeing Commissioning and Contracts Team. A contract meeting is then subsequently held to discuss performance and service development.

Access

Referrals can be made by health and social care professionals as well as self-referrals for people requiring advocacy as outlined in section 1.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2024/2025	WY ICB contribution	Council Contribution
Non-Pooled Fund A (Statutory & General Advocacy)	£228,067.91	£305,900.71
Non-Pooled Fund B (Mental Health Promotion)	£3,500	£0.00
Non-Pooled Fund C (OOA Contingency)	£5,000	£5,000
Non-Pooled Fund D (Self and Group Advocacy)	£37,353.87 (6 months)	£64,566.64 (6 months)

Total	£268,921.78	£375,467.35

Financial resources in subsequent years to be determined in accordance with the Agreement

8 FINANCIAL GOVERNANCE ARRANGEMENTS	
(1) As in the Agreement with the following changes:	
Levels of contribution have been agreed (see table above)	
(2) Management of the Pooled Fund	
The Council will be responsible for the payment of all invoices received from the service Provider in accordance with the terms of the services contract. The ICB shall make a financial contribution of £269,895 per annum towards the cost of the Service. The Council will invoice the ICB annually for its share of the costs of the Services and such invoices shall be payable within 30 days. Where the Council is the lead commissioner, the Finance Forum will propose the uplift arrangements on an annual basis to the Finance and Performance Committee. The Finance and Performance Committee will be responsible for the negotiation and approval of uplifts.	
(3) Audit Arrangements	
What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Council's financial policies and procedure.
(4) Financial Management	
Which financial systems will be used?	Standard Council systems
What monitoring arrangements are in place?	Monitoring arrangements are set out within the contracts
Who will produce monitoring reports?	Provider
What is the frequency of monitoring reports?	Quarterly
What are the rules for managing overspends?	Any overspends are the responsibility of the funding organisations
Do budget managers have delegated powers to overspend?	No
Who is responsible for means testing?	N/A
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What re the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	Standard Council arrangements
9 VAT	
The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.	
Which Partners VAT regime will apply?	The Council
Is one Partner acting as 'agent' for another?	Yes
Have Partners confirmed the format of documentation, reporting and accounting to be used?	Yes
10 GOVERNANCE ARRANGEMENTS	
The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to WY ICB, LA and System Governance bodies. Reports will be provided to the relevant board or committee, as scheduled or by exception.	
11 NON FINANCIAL RESOURCES	

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

WY ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

Staff will be directly employed by the Service Providers.

13 ASSURANCE AND MONITORING

Management of this contract will be undertaken by CBMDC in the following manner:

- Performance Monitoring
- Quality Monitoring
- Risk based validation
- Contract management and/or review meetings will be held as required

The provider is required to report on Quality and Performance Indicators at the required intervals to the appointed officer in the Health and Wellbeing Commissioning and Contracts Team.

For statutory advocacy outcomes are set against the TLAP I statements with data also collected on awareness raising of the service, client profile data and data on numbers of people supported by a range of indicators including type of advocacy and support needs.

A report will be shared annually for assurance to the Planning and Commissioning Forum who are responsible for overseeing this schedule.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council Lead commissioner	Julie Robinson-Joyce	Joint Commissioning Manager	Britannia House	07582 102671	julie.robinson-joyce@bradford.gov.uk
WY ICB Lead Commissioner	Kris Farnell	Senior Head of Mental Health (Integration and Transformation)	Scorex House	07415 600617	Kristian.Farnell@bradford.nhs.uk

Council Senior Lead	Jane Wood	Assistant Director of People Commissioning and Business support	Britannia House	01274 437312	Jane.wood@bradford.gov.uk
WY ICB Senior Lead	Jessica Parker	Associate Director of Healthy Communities	Scorex House	07974124044	Jessica.Parker@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning and Commissioning Forum.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

There are no risk and benefit arrangements in place. This is a block contract at a set funding level.

17 REGULATORY REQUIREMENTS

Relevant regulatory requirements are detailed in the contract and will be followed accordingly

18 INFORMATION SHARING AND COMMUNICATION

The Council and the ICB will shall share and supply such information in respect of the service as each Partner may reasonably require to give effect to the terms of this Service

19 DURATION AND EXIT STRATEGY

The duration of this Service is in line with the duration of the Service Provider contract for the commissioned service subject to Clause 22 of this Agreement.
Service Provider exit arrangements are set out in the standard terms of the provider contract

Independent Statutory and Non-Statutory Advocacy Services have been commissioned until on 30th September 2024. A new contract for Independent Statutory and General Advocacy Services will be implemented for an initial period of 3 years with an end date of 30th September 2027.

Self and Group Advocacy Services have been commissioned until 30th September 2024.

20 OTHER PROVISIONS

N/A

SCHEDULE 1.11 POSITIVE BEHAVIOUR SUPPORT SERVICE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The Positive Behaviour Support Service (PBS) is commissioned by Children's Services, Special Educational Needs and the ICB) – recognising that all have a role to play in supporting young people to achieve their full potential and to reduce avoidable residential care placements.

Children's Services is the lead partner and will work with the ICB and Education to evidence outcomes from the provider. The service will work with identified young people, their parents / carers and other professionals that deliver support to the young person. The PBS service will identify a suitable individual Behaviour Support plan for each young person.

The PBS service will deliver intensive support to the parents / carers and other professionals to implement the behaviour support model required for that young person, working in the variety of settings that the young person is in to ensure a consistent approach to behaviour management across those settings and the relevant family members / professionals.

2 AIMS AND OUTCOMES

The aims of this agreement are:

- To improve outcomes for children within the Bradford District who have learning disabilities and behaviours that challenge
- To improve the wellbeing of the parents / carers and families of children who have learning disabilities and behaviours that challenge
- To achieve best value in the use of resources to support young people and their families
- To reduce avoidable residential care placements
- It is expected that this service will be funded through a Social Investment model with payment being made for outcomes successfully achieved.

The contract started in 2017 and is for a 10 year duration. The service will deliver the Monitoring & Maintenance Phase until February 2027.

The Social Impact Bond model invest early (first 5 years) but the commitment to deliver monitoring and maintenance services is for an additional 5 year period. The ICB commissioners are responsible for approving outcome evidence to meet the requirements for ICB contribution of funding of this service.

Outcomes

The Outcomes to be delivered by this service are:

- To improve the life experiences of children within the Bradford District who have learning disabilities and behaviours that challenge
- To empower families to be able to look after their children
- To improve the engagement in education of young people
- To ensure the child's voice is heard in the design and delivery on interventions
- To improve the wellbeing and active inclusion within the community of this cohort of Children and Young People, so young people have social contacts.
- To improve the wellbeing of the parents / carers and families of children who have learning disabilities and behaviours that challenge
- To achieve best value in the use of resources to support young people and their families to reduce avoidable residential care placements

Performance Indicators that will be used to measure the achievement of these outcomes will be agreed with the commissioned service provider. It is anticipated that they include an appropriate measure of:

- Parent's assessment of their ability to manage the young person's behaviour

- Attendance at school
- School assessment of behaviour and frequency of challenging incidents
- Young person engaging with activities / having social contacts outside of school
- Young person's assessment of their well-being and progress against identified goals

The Key Performance Indicator for each individual, used to trigger the outcomes payments for the service is:

- Avoidance of full-time residential care (for up to 5 years after starting the intervention, with payments made for every 3 months of full-time residential care avoided)

To be eligible and to be part of the Positive Behaviour Programme (PBS), the individual casefile is presented to the Complex Care Panel (a multi-agency panel) review and a decision is made regarding eligibility for the programme.

3 THE ARRANGEMENTS

This is a Lead Commissioning arrangement with the Council as the lead commissioner.

The Partners have identified this Service as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for the Positive Behaviour Service which shall be delivered in accordance with the Scheme Specification. Bradford Children and Families Trust are the majority funder for this service.

For the purpose of this Service, the ICB has agreed to delegate the exercise of Supporting Children and Young people in the community to access support around SEND to the Council to exercise alongside the Council's Health Related Functions and act as lead commissioner in respect of the Positive Behaviour Service.

The Council shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Service.

The officer of the Council with responsibility is the Assistant Director for Improvement and Partnerships Children's services as this is an Access Contract. Oversight is provided by the CBMDC Childrens Contracts and Quality Team. The service lead is the Service Manager of the *Children's Complex Health or Disabilities Team* (CCHDT) which now falls within the Children & Families Trust. The main contact for the ICB (Bradford district and Craven place) will be Senior Head of Integration and Change for Learning Disabilities and Neurodiversity.

The Partner charged with directing, procuring and monitoring development and delivery of the service on behalf of the commissioners will be the Council.

4 FUNCTIONS

The Council is the lead commissioner on behalf of the ICB and will be responsible for managing and monitoring the Contract.

5 SERVICES

The service will focus on the design of environments that promotes desired behaviours and minimises the development of behaviours that challenge. It will aim to produce a sustained lifestyle change and is delivered across multiple contexts e.g. at home and in school.

The commissioned service will:

Develop and manage the services deliverables to include but not be limited to:

- Recruitment of staff to deliver against this agreement.
- Provision of all HR processes in relation to the above.
- Provide quarterly written reports to the PBS Project Meeting including progress to date, risks and issues identified, areas for decision and any recommendations.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

Any services and/or contracts considered and/or reviewed as part of this Service will remain that of the lead partner organisation including responsibility in whole for commissioning, contracting, performance monitoring and payment, unless formally agreed otherwise through the governance process of this agreement.

Contracting Arrangements

The Council, the ICB (Bradford district and Craven place) and Bradford Children and Families Trust have agreed quarterly monitoring with the commissioned provider alongside an annual review of the service. Monitoring will be supported by the Service Manager of the Children's *Complex Health or Disabilities Team* (CCHDT)

The contract with the Provider will be issued by the Council.

Access

The Services to be provided by the commissioned service provider requires the delivery of intervention to children aged 0-18 with various health and care needs that lead to the child exhibiting behaviours that are challenging with the overall aim to prevent them entry into avoidable residential care placements.

Children may also have additional needs including but not limited to the following conditions:

- frailty or long-term health conditions
- physical disabilities and/or moving and handling needs or requirement for specialist equipment.
- learning disabilities including autism and/or behaviour which is challenging.
- complex health needs including life limiting conditions.
- cognitive impairments
- sensory impairments
- profound and multiple learning disabilities
- mental health problems or mental illness
- Speech impediment (nonverbal)

The Active Phase of the contract comes to an end in February 2024. No new young people will be taken onto the positive behaviour programme, however all existing children who are not in residential care will be supported to prevent young people entering care. The monitoring & maintenance phase is limited to advice and support to children and their families around behaviour management and support to manage their health needs.

7 FINANCIAL CONTRIBUTIONS

PBS – Actual Payments & Forecast					
Year	Big Lottery	Social Care/ Children & Family Trust	DSG/ SEND	CCGs / ICB	Total
18/19	£23,286	£65,615.66	£9,402.67	£11,029.00	£109,333.33
19/20	£37,843	£87,168.93	£21,392.24	£31,262.50	£177,666.67
20/21	£58,220	£157,703.56	£24,336.44	£33,073.33	£273,333.33
21/22	£30,941	£210,174.87	£27,982.50	£41,818.30	£310, 916.67
22/23		£258,018.26	£41,717.50	£48,764.24	£348,500.00
23/24		£123,433.33	£21,160.00	£31,740.00	£176,333.33
24/25		£114,800	£19,680.00	£29,520.00	£164,000.00
25/26		£114,800	£19,680.00	£29,520.00	£164,000.00
26/27		£67.140.67	£11,509.76	£17,264.64	£95,914.67
TOTAL	**£150,290.21**	**£1,198,855.44**	**£196,861.11**	**£273,992.14**	**£1,820,000**

This is a

Payment by Results Contract. The Maximum outcomes to be achieved are outlined above. These figures will vary if a child enters care and therefore no further payments would be made payable.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution have been agreed (see table above)

The Council will ensure that the agreed funding is recharged from NHS West Yorkshire ICB, the Children Families Trust & the Big Lottery Fund

The Council will be responsible for the payment of all invoices received from the commissioned service provider in accordance with the terms of the services contract.

The Council will invoice the ICB for its share of the costs of the services and such invoices shall be payable within 28 days.

(2) Management of the Pooled Fund

The partners agree that this is not a pooled funding arrangement.

(3) Audit Arrangements

What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedure.

(4) Financial Management

Which financial systems will be used?	Standard lead commissioner systems
What monitoring arrangements are in place?	*Bradford Councils Children's Services will oversee this arrangement*
Who will produce monitoring reports?	*Provider*
What is the frequency of monitoring reports?	*Quarterly*
What are the rules for managing overspends?	*Bradford Council Children's Services will manage this contract*
Do budget managers have delegated powers to overspend?	No
Who is responsible for means testing?	*N/A*
Who will own capital assets?	*N/A*
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	*N/A*
What re the arrangement for overheads?	*N/A*
What closure of accounts arrangement need to be applied?	*Standard lead commissioner arrangements*

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	The VAT regime of the Lead Commissioning Organisation will be applied to each scheme for which it acts as Lead Commissioner.
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning Forum has responsibility for monitoring this Service.

Reports from monitoring meetings and annual review will be provided to Planning and Commissioning Forum and the Healthy Minds and Healthy Childrens & Families Board or any other committee/board within the partners' governance structures as required.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	Margaret Macmillan Towers/ Sir Henry Mitchel House	Included in funding allocation	None
Assets and equipment	None		None
Contracts	None		None
Central support services	None		None

ICB Contribution	Details	Charging arrangements	Comments
Premises			
Assets and equipment			
Contracts			
Central support services	Strategic and corporate		

12 STAFF

1.1 The commissioned service provider organisation must deliver leadership for, and take ownership of, the implementation of the PBS service. This includes providing adequate senior oversight, management and governance of the service.

1.2 It is expected that the PBS Service staff team will include staff with experience of delivering a PBS service and operating in line with the PBS competency Framework. The service provider will identify an appropriate staffing structure as part of their tender which will be implemented at the start of the contract.

Any staffing variations proposed by the commissioned service provider that would lead to failure to maintain the above minimum standards must be discussed and agreed with Commissioners prior to implementation.

13 ASSURANCE AND MONITORING

The Positive Behaviour service has a dedicated quarterly performance and monitoring meeting where the provider reports on the performance of the service.

At least one member of the team managing this contract must be from the Children's Complex Health and Disabilities Team (CCHDT). They will have specific responsibility for oversight of the PBS Service. This individual must have (or take steps prior to the commencement of the service to acquire) sufficient knowledge and expertise in PBS in order to carry out this role satisfactorily.

The commissioned service provider must have a quality assurance strategy which is driven by data and a desire for organisational development and learning.

The commissioned service provider will work in conjunction with the Commissioners to develop suitable monitoring and recording tools.

The Planning and Commissioning Forum are the primary group responsible for overseeing the performance and monitoring of this schedule. Where required we may report to the CYP and Families (mental health) priority board who may provide further assurance and monitoring.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Children & Families Trust	David Stephens	Service Manager - CCHDT	1st Floor, Shipley Town Hall, Kirkgate, BD18 3EJ	07582101076	david.stephens@bradfordcft.org.uk
ICB lead commissioner	Emma Hughes	Senior head of integration and change – learning disability and neurodiversity	Scorex House, BD1	07976590243	Emma.hughes@bradford.nhs.uk
CBMDC Commissioning lead	Shahidur Rahman/Claire Atkinson	Commissioning Manager (Contract Management)	Britannia House, 5th Floor	07582101054 / 07890420739	Shahidur.rahman@bradford.gov.uk/ Claire.Atkinson@bradford.gov.uk
CBMDC Children's Services	Ophelia Rix	Assistant Director - Improvement and Partnerships	3rd Floor Britannia House, Hall Ings, Bradford, BD1 1HX	07974 894675	ophelia.rix@bradford.gov.uk
CBMDC senior lead	Christopher Dickinson	Head of Strategic Commissioning	5th Floor Britannia House, Hall Ings, Bradford, BD1 1HX	07890968434	Christopher.Dickinson@bradford.gov.uk
WY ICB senior lead	Nagina Javaid	Programme Director for Children, Young People and Families	Scorex House, 1 Commercial St, Bradford BD1 4AS	07974096781	Nagina.Javaid@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from Children's Service DMT and The Children's and Families priority board.

The Planning and Commissioning Forum will hold overall responsibility for approving the Section 75 schedule.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

The Council/Children and Family Trust & the ICB will take responsibility of any underspend on this service. This is an outcome-based service where payments are made according to the performance of the commissioned service provider.

17 REGULATORY REQUIREMENTS

Not applicable

18 INFORMATION SHARING AND COMMUNICATION

The ICB and the Council will share and supply such information in respect of the Service as each party may reasonably require to give effect to the terms of this Scheme Specification.

19 DURATION AND EXIT STRATEGY

This Service shall take effect from February 2017. The contract length is 10 years; this is the period in which the outcomes payments will be made.

The commissioned service provider will provide an exit plan towards the latter stage of the contract which will set out in detail how each aspect of the Services will be managed in both expiry and early termination situations to ensure a smooth, effective and efficient transition to the Authority or another Service Provider. The Service Provider will be required to review and report on any proposed amendments to this plan on a quarterly basis, with any such amendment being subject to the Council's prior written approval.

The commissioned service provider will, in addition to exit arrangements arising from the early conclusion or expiry of the contract, be expected after the expiry of the contract to continue to be available to provide support to the Authority and/or subsequent Service Provider in relation to live matters raised by the Authority for as long as is required to affect a smooth transition.

The commissioned service provider and the Council will meet approximately six months prior to the expiry date to commence the implementation and delivery of the exit plan.

20 OTHER PROVISIONS

None

SCHEDULE 1.12 SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) INFORMATION, ADVICE AND SUPPORT SERVICES (SENDIASS)

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

Bradford Special Educational Needs and Disabilities (SEND) Information, Advice and Support Service (referred to as SENDIASS)

The provision of SEND Information Advice Support Service (SENDIASS) is a statutory service that provides support to parents and carers of children and young people 0-25 with special educational needs and disabilities (SEND) in the Bradford area, along with direct support to children and young people.

The lead commissioner for this service is Bradford Council.

2 AIMS AND OUTCOMES

The commissioned service aims to improve outcomes for parents / carers and children and young people aged 0-25 who have, or may have, SEN or disabilities, by providing impartial, accurate and confidential information, advice and support that is flexible and tailored to individual needs

Service Users will be:

- empowered with the information and advice they need to make informed decisions about provision made by education, health and social care and the take-up and management of personal budgets.
- supported to acquire the skills and knowledge to be able to effectively access services and navigate the SEND system.

The Commissioned Service will

- develop the resilience and independence of families and local services to enable children and young people with more complex needs to participate actively in their local community.
- assist and work with other services to respond to local needs and aspirations by assisting Service Users to participate in the design and delivery of services, pathways and procedures through agreed local area mechanisms for engagement.
- provide information, advice and support on the take-up and management of Personal Budgets

3 THE ARRANGEMENTS

The provision of a SEND Information Advice & Support service is a statutory requirement as outlined in the SEND Code of Practice 2014. This service is commissioned by the Council working in partnership with the ICB and Bradford Children and Families Trust. The Council acts as the Lead Commissioner for this service.

The Partners have identified the SENDIAS service as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this commissioned service which shall be delivered in accordance with the Scheme Specification.

For the purpose of this Service, the ICB has agreed to delegate the exercise of its NHS Functions of delivering an Information and Advice Service to children with SEND to the Council to exercise alongside the Council's Health Related Functions. The Council will act as lead commissioner in respect of this Service.

The Council shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Service.

4 FUNCTIONS

The Council is the lead commissioner on behalf of the ICB and will be responsible for managing and monitoring the Contract.

5 SERVICES

The Partners fund the SEND Information, Advice and Support Service (SENDIASS), which incorporates additional local support services.

A SENDIASS provision enables children and young people with special educational needs or disabilities and their carers/families to develop support networks that allow them to be healthy, safe and more active in their communities, as well as providing information and support to participate and achieve their full potential.

In carrying out their duties, local authorities must have regard to the importance of providing children and young people, and their parents / carers with the information and support necessary to participate in decisions.

A key principle of the Code of Practice is that children, young people and their parents / carers should be involved in the identification, assessment and decision making about the provision to meet SEN or disabilities. Essential to this is access to impartial information, advice and support.

The service offer includes information, advice and support on the take-up and management of Personal Budgets.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The Council is the lead commissioner and commissions the SENDIASS service on behalf of the Partners. The Council is the Accountable Body and is responsible for the contract management and processing payments.

Contracting Arrangements

The contract with the Provider will be issued by the Council.

The Council will carry out quarterly monitoring arrangement with an annual review of the service.

Access

The SENDIASS service is for children and young people aged 0-25 with SEN or disabilities, and their parents / carers, to be provided with information and advice about matters relating to their SEN or disabilities, including matters relating to health and social care.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2023/2024	WY ICB contribution	Council Contribution
Non-Pooled Fund A	£28,000	£190,497 (Education and on behalf of Social Care)
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		
SUB TOTAL	**£28,000**	**£190,497**
TOTAL		**£218,497 per annum**

Financial Year 2024/2025	WY ICB contribution	Council Contribution
Non-Pooled Fund A	£43,699.40	£174,797 (Education and on behalf of Social Care)

Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		
SUB TOTAL	**£43,700**	**£174,797**
TOTAL		**£218,497 per annum**

Financial resources in subsequent years to be determined in accordance with the Section 75 Agreement.

The current budget for SENDIASS is £218,497 per annum, £873,988 over the 4-year period.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution will be reviewed annually.

(2) Management of the Pooled Fund

The Council manage the budget and recharge the ICB for its agreed contribution annually in January of each year.

The ICB will be responsible for the payment of all invoices received from the lead commissioner in accordance with the terms of this Schedule. The ICB shall make a financial contribution of 20% of the contract Value (£43,700 for 2024-25) per annum towards the cost of the service.

The Council will invoice the ICB annually for its share of the costs of the services and such invoices shall be payable within 30 days.

(3) Audit Arrangements

What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedure.

(4) Financial Management

Which financial systems will be used?	Lead Commissioner
What monitoring arrangements are in place?	Quarterly monitoring
Who will produce monitoring reports?	commissioned service provider
What is the frequency of monitoring reports?	Quarterly
What are the rules for managing overspends?	This is a fixed contract with no scope of overspend.
Do budget managers have delegated powers to overspend?	No
Who is responsible for means testing?	N/A
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What re the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	Lead Commissioner

9 VAT

N/A

Which Partners VAT regime will apply?	Councils finance policies and procedures will apply to this schedule
Is one Partner acting as 'agent' for another?	N/A

Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to the ICB, Council and System Governance bodies.

Reports will be provided to the relevant board or committee, as scheduled or by exception.

The SENDIASS has a dedicated Contract Management Meeting which meets every quarter to review progress and concerns.

11 NON-FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A	N/A	N/A
Assets and equipment	N/A	N/A	N/A
Contracts	N/A	N/A	N/A
Central support services	N/A	N/A	N/A

CCG Contribution	Details	Charging arrangements	Comments
Premises	N/A	N/A	N/A
Assets and equipment	N/A	N/A	N/A
Contracts	N/A	N/A	N/A
Central support services	N/A	N/A	N/A

12 STAFF

This is a commissioned service. The Council and the ICB do not contribute to any staffing resource as part of this contract.

13 ASSURANCE AND MONITORING

The commissioned service provider will meet with the Children's Contracts and Quality team and the ICB colleagues on a quarterly basis and submit monitoring data in the form of an Activity Report with supporting information including data and case studies.

The commissioned service provider must produce a Service Development Plan which should be reviewed annually with specified improvement targets. This should be shared via the quarterly monitoring forum.

The current performance indicators are listed below.

PI No.	Performance Indicators	Targets
1	Number of children and young people accessing information, advice or support (broken down by access method, age, area and main reason for access).	N/A
2	Number of parents / carers accessing information, advice or support (broken down by access method, area and main reason for access).	N/A
3	Percentage of positive feedback from children and young people on the services provided by the SENDIASS element of the Service; obtained from Service User satisfaction questionnaires.	85%

4	Percentage of positive feedback from Parent/Carers on the services provided by the SENDIASS element of the Service; obtained from Service User satisfaction questionnaires.	85%
5	Parent or young person and their families satisfied with the quality of the service received.	85%
6	Percentage of Service Users that report that their enquiries / case work were dealt within time frames.	85%
7	The Service will provide an answerphone and email autoreply for calls / emails received out of hours. The Service will respond to messages at the earliest opportunity and endeavour to do this within 72 hours.	95%

Representatives from Social Care, Education and the ICB will liaise with the SENDIASS service to explore user feedback and drive forward service improvements.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council SEND	Stu Barrat	Strategic Manager of integrated Assessment	Margaret McMillan Towers	01274431356	Niall.devlin@bradford.gov.uk
Council Children's Commissioning Team	Shahidur Rahman/Claire Atkinson	Commissioning Manager (Contract Management)	Britannia House, 5th Floor	07582101054 / 07890420739	Shahidur.rahman@bradford.gov.uk/ Claire.Atkinson@bradford.gov.uk
Council senior lead	Christopher Dickinson	Head of Strategic Commissioning	Britannia House, 5th Floor	07890968434	Christopher.Dickinson@bradford.gov.uk
ICB senior lead	Nagina Javaid	Programme Director for Children, Young People and Families	Scorex House, 1 Commercial St, Bradford BD1 4AS	07974096781	Nagina.Javaid@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from Children Services DMT and The Children's and Families priority board with strategic oversight from the Local Area SEND Strategic partnership board.

The Planning and Commissioning Forum will hold overall responsibility for approving the Section 75 schedule.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

N/A

17 REGULATORY REQUIREMENTS

The service fulfils statutory functions as set out in the Children and Family Act 2014, SEND Code of Practice 2015 and the Special Educational Needs and Disability Regulations 2014.

This is a statutory service jointly commissioned by Bradford Council (SEND, Bradford Children and Families Trust) and West Yorkshire ICB in accordance with the Childrens and Families Act 2014 which states in Section 26 (1):

"A local authority in England and its partner commissioning bodies must make arrangements ("joint commissioning arrangements") about the education, health and care provision to be secured for:

(a)children and young people for whom the authority is responsible who have special educational needs, an

(b)children and young people in the authority's area who have a disability.

(2)In this Part "education, health and care provision" means—

(a)special educational provision;

(b)health care provision;

(c)social care provision."

The Act specifically relates to SENDIASS in Section 26 (3):

"Joint commissioning arrangements must include arrangements for considering and agreeing—

(d)what advice and information is to be provided about education, health and care provision;

(e)by whom, to whom and how such advice and information is to be provided;"

18 INFORMATION SHARING AND COMMUNICATION

The Council and the ICB will share and supply such information in respect of the service as each party may reasonably require to give effect to the terms of this Agreement

19 DURATION AND EXIT STRATEGY

This Contract will end on the 31st December 2027.

If either party request to exit the contract, a minimum of 3 months' notice must be provided,.

20 OTHER PROVISIONS

N/A

SCHEDULE 1.13 YOUNG CARER'S SERVICE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

This is a statutory service commissioned by Bradford Council and West Yorkshire ICB in accordance with Young Carers (Need Assessments) Regulations 2015, Care Act 2014, Children and Families Act 2014 and Children Act 1989.

The Young Carers' Service is commissioned by the ICB and Council for young carers aged under 18 years (including people receiving support from transition services, up to the age of 25) living in Bradford District providing a comprehensive range of services for local young carers.

The provision was commissioned from April 2023 following extensive engagement with carers and stakeholders throughout the district. The contract length is for five years with options to extend by two further periods of 12 months.

2 AIMS AND OUTCOMES

Aims include, but not limited to:

- Increase awareness and understanding of Young Carers across a range of agencies, that enables improvement in the identification and timeliness of support given
- Provide a range of timely personalised support to Young Carers and their families that protects against and minimises against inappropriate levels and types of caring.
- Work closely with, existing services within communities and family hubs to bring local knowledge, networks and added value from.

The Service Provider will be expected to support Young Carers in their progress towards achieving the following outcomes:

- Improved understanding of the illness/disability/condition of the person being cared for.
- Improved social life/friendships.
- Improved family relationships.
- Improvements at school/college.
- improved physical, emotional health & wellbeing including the development of resilience.
- Young Carers are prepared for adulthood and transition.
- Appropriate signposting to access support and benefits entitlement.
- Young Carers supported to participate in decisions affecting their lives.

This contract will contribute to the following service outcomes

- Our children start school ready to learn
- Supporting education attainment and achievement
- Ensuring our children and young people are ready for life and work
- Safeguarding the most vulnerable and providing early support to families
- Reducing health and social inequalities

3 THE ARRANGEMENTS

This is a Lead Commissioning arrangement with the Council as the lead commissioner.

The Partners have identified the Young Carers service as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Scheme Specification. Bradford Children and Families Trust are the majority funder for this service.

For the purpose of this Service, the ICB has agreed to delegate the exercise of its NHS Functions to the Council to exercise alongside the Council's Health Related Functions and act as lead commissioner in respect of this Service.

The Council is the lead commissioner on behalf of the ICB and will be responsible for managing and monitoring the Contract.

The Council shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Service

The officer of the Council with responsibility is the Assistant Director for Improvement and Partnerships Children's Services as this is an Access Contract. Oversight is provided by the CBMDC Children's Contracts and Quality Team. The service lead is the Service Manager, Prevention and Early Help which now falls within the Children & Families Trust. The main contact for the ICB (Bradford district and Craven place) will be Programme Director for Children, Young People & Families.

4 FUNCTIONS

The Council is the lead commissioner on behalf of the ICB and will be responsible for managing and monitoring the Contract.

5 SERVICES

The Service Provider (Carers Resource) shall provide an outcomes focused support service for Young Carers and their families, to support young carers to continue in their caring role, look after their own health and wellbeing and have a life of their own including opportunities for work, training, education, fun, leisure and social interaction.

The range of services will include: (see Service Specification for full range and scope of services)

- An outcomes focused support service for Young Carers and their families,
- Awareness Raising and Training to the early identification of Young Carers and their needs,

The Service Provider shall develop and deliver two elements of the service:

- An outcomes focused support service for Young Carers and their families, including undertaking a Young Carers assessment, developing personalised support plans, and providing a range of support and interventions to meet the differing levels of need and support required by a range of Young Carers.

- Awareness Raising and Training provision which should include the early identification of Young Carers and their needs, within the Council including Adult and Childrens Social Care, Health Partners, Schools, VCS and other organisations.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

Any services and/or contracts considered and/or reviewed as part of this Service will remain that of the lead partner organisation including responsibility in whole for commissioning, contracting, performance monitoring and payment, unless formally agreed otherwise through the governance process of this agreement.

The ICB will be part of the final year service review to ascertain if and how the service will be recommissioned. The ICB will provide input to any Specification, ITT documentation and support in the undertaking of application evaluations.

Contracting Arrangements

The Council, the ICB (Bradford district and Craven place) and Bradford Children and Families Trust have agreed quarterly monitoring with the commissioned provider alongside an annual review of the service. Monitoring will be supported by the Service Manager, Prevention and Early Help.

The contract with the Provider will be issued by the Council.

Access

The Young Carers' Service will provide a comprehensive range of services for young carers aged under 18 years (including people receiving support from transition services, up to the age of 25) living in Bradford District

The Service Provider shall provide a locality-based Young Carers' Service which will ensure that the service is accessible to Young Carers in all demographic groups across Bradford District, including people from BAME communities. The service will work with other organisations including organisations in primary care, secondary care and the voluntary sector to identify, reach and support carers

A Young Carer is defined in accordance with the Children and Families Act 2014 as 'A person under 18 years of age who carries out caring tasks and assumes a level of responsibility for another person which would normally be carried out by an adult'.

The term 'Young Carer' does not apply to the everyday and occasional help around the home that may often be given or expected by children in families.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2024/2025	WY ICB contribution	Council Contribution
Non-Pooled Fund A	£53,323	£151,236
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

The ICB will be involved in the annual review of funding levels which will take place in the 3rd financial quarter of each year.

Financial resources in subsequent years to be determined in accordance with the Agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution have been agreed (see table above)

(2) Management of the Pooled Fund

The partners agree that this is not a pooled funding arrangement.

The Council will ensure that the agreed funding is recharged from NHS West Yorkshire ICB & Bradford Children Families Trust.

The Council will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract.

The Council will invoice the ICB annually for its share of the costs of the services and such invoices shall be payable within 28 days.

(3) Audit Arrangements

What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedure.

(4) Financial Management

Which financial systems will be used?	Standard lead commissioner systems

What monitoring arrangements are in place?	*Bradford Councils Children's Services will oversee this arrangement*
Who will produce monitoring reports?	Provider
What is the frequency of monitoring reports?	Quarterly
What are the rules for managing overspends?	*Bradford Council Children's Services will manage this contract*
Do budget managers have delegated powers to overspend?	No
Who is responsible for means testing?	N/A
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What re the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	Standard lead commissioner arrangements

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	Council
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to the ICB, Council and System Governance bodies.

Reports from monitoring meetings and annual review will be provided to Planning and Commissioning Forum and the Early Help System Board and Healthy Children's & Families Board or any other committee/board within the partners' governance structures as required

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

WY ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

The Commissioned Service Provider organisation must provide leadership for, and take ownership of, the implementation of the Service. This includes providing adequate senior oversight, management and governance of the Service

13 ASSURANCE AND MONITORING

The Young Carers Service has a dedicated Contract Management Meeting which meets every quarter to review progress and concerns. The provider is required to report on Quality and Performance Indicators at the required intervals.

Overarching Performance Indicators: The Young Carers Service will be expected to demonstrate activity in relation to:

- Monitoring of interventions
- Media & digital resources.
- User satisfaction, comments and complaints
- Partnership working
- Outcome measures identified by Young carers
- Quarterly performance monitoring

Lot 2 Young Carers Service Performance Indicators/KPI's

Overarching Performance Indicators are detailed within the spec

KPI No	Indicator	How measured	Measurement Date	Annual Target
KPI 1	Number of young Carers assessed and provided a service across the District.	Service reporting	Quarterly	240
KPI 2	Number of Young Carers supported (within Family Hub areas)	Service reporting	Quarterly	750
KPI 3	Number of referrals allocated within 5 days	Service reporting	Quarterly	80%
KPI 4	Number of places offered on daytrips/activities/residential	Service reporting	Quarterly	400
KPI 5	Number of young carers attending youth clubs in each area.	Service reporting	Quarterly	250
KPI 6	Number of Primary Schools in the district to develop and maintain Young Carers Champions	Service reporting	Quarterly	95%
KPI 7	Number of Secondary Schools in the district to develop and maintain Young Carers Champions	Service reporting	Quarterly	95%
KPI 8	Service Users report overall satisfaction with the service	Service reporting	Quarterly	90%

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Bradford Children's & Families Trust	Susan Claydon	Assistant Director Early Help and Transformation	Sir Henry Mitchell House	07484917975	Susan.claydon@bradfordcft.org.uk

Bradford Children & Families Trust	Cath Dew	Service manager Prevention and Early Help Children's Services	Britannia House	01274 43 7949	cath.dew@bradford.gov.uk
CBMDC Children's Services	Ophelia Rix	Assistant Director - Improvement and Partnerships	3rd Floor Britannia House, Hall Ings, Bradford, BD1 1HX	07974 894675	ophelia.rix@bradford.gov.uk
CBMDC lead commissioner	Claudia Mercy	Commissioning Manger Adults Services & Public Health (Childrens)	Britannia House	07582107325	Claudia.Mercy@Bradford.gov.uk
CMBDC senior lead	Christopher Dickinson	Head of Strategic Commissioning	5th Floor Britannia House, Hall Ings, Bradford, BD1 1HX	07890968434	Christopher.Dickinson@bradford.gov.uk
WY ICB senior lead	Nagina Javaid	Programme Director for Children, Young People & Families	Scorex House, 1 Commercial St, Bradford BD1 4AS		nagina.javaid@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from Children's Service DMT and The Children's and Families priority board.

The Planning and Commissioning Forum will hold overall responsibility for approving the Section 75 schedule.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

N/A

17 REGULATORY REQUIREMENTS

N/A

18 INFORMATION SHARING AND COMMUNICATION

CBMDC and WY ICB will shall share and supply information in respect of the service as each party may reasonably require to give effect to the terms of this Agreement

19 DURATION AND EXIT STRATEGY

This service is contracted for a term of 5-years commencing April 2023 with the option to extend the contract by +1+1 years. The initial contract end date will be 30th March 2028

Contract extension is subject to satisfactory performance, subject to available finance, any changes in legislation and the continued need for the Services. In the event that the Partners budget available for the contract changes, the Council will give as much notice as possible to the appointed Provider. Provider exit arrangements and Termination arrangements are set out in the standard terms of the provider contract.
20 OTHER PROVISIONS
N/A

SCHEDULE 1.14 THE VOICE OF PARENTS & CARERS

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The service is to involve parents and carers of children and young people with SEND in the design, development, and implementation of SEND services.

Engaging with Parent Carer Forums enables SEND services to evidence that they are embedding a culture of engagement and empowerment in line with their duty to involve.

The service aims to gather the voice of parents and carers of children and young people with SEND and to share that voice with local partners to ensure that services for children with SEND are appropriate.

A recent inspection of SEND in the area clearly highlights that whilst some progress has been made, there is still much to do. It is imperative that in improving services for children and young people in the Bradford District, we must listen to that voice which will tell us what the day-to-day experiences of SEND families are like.

The service works at strategic levels and in partnership with partners in Education, Health and Social Care and has developed a more co-productive relationship that brings the voices of parent carers and families into discussions to improve and develop services that best meet the needs of families and children & young people.

This is a statutory service jointly commissioned by Bradford Council and West Yorkshire ICB in accordance with the Children's and Families Act 2014.

2 AIMS AND OUTCOMES

The service aims:

- To actively promote the Local Offer (LO) and signpost parents to support services and resources (like the One Minute Guides) published on the LO website & Social Media Posts
- To participate in reviews (including Peer Reviews) of the LO and provide feedback from parents/carers through LO feedback workshops.
- To provide website updates to the LO as and when they occur.
- To provide a termly report on a LO page/service to assist with the LO quality assurance processes.
- To coordinate a response to SEND strategy developments, Policy documents and consultations on behalf of parents/carers and provide clear evidence-based feedback to the Council/ICB.
- To increase co-production activity and the number of Parent/ Carer representations at meetings and events. This will involve actively working with Parent/ Carers to train and support them.

BIGGER VOICE PARTNERSHIP

(a) To work with SENDIASS to develop a collaborative approach to providing information, advice and guidance to parents, carers and families.

(b) To lead on developing and maintaining collaborative relationships with local parent support groups across the local area, providing feedback to the Council/ICB on emerging/common concerns from district wide parental and carer engagement.

3 THE ARRANGEMENTS

This service is commissioned by the Council and on a Lead Commissioner arrangement.

The Partners have identified the Voice of Parent Carer service as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Scheme Specification.

For the purpose of the Voice of Parent Carer service, the ICB has agreed to delegate the exercise of its NHS Functions under the SEND Code of Practice 2014 to the Council to exercise alongside the Council's Health Related Functions and act as lead commissioner in respect of this Service.

The Council shall contract with the commissioned service provider through a Grant Agreement and provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Service.

4 FUNCTIONS

The Council commissions the Voice of Parents & Carers service on behalf of the ICB. The Council is responsible for the grant management and payments.

5 SERVICES

The Voice of Parents & Carer Service is to lead and facilitate a communication network of parents and professionals ensuring voice, involvement, and engagement across the range of SEND, using a wide range of communication mechanisms including:

i. Weekly social media posts,
ii. Monthly virtual meetings,
iii. Termly face to face meetings,
iv. Quarterly newsletters,
v. 2 surveys per year
vi. Bi-annual focused listening events
vii. Co-ordinating the Parent and Carer Network

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The Council commissions the Voice of Parents & Carers for Bradford and Airedale service on behalf of the ICB

The Council is the accountable Body and is responsible for the grant management and processing payments.

The ICB will be involved in the annual review of funding levels.

The ICB will be part of any service review to ascertain how the service will be recommissioned.

Contracting Arrangements

The commissioned service provider will attend the Voice of Parents and Carers meeting which is held quarterly to review performance and provide satisfactory evidence of meeting the actions within the specification and delivery plan for this grant agreement.

Access

The service is open for all parents and carers of children with SEND.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2024/2025	ICB contribution	Council Contribution
Non-Pooled Fund A	£10,625	£31,875
Non-Pooled Fund B		

Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		
TOTAL	£10,625	£31,875
TOTAL	£42,500	

The total amount payable is £42,500, this consists of £31,875 from the Council and £10,625 from the ICB. The Council will make the payments and invoice the ICB annually.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution have been agreed until March 2026.

The Council manage the budget and recharge the ICB for its agreed contribution, each year in January.

The Council will be responsible for the payment of all invoices received from the commissioned service providerin accordance with the terms of the services contract. The ICB shall make a financial contribution of 25% value of the contract (£10,625 for 2024-25) per annum towards the cost of the service.
The Council will invoice the ICB quarterly for its share of the costs of the services and such invoices shall be payable within 30 days.

(2) Management of the Pooled Fund

The partners agree that this is not a pooled funding arrangement.

(3) Audit Arrangements

What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedure.

(4) Financial Management

Which financial systems will be used?	Lead Commissioner
What monitoring arrangements are in place?	Quarterly monitoring
Who will produce monitoring reports?	commissioned service provider
What is the frequency of monitoring reports?	Quarterly
What are the rules for managing overspends?	Fixed Grant. No provision to overspend
Do budget managers have delegated powers to overspend?	No
Who is responsible for means testing?	N/A
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What re the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	Lead Commissioner

9 VAT

N/A

Which Partners VAT regime will apply?	N/A
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Voice of Parents & Carers for Bradford and Airedale has a quarterly monitoring meeting to review progress.

The Planning and Commissioning Forum will be the core committee responsible for overseeing this service.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A	N/A	N/A
Assets and equipment	N/A	N/A	N/A
Contracts	N/A	N/A	N/A
Central support services	N/A	N/A	N/A

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A	N/A	N/A
Assets and equipment	N/A	N/A	N/A
Contracts	N/A	N/A	N/A
Central support services	N/A	N/A	N/A

12 STAFF

The Council and the ICB do not contribute to any staffing resource as part of this Grant.

13 ASSURANCE AND MONITORING

The commissioned service provider will submit quarterly monitoring data in the form of an Activity Report supported by a monitoring meeting where challenges and achievements are discussed.

The Performance Indicators for this Grant is:

- Keeping parents/carers informed about Local Area developments in relation to the SEND Reforms.
- Provide all feedback gathered, via appropriate mechanisms.
- To ensure the commissioned service providers website is kept up to date with news, engagement opportunities and summary of feedback and communication received from parents, carers and families.
- To work in partnership with the Council/ICB and the SEND Strategic Partnership Board to ensure robust parental and carer representation and voice on the development of services for children and young people with SEND. This includes:
- Regular attendance at Strategic Boards and associated work streams
- Participation in SEND meetings, task and finish/focus groups as requested.
- Attend regional/national meetings as necessary and provide updates, best practice feedback and guidance to the SEND Strategic Partnership Board and other key meetings and forums once attended.
- To ensure the commissioned service provider is regularly informed of local and national best practice, the work of the SEND Strategic Partnership Board and progress towards the SEND Reforms.
- Develop and support a pool of Parent and Carer Volunteers.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council SEND	Stu Barratt	SEND Transformation & Compliance Manager Children's Services	Margaret McMillan Towers	01274 431356	stu.barratt@bradford.gov.uk
ICB	Julia Elliot	Designated Clinical Officer (DCO) Special Educational Needs and Disabilities (SEND)	Scorex House, BD1	07866 015637	julia.elliot@bradford.nhs.uk
Council Childrens Commissioning Team	Shahidur Rahman/Claire Atkinson	Commissioning Manager (Contract Management)	5th Floor Britannia House, Hall Ings, Bradford, BD1 1HX	07582101 054 / 07890420 739	Shahidur.rahman@bradford.gov.uk/ Claire.Atkinson@bradford.gov.uk
Council senior lead	Christopher Dickinson	Head of Strategic Commissioning	5th Floor Britannia House, Hall Ings, Bradford, BD1 1HX	07890968 434	Christopher.Dickinson@bradford.gov.uk
ICB senior lead	Nagina Javaid	Programme Director for Children, Young People and Families	Scorex House, 1 Commercial St, Bradford BD1 4AS	07974096 781	Nagina.Javaid@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from Children Services DMT and The Children's and Families priority board with strategic oversight from the Local Area SEND Strategic partnership board.

The Planning and Commissioning Forum will hold overall responsibility for approving the Section 75 schedule.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

This is a fixed grant agreement with no provision for an overspend of budgets.

17 REGULATORY REQUIREMENTS

The service complements the statutory functions as set out in the Children and Family Act 2014, SEND Code of Practice 2015 and the Special Educational Needs and Disability Regulations 2014.

This is a statutory service jointly commissioned by Bradford Council and West Yorkshire ICB in accordance with the Children's and Families Act 2014 which states in Section 27 (3):

"In exercising its functions under this section, the authority must consult:

(a)children and young people in its area with special educational needs, and the parents of children in its area with special educational needs;

(b)children and young people in its area who have a disability, and the parents of children in its area who have a disability"

18 INFORMATION SHARING AND COMMUNICATION

The Council and the ICB will shall share and supply such information in respect of the service as each party may reasonably require to give effect to the terms of this Agreement

19 DURATION AND EXIT STRATEGY

The Grant end date is 31st March 2026.

The commissioned service provider has signed up the Council's Grant Agreement Terms. Any changes or early termination to this schedule must be done in accordance with the Grant Agreement Terms.

20 OTHER PROVISIONS

N/A

SCHEDULE 1.15 MULTI-AGENCY SUPORT TEAM (MAST)

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The Multi-Agency Support Team (referred to as MAST) is a partnership of voluntary and community sector organisations, based at the Bradford Royal Infirmary (BRI) and Airedale General Hospital (AGH) delivering interventions and health messaging in Emergency Departments and across some wards to support the health system, and provide support around identified 'pressure points' in the system.

The focus of the service is to put the right non-clinical support in place, to aid discharge and to reduce unnecessary re-admissions to the hospital. The MAST team support patients in hospital until they no longer have clinical needs that require them to remain in a hospital setting.

There are 2 elements of the MAST team; the support provided at the hospital and the support provided in the community.

MAST operates as part of the Discharge to Assess (DTA) integrated operating model. Detail of this can be found on the DTA S75 Schedule.

2 AIMS AND OUTCOMES

Outcomes

- Improved life chances
- Improved physical and mental health
- Improved community connectedness
- Improved whole system outcomes

Aims

- Improved hospital experience
- Step up/down into MAST hospital team with timely discharge
- Step up/down within pathway 0 and reducing risk
- Supporting active engagement in long term community support
- Promoting improved wellbeing and reduction of hospital admission for social issues
- Embedding MAST Pathway into an integral part of the Health and Social Care System

3 THE ARRANGEMENTS

This is a lead commissioning arrangement where the Council are lead commissioners.

The Partners have identified the MAST service as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Scheme Specification.

For the purpose of the MAST service, the ICB has agreed to delegate the exercise of its NHS Functions to the Council to exercise alongside the Council's Health Related Functions and act as lead commissioner in respect of this Service.

The Council shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Scheme/Service.

4 FUNCTIONS

The Council's Health and Wellbeing Department is responsible for:

- Leading an annual review of the provision
- Leading the commissioning process
- Collecting and collating monitoring
- Contributing fifty percent of the total funding required to deliver the project

The ICB is responsible for:

- Supporting the annual review of the provision
- Supporting the commissioning process
- Contributing fifty percent of the total funding required to deliver the project; which will be comprised of contributions from Airedale NHS Foundation Trust and Bradford Teaching Hospital NHS Foundation Trust

5 SERVICES

This schedule relates to the provision of the MAST service. A grant agreement is in place and will be reviewed annually.

The beneficiaries are people experiencing:

- Mental ill health
- Frailty in old age
- Alcohol misuse
- A need for social prescribing support

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

This provision will be overseen by the Planning and Commissioning Forum (PCF). Commissioning will be supported by the People Commissioning Team.

Contracting Arrangements

The MAST steering group will oversee the project with regular monitoring undertaken by the Health & Wellbeing contracting team. There will be an annual review reported to the PCF.

Access

Referrals are from hospital staff at the BRI & AGH. A MAST worker will screen and assess a person in hospital and offer relevant support, ensuring people get the information and advice they need. At the point of discharge, the person will be referred to the appropriate Community Worker who will continue working with them for 4-6 weeks, supporting them in the non-clinical challenges they face. The service is accessible to all adults who have that have been admitted to hospital.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2025/26	WY ICB contribution	Council Contribution
Non-Pooled Fund A	£218,000	£264,519 ASC
Non-Pooled Fund B		£94,681 PH

Financial resources in subsequent years to be determined in accordance with the Agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

The Council will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract. The ICB shall make a financial contribution of £218,000 per annum towards the cost of the service.

The Council will invoice the ICB quarterly for its share of the costs of the services and such invoices shall be payable within 30 days.

(2) Management of the Pooled Fund

The Partners acknowledge that they are not entering into a 'pooled fund' arrangement pursuant to Section 75 (2) of the Act and Regulations 7 of the Regulations	
(3) Audit Arrangements	
What Audit arrangements are needed?	The Service Provider is expected to comply and facilitate the Council's compliance with all statutory requirements as regards accounts, audit or examination of accounts, annual reports and annual returns applicable to itself and the Council.
(4) Financial Management	
Which financial systems will be used?	The Service Provider is expected to provide the Council with a copy of its annual accounts within six months (or such lesser period as the Council may require) of the end of the relevant financial year in respect of each year in which the Grant is paid.
What monitoring arrangements are in place?	Monitoring will be collected and collated by the People Contracting team with oversight of the MAST steering group.
Who will produce monitoring reports?	Airedale Voluntary Drug and Alcohol Agency Ltd
What is the frequency of monitoring reports?	Quarterly with an annual review
What are the rules for managing overspends?	Not applicable
Do budget managers have delegated powers to overspend?	Not applicable
Who is responsible for means testing?	Not applicable
Who will own capital assets?	Not applicable
How will capital investments be financed?	Not applicable
What management costs can legitimately be charged to pool?	Not applicable
What re the arrangement for overheads?	Not applicable
What closure of accounts arrangement need to be applied?	See financial systems entry
9 VAT	
The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.	
Which Partners VAT regime will apply?	Not applicable
Is one Partner acting as 'agent' for another?	Not applicable
Have Partners confirmed the format of documentation, reporting and accounting to be used?	Not applicable
10 GOVERNANCE ARRANGEMENTS	
The MAST steering group will oversee the project with regular monitoring undertaken by the Health & Wellbeing contracting team. Further Governance and oversight shall be provided by the PCF.	
11 NON FINANCIAL RESOURCES	

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

Staff will be employed by the Service Providers:

- The Cellar Trust
- Carers Resource
- Airedale Voluntary Drug and Alcohol Agency Ltd (Known as Project 6)
- HALE
- Keighley Healthy Living

The Service Providers will be responsible for adequate staffing and management of their employees.

13 ASSURANCE AND MONITORING

Agreed performance measures are outlined in the grant agreement. The MAST steering group will oversee the project with regular monitoring undertaken by the Health & Wellbeing contracting team.

The service is responsible for and will be monitored on the following:

- Re-establish Social Prescribing back into the MAST and ED Teams to enhance the MAST offer.
- Develop close working relationships with MAST colleagues and other appropriate hospital teams to ensure integrated working and direct referral pathways into social prescribing
- Support individuals to have an improved knowledge of services available and how to access them. Ensuring individuals are supported to connect into local community assets and wider support provision
- Increase capacity within the Alcohol MAST Community Team
- Ensure people experiencing multiple disadvantages can access appropriate community support
- Link with all relevant community social care services within pathway 1 and 0
- Prevent inappropriate re-admissions to hospital

Regular meetings will be held with the providers to ensure positive outcomes are reached. The provider will submit regular reports for further assurance and monitoring. The PCF will oversee the service and its performance.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council senior lead	Holly Watson	Head of Strategic Commissioning	5th Floor, Britannia House, Hall Ings, Bradford,	07812 490 705	Holly.Watson@bradford.gov.uk

			BD1 1HX		
ICB lead commissioner	Louise Keighley	Senior Head of Integrated Health and Care	Scorex House, 1 Bolton Road, Bradford, BD1 4AS	01274 237369	Louise.Keighley@bradford.nhs.uk
ICB senior lead	Jackie Bell	Programme Director for Access to Care	Scorex House, 1 Bolton Road, Bradford, BD1 4AS		Jackie.Bell2@bradford.nhs.uk

15 INTERNAL APPROVALS

To be approved by the Council and the ICB as per their normal internal governance processes with final approval at the PCF.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

Not applicable – there are no risks of over/underspend as this is a set contract.

17 REGULATORY REQUIREMENTS

Not applicable

18 INFORMATION SHARING AND COMMUNICATION

The Council and the ICB will shall share and supply such information in respect of the service as each party may reasonably require to give effect to the terms of this Agreement.

As per information sharing agreements in place between the ICB and the Council.

19 DURATION AND EXIT STRATEGY

An agreement between the ICB and the Council to contribute towards this service for a minimum total of 5 years up to 31st March 2026. The contributions from the Council and the ICB will be confirmed on an annual basis by the Finance and Performance Committee.

A one-year grant agreement is secured until 31st March 2025. The annual contributions will continue to be a year-on-year grant agreement. Termination options are detailed in the grant agreement.

Agreement to terminate by an individual party will be referred to the PCF for formal approval.

20 OTHER PROVISIONS

Not applicable

SCHEDULE 1.17 MENTAL HEALTH GRANT SERVICE SCHEDULE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

There are some local providers from the voluntary and community sector (VCS) who receive joint grant funding from the Council and ICB. These grants deliver community based mental health-related support within Bradford district and enable vital services as part of local mental health pathways.

All services are funded from base budget so there is no accrual of unplanned spending. There are no pooled funds.

It is suggested that these services are subject to Section 75 contract to allow development of services and streamline review and monitoring through a standard NHS contract.

2 AIMS AND OUTCOMES

Mind in Bradford

The grant for Mind in Bradford covers three services:

1. Wellbeing (core community mental wellbeing services). Provides emotional and practical support through a range of interventions, including activity based groups and structured interventions.
2. Guide Line directory and remote support (telephone and live chat) for people needing support for mental health concerns (not in crisis).
3. Maastricht Interviewing (Hearing Voices) – to support individuals who experience auditory verbal hallucinations to manage this.

The Cellar Trust

This grant is for the Personal Development Programme (Pathways to Employment), the purpose of which is to support people with mental health needs to obtain or maintain the skills needed to gain employment.

Horton Housing

The Community Support Agency service provides assertive, community-based floating support to people aged 16 and over who live in the Bradford District and have severe and enduring mental health needs to improve people's health and wellbeing, and to promote independence, self-care, healthy lifestyles, and illness prevention. The Community Support Service offer is to deliver weekly 1:1 home visit by allocated support staff offering practical and emotional interventions accessing appropriate healthcare.

We are seeking to put the joint commissioning for the above services on a formal footing through Section 75 and clarify roles and responsibilities.

3 THE ARRANGEMENTS

This will be a Lead Commissioning arrangement with the ICB as the Lead Commissioner.

The Partners have identified the Mental Health Grant services as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for the Services which shall be delivered in accordance with the Scheme Specifications.

For the purpose of this Service, the Council has agreed to delegate its functions to the ICB to exercise alongside the ICB's NHS Functions and act as lead commissioner in respect of the Mental Health Grant Services.

The ICB shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Scheme/Service.

Please see the Financial Contributions section below (Section 7) for further details.

4 FUNCTIONS

The ICB will undertake:

- Market development
- Delivery of the commissioning process
- Contract monitoring of the services

The Council will:

- Delegate lead responsibility for Commissioning to the ICB
- Review contract management data, and participate in contract monitoring meetings

Both the ICB and Council will contribute towards the funding of the services.

5 SERVICES

Services will be delivered in line with grant agreements to offer:

- **Community wellbeing** – access to information, guidance and support, including peer support and specialist interventions for service users experiencing auditory verbal hallucinations **(Mind in Bradford)**
- **Community wellbeing –** support to adults with mental health needs to gain employment and thrive in the community **(The Cellar Trust)**
- Community Wellbeing - assertive, community-based floating support to people aged 16 and over who live in the Bradford District and have severe and enduring mental health

Mind in Bradford
Wellbeing core services – activity-based groups, 6 week focused short courses, and more in-depth groups (12-week Wellness Recovery Action Plan course).
Guideline – service includes telephone support and live chat for people needing emotional support, available from 8 am – 12am, 365 days a year.
Maastricht Interviewing - People are supported to explore their own experience and create emotional distance from the voices, using the Maastricht Hearing Voices Interview tool in a group-based setting.

The Cellar Trust
The Personal Development Programme/Pathways to Employment service provides supportive employment and training places for people with mental health needs.
The objective of the scheme is to enable people who have been excluded from work due to their mental health problems to receive the support needed to gain work, either paid, voluntary or to enable them to access education or training in mainstream adult education settings.
The service is delivered via one-to-one coaching, self-development workshops, employment workshops, peer support groups and access to an online training platform.

Outcomes include:

- Referrals to the project
- Activity levels of type of session delivered
- Monitoring of equalities information
- Work in partnership with other relevant agencies
- People successfully gaining employment

- People accessing voluntary placements
- People accessing in-house training courses
- People accessing college courses
- Improvement in well-being and quality of life

Horton Housing

The Community Support Agency service provides assertive, community-based floating support to people aged 16 and over who live in the Bradford District and have severe and enduring mental health needs to
to improve people's health and wellbeing, and to promote independence, self-care, healthy lifestyles and illness prevention.

The Community Support Service offer is to deliver weekly 1:1 home visits by allocated support staff offering practical and emotional interventions accessing appropriate healthcare.
Examples of areas supported:

- Welfare benefits in place
- Housing found and secured
- Registered with GP
- Better engagement with health services
- Connection with local community groups
- Connection with appropriate organisations for ongoing support
- Reduction in social isolation
- Improved self-esteem and confidence
- Increased independence
- Improved wellbeing and mental health

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The lead Commissioner will be responsible for the following activities:

- Engagement with people using services and those who may use them
- Stakeholder engagement
- Data analysis
- Market engagement
- Procurement process

Contracting Arrangements

Lead Commissioning; contract issued and managed by ICB.

Access

Mind in Bradford

These services will be available for people who:

- Live in Bradford district
- Are 18 years +
- Have a mental health need

The referral process for these services will include various routes such as social workers, primary care, VCS sector and self-referral.

The Cellar Trust

These services will be available for people who:

- Live in Bradford district
- Are 16 years +
- Have a mental health need (this can be mild to severe)
- Are out of work and want to work towards a specific goal around education, training, voluntary or paid work

Referrals are primarily via secondary care mental health services, but are also accepted from job coaches, primary care health professionals, community psychiatric nurses, social workers, and self-referral.

Horton Housing

These services will be available for people who:

- Live in Bradford district
- Are 16 years +
- Have a mental health need

The referral process for these services will include various routes such as social workers, primary care, VCS sector and self-referral.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2024/2025	ICB Contribution	Adult Social Care Contribution	Public Health Contributions	Total
Non-Pooled Fund A Horton Housing Association - CSA	£88,510.	£60,128		£148,638
Non-Pooled Fund B MIND	£451,718	£23,965 (Maastricht Interviewing) £9,474 (core) £2,216 (guideline)	£47,900 (core) £11,200 (guideline)	£546,473
Non-Pooled Fund D The Cellar Trust Employment	£187,648	£16,100	£81,400	£285,148
Total				**£980,258**

Financial Year 2025/2026	ICB Contribution	Adult Social Care Contribution
Horton Housing Association - CSA	£90,413.31	£64,283.18
MIND	£461,429.94	£101,301.46
The Cellar Trust Employment	£191,682.43	£104,236.30
Total	**£743,526**	**£269,821**

Financial resources in subsequent years to be determined in accordance with the Agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution have been agreed (see table above).

(2) Management of the Pooled Fund

The ICB will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract. The Council shall make a financial contribution towards the cost of the service as detailed in Section 7.

The ICB will invoice the Council quarterly for its share of the costs of the services and such invoices shall be payable within 30 days.

(3) Audit Arrangements	
What Audit arrangements are needed?	*N/A*
(4) Financial Management	
Which financial systems will be used?	*ICB*
What monitoring arrangements are in place?	*Contract monitoring reports and contract monitoring meetings*
Who will produce monitoring reports?	*The provider will produce these reports and these will be shared with both funders*
What is the frequency of monitoring reports?	*Quarterly*
What are the rules for managing overspends?	*N/A as this is a fixed-price grant*
Do budget managers have delegated powers to overspend?	*N/A*
Who is responsible for means testing?	*N/A*
Who will own capital assets?	*N/A*
How will capital investments be financed?	*N/A*
What management costs can legitimately be charged to pool?	*N/A*
What re the arrangement for overheads?	*N/A*
What closure of accounts arrangement need to be applied?	*ICB process will be followed*

9 VAT

The Partners shall agree the treatment of the Non-Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	ICB
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	Yes (ICB)

10 GOVERNANCE ARRANGEMENTS

Reports will be submitted to the Planning and Commissioning Forum and the Healthy Minds Board for assurance and monitoring. Ultimate decision-making authority will reside with the Partnership Leadership Executive.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A	N/A	
Assets and equipment			
Contracts			
Central support services			

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A	N/A	
Assets and equipment			
Contracts			

Central support services			

12 STAFF

Staff delivering this service will be employed by the organisations receiving the grants.
Staff responsible for the commissioning and monitoring duties will be employed by the ICB and as such will be subject to the full terms and conditions of ICB employees. Staff employed by the Council will participate in shared monitoring duties and will be subject to the full terms and conditions of Council employees.

13 ASSURANCE AND MONITORING

Assurance of this contract will be managed by the ICB in the following manner:

- Performance Monitoring
- Quality Monitoring
- Risk based validation
- Contract management and/or review meetings will be held as required

The Service Provider is required to report on Quality and Performance Indicators at the required intervals to the appointed officer in the Mental Wellbeing Team.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
ICB lead commissioner	Kris Farnell	Joint Mental Health Wellbeing / Senior Head of Integration & Change (Mental Wellbeing)	Scorex House, 1 Bolton Road Bradford BD1 4AS	07415600617	Kristian.farnell@bradford.nhs.uk
ICB Senior lead	Sasha Bhat	Deputy director of integration and transformation	Scorex House, 1 Bolton Road Bradford BD1 4AS	07956323180	Sasha.Bhat@bradford.nhs.uk
Council Senior lead	Holly Watson	Head of Strategic Commissioning	5th Floor Britannia House, Broadway, Bradford, BD1 1HX	07812 490 705	Holly.Watson@bradford.gov.uk

15 INTERNAL APPROVALS

Approval has been given during the Planning and Commissioning Forum in July 2021 for the Section 75 agreement to go ahead.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

Not Applicable – There are no risks of over/underspend as this is a set contract

17 REGULATORY REQUIREMENTS

Not Applicable.

18 INFORMATION SHARING AND COMMUNICATION

As per information sharing agreements in place between the ICB and the Council.

19 DURATION AND EXIT STRATEGY

This agreement shall take effect immediately and shall expire automatically on 31st March 2026, unless it is extended or terminated earlier in accordance with the provision of the individual provider contracts.

The Service Provider has signed up the Council's Grant Agreement Terms. Any changes or early termination to this schedule must be done in accordance with the Grant Agreement Terms.

20 OTHER PROVISIONS

This agreement is part funded by Bradford Councils Public Health team. The providers should be made aware of the following initiatives to support broader public health objectives and actively promote, refer or signpost residents/service users wherever possible:

Public Health Services:

- Living Well - Living Well is a whole systems approach to wellbeing and offers services for health and wellbeing support, smoking cessation, weight management and exercise referral(https://mylivingwell.co.uk/about-us/). It also runs regular health and wellbeing campaigns (https://mylivingwell.co.uk/campaigns/) and provides free health and wellbeing learning opportunities: https://mylivingwell.co.uk/academy/
- Vaccine Uptake – Encourage service users to accept invitations to routine vaccinations: https://www.nhs.uk/vaccinations/nhs-vaccinations-and-when-to-have-them/ (additional Covid vaccinations will be offered)
- Drugs and Alcohol support services: https://mylivingwell.co.uk/drugs-alcohol/
- NHS Health Checks: https://www.bradford.gov.uk/health/health-advice-and-support/health-checks/
- Sexual Health Services: https://www.bradford.gov.uk/health/improve-your-health/sexual-health-services/

SCHEDULE 1.18 ALCOHOL & DRUGS TREATMENT AND RECOVERY SERVICE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The Council will be responsible for the Lead Commissioning role, contract compliance and performance monitoring relating to the Alcohol and Drug Treatment and Recovery Service New Vision Bradford which is delivered by Humankind Charity (the Provider) and their partners.

The ICB provide a funding contribution as part of the Alcohol and Drug Treatment and Recovery Service which commences on 1st April 2023 with confirmed funding for a 5-year period.

The Host Partner is the Council" and the Pooled Fund Manager, being an officer of the Host Partner is the Substance Misuse Commissioning Manager, Department of Public Health

2 AIMS AND OUTCOMES

The aim of this agreement is to effectively commission a suitably qualified and experienced Provider to provide a recovery focused 'whole systems' alcohol and drug treatment service which is efficient and effective in preventing, reducing and treating Substance misuse and its associated harms for Individuals, Concerned Others, families and communities resulting in Better Health and Better Lives. The recovery service will be accessible to all of Bradford's diverse population that need the service.

Contract and performance monitoring will take place quarterly in line with Public Health contract and performance management arrangements and ensuring all services are compliant with the agreed terms of the contract.

3 THE ARRANGEMENTS

On behalf of the Council and the ICB, the Department of Public Health will ensure that services are delivering against contractual requirements. Public Health will be responsible for contract and performance management of the service including reviewing and coordinating performance reports, contract management meetings, exception reporting (together with quality assurance and review visits), and, supporting and working with the provider to improve performance and outcomes to service users.

Public Health will ensure it adheres to internal governance, quality assurance and reporting infrastructures.

The Partners have identified the Alcohol and Drugs Treatment and Recovery service as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Scheme Specification.

For the purpose of this Service, the ICB has agreed to delegate the exercise of its NHS Functions to the Council to exercise alongside the Council's Health Related Functions and act as lead commissioner in respect of this Service.

The Council shall provide the financial administrative systems for all the funding and shall manage the delivery and outcomes of the Service.

4 FUNCTIONS

Monitor and ensure contract compliance of the specified service for the benefit of Service Users in order to exercise the Functions and its other obligations set out in the agreement and in section 3 – The arrangements.

Monitor and ensure contract compliance of the Service in accordance with its standing orders/financial regulations and its obligations under the UK Public Contracts Regulations 2015.

Report to ICB, via agreed assurance route, any issues relating to underperformance against contractual requirements including any quality assurance, risk or safety issues noted and agree action required

5 SERVICES

To undertake the joint commissioning, contracting and performance management of the Alcohol and Drug Treatment and Recovery Service as set out in the attached Service Specification in order to provide assurance of whole systems and pathways relating to care and treatment

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The Council will act as the lead commissioner in respect of the service

Contracting Arrangements

The Alcohol, Drug Treatment & Recovery Service contract has been awarded to Humankind Charity and commences on 1st April 2023 for an initial 5-year period and a further 2x 48 month and 1x 12month extension options. The Council will be responsible for the development, co-ordination, negotiations and execution of the contract. Contract management and monitoring will be undertaken as indicated in the attached document.

The lead commissioner will have delegated authority to agree the terms of the contract with the provider. The terms issued will be the Council's terms unless otherwise stipulated and agreed. Termination of all or part of the service will be in line with contract terms set and agreed with the provider.

Access

The Service shall be provided to any Individual present in the Bradford District who is:
- Aged 18 or over, who misuses alcohol and/or drugs, including but not limited to opiates, crack cocaine, alcohol, prescription only medication (POM), over the counter medication (OTC), novel psychoactive substances, cannabis, Image and Performance Enhancing Drugs (IPED) and new and emerging substances, and/or
- Aged 18 years or over and affected by someone else's alcohol and/or drug misuse (Concerned Other).
- The Service should not require immigration documentation or proof of residency as a means of determining access or eligibility

7 FINANCIAL CONTRIBUTIONS

Financial Year 2023/2024	ICB contribution	Council Contribution
Non-Pooled Fund A	£749,925	£6,650, 075
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial Year 2024/2025	ICB contribution	Council Contribution
Non-Pooled Fund A	£749,925	£6,650, 075
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial resources in subsequent years to be determined in accordance with the Agreement

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution have been agreed (see table above)

(2) Management of the Pooled Fund

Council Public Health Lead and People Commissioning Team

The Council will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract. The ICB shall make a financial contribution of £749,925 per annum towards the cost of the service.

The Council will invoice the ICB quarterly for its share of the costs of the services and such invoices shall be payable within 30 days.

(3) Audit Arrangements	
What Audit arrangements are needed?	*Agreement of quarterly monitoring as specified in the contract.* *Reporting as per s75 reporting to Partnership*
(4) Financial Management	
Which financial systems will be used?	*Public Health arrangements – SAP/Power BI*
What monitoring arrangements are in place?	*Qtly Contract Management Board provider and LA*
Who will produce monitoring reports?	*Provider and Place Commissioning Team*
What is the frequency of monitoring reports?	*Quarterly*
What are the rules for managing overspends?	*Not allowed*
Do budget managers have delegated powers to overspend?	*No*
Who is responsible for means testing?	*Provider*
Who will own capital assets?	*N/A*
How will capital investments be financed?	*N/A*
What management costs can legitimately be charged to pool?	*None*
What re the arrangement for overheads?	*To be managed within the overall agreed budget*
What closure of accounts arrangement need to be applied?	*N/A*

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	Council
Is one Partner acting as 'agent' for another?	Yes – Council for the ICB
Have Partners confirmed the format of documentation, reporting and accounting to be used?	Yes – following Council processes

10 GOVERNANCE ARRANGEMENTS

Reports to Public Health Leadership team, Health and Wellbeing DMT. Further governance and approval will be provided by the Planning and Commissioning Forum (referred to as PCF).

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	n/a		
Assets and equipment	n/a		
Contracts	n/a		
Central support services	n/a		

ICB Contribution	Details	Charging arrangements	Comments
Premises	n/a		

Assets and equipment	n/a		
Contracts	n/a		
Central support services	n/a		

12 STAFF

Staff responsible for the duties set out in this agreement will be employed by the Council and as such will be subject to the full terms and conditions of Council employees. There is a team of two commissioning managers, one Contracting manager and one Commissioning officer within the People's Commissioning service responsible for all Public Health commissioning including this contract. Other activities such as invoicing and contract payments are managed directly by Public Health

Staff managing and delivering the services specified in the contract are employed by the provider and their partner agencies, The Bridge Project, Project 6 and Create Strength

13 ASSURANCE AND MONITORING

The Council shall monitor and ensure contract compliance of the service for the benefit of the service users in order to exercise the functions and its other obligations.

There is a full suite of KPI's and service delivery requirements expected of the provider (detailed in the service specification), these are reported against quarterly and discussed in a joint meeting where all funders are present

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council lead commissioner	Joseph Kean	Joint Commissioning Manager (Public Health)	5th Floor Britannia House Bradford BD1 1HX	07977814186	Joseph.Kean@bradford.gov.uk
Council senior lead	Christopher Dickinson	Head of Strategic Commissioning	5th Floor Britannia House, Hall Ings, Bradford, BD1 1HX	07890968434	Christopher.Dickinson@bradford.gov.uk
ICB lead commissioner	Louise Atherton	Head of Strategy Change and Delivery	Scorex House	07931545450	Louise.atherton@bradford.nhs.uk
ICB senior lead	Sasha Bhat	Deputy Director of Integration and Transformation	Scorex House	07956323180	Sasha.Bhat@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Partnership Board. The PCF will monitor and oversee the activity relating to this service.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

Not applicable – There are no risks of over/underspends within this service as it is a set contract.

17	**REGULATORY REQUIREMENTS**
The Care Quality Commission is the independent regulator of health and adult social care in England and is responsible for the monitoring, regulating and inspecting of specialist substance misuse services. The provider of the Alcohol and Drug Treatment and Recovery Service is registered with CQC and will be subject to regular monitoring and inspection to ensure they meet fundamental standards of quality and safety.	
18	**INFORMATION SHARING AND COMMUNICATION**
The ICB and the Council shall share and supply such information in respect of the service as each party may reasonably require to give effect both to the terms of this agreement. The Council will ensure that the ICB are notified of contract and performance management issues and any risks to service and service users. Performance management reports will be provided as agreed.	
19	**DURATION AND EXIT STRATEGY**
This agreement shall take effect from 1st April 2023 and shall expire automatically on 31st March 2028 unless it is extended or terminated earlier in accordance with the provisions of this Agreement. Any changes or early termination to this schedule must be done in accordance with the contract terms.	
20	**OTHER PROVISIONS**
Not applicable	

SCHEDULE 1.19 DOMESTIC ABUSE AND SEXUAL VIOLENCE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

Name of Scheme: Specialist Service in the Bradford District for Domestic Abuse and Sexual Violence (DASV – Lot 1)

A review into DASV services commenced in 2023. A tender process followed in in 2024 and a new model of service commenced in 2025.
The service is delivered by a three-agency consortium called 'Survive and Thrive'. Partners in the consortium are, Staying Put, Family Action and the Women's Centre Halifax.

Lot 1: Specialist support service for Individuals (including families) experiencing or at risk of Domestic abuse and / or Sexual Violence

- ***Single Point of Contact (SPOC) – Pathways into Support*** The SPOC system will offer an integrated route in to all DASV specialist services. SPOC will provide immediate support and provide options to enable people to make informed decisions about what services (if any) they may need. It will work with people who have experienced issues relating to both domestic abuse and/or sexual violence. It should include helpline facilities as part of the listening and information giving functions

- ***Crisis Support: accommodation and housing :-*** This area of delivery will address a range of emergency and crisis needs by supplying time-limited temporary housing and a sanctuary scheme (support to keep people safe in their own homes) both of which will offer multidisciplinary interventions to meet the emotional and practical needs of the victim.

- **IDVA / ISVA and DA Car provision :-** The service will include Independent Domestic Violence Advisor and Independent Sexual Violence Advisor provision

- ***Recovery and Confidence Building :-*** Services will offer a range of practical and emotional support to help people build confidence and re-engage with society. A key outcome of this delivery is to support people to rebuild their lives and social support. This should include activities and counselling *Specialist*

- ***Specialist work with Children and Young People*** Children's work will be accessible for all children victims, with an additional focus on provisions within safe and relevant accommodation. Work will be evidence-based and delivered by trained and skilled practitioners using current best practice guidelines. This will include therapeutic work, play and family-oriented work, along with ensuring that families are linked into children's provision in the community.

- ***Early Intervention and Prevention service -*** Working to address the levers of violence and abuse including delivering perpetrators programmes and support for those whose partners have been violence. The service will have a preventative focus to enable families, people, schools and communities to access appropriate training, awareness raising and support as early as possible.

- **Partnership Working and Strategic Participation :-** Partnership working is a key expectation of this contract. The Provider shall work in partnership with a range of services and organisations in order to provide effective support to the people within the service, and to promote the service across the district

2 AIMS AND OUTCOMES

The Scheme provides a range of support services and delivers interventions to people (16+) to those experiencing Domestic Abuse & Sexual Violence, and those who perpetrate Domestic Abuse. Children's work will be accessible for all children victims, with an additional focus on provisions within safe and relevant accommodation

The strategic aims and objectives of the Scheme are:

The service will be based on the right that everyone should be able to live free from abuse, the aims and objectives of the service to achieve this have been outlined as:

- Achieve a reduction in domestic abuse across our district.
- Reduce the occurrence of repeat incidences of domestic violence and ensure we are 'getting it right first time.
- Reduce violent crime (including sexual violence and domestic abuse), hospital admissions and accident and emergency (A&E) attendances.
- Improve the mental and physical wellbeing of people and their families to overcome and recover from sexual violence and domestic abuse.
- Reduce the number of people who experience sexual violence and domestic abuse.
- Stop the cycle of domestic abuse and sexual violence.

3 THE ARRANGEMENTS

This is a Lead Commissioning Arrangement with the Council as the lead commissioner.

The Partners have identified this Domestic Abuse and Sexual Violence Scheme service as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Service Specification.

In relation to the Service, the ICB has agreed to delegate the exercise of its NHS Functions to the Council to exercise alongside the Council's Health Related Functions and act as lead commissioner in respect of this Scheme.

The Council is the lead commissioner on behalf of the ICB and the Children's and Families Trust. Public Health are responsible for monitoring the contracted service. The Children and Families Trust and the ICB contribute to the funding of this service.

The Council shall provide the financial administrative systems for all pooled funds and shall manage the delivery and outcomes of the Scheme.

4 FUNCTIONS

Commissioning Arrangements

The Council is the lead commissioner on behalf of the ICB and the Children's and Families Trust: The Council was responsible for the procurement process which was conducted in line with all relevant legislation and undertaken through YORTender.

Contracting Arrangements

The Council issued contracts to the successful bidder for:

- Specialist Services in the Bradford District for Domestic Abuse and Sexual Violence – Lot 1

The Provider to be contract managed by Public Health is:

- Staying Put in partnership with Family Action and the Women's Centre Halifax

The contract period is 1st April 2025 to 31st March 2030 with a further 2 x 12 month extensions available.

5 SERVICES

The Council commission, contract manage and monitor the Domestic Abuse and Sexual Violence Scheme as the lead commissioner on behalf of the ICB and the Children's and Families Trust.

The Scheme comprises fully integrated, specialist services for domestic abuse and sexual violence. There is a 'whole system' approach ensuring the services are in 'one place' through 'One Front Door': The services are;

Single Point of Contact (SPOC) – Pathways into Support
An integrated access route into all DASV specialist services

Crisis Support: accommodation and housing
This will address a range of emergency and crisis needs including immediate emotional support, supplying temporary housing and reducing continued risk. This includes sanctuary scheme, Independent domestic violence advocate/independent sexual violence advocates (IDVA/ISVA), domestic violence cars, strategic participation and raising awareness and accommodation and housing.

Recovery and Confidence Building
Will offer a range of practical and emotional support to help people build confidence and re-engage with society.

Specialist Work with Children and Young People
Dedicated children and families service tackling the impacts of violence on children and young people.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The Council (Department of Public Health), the Bradford Children's and Families Trust and the ICB currently jointly commission Domestic Abuse & Sexual Violence Services

The joint commissioning process provides the opportunity to bring all available public sector resources in the District for Domestic Abuse & Sexual Violence Service together with the intention of maximising the impact of the resource through shared and agreed service priorities and outcome targets with providers.

The service was reviewed and a new model of service was procured in 2023/24.

The Council is the lead commissioner on behalf of the ICB and the Children and Families Trust and will take overall lead responsibility for monitoring the Contract with support from the ICB and Children and Families Trust.

Contracting Arrangements

The contract is for a term of 5 years, plus one plus one

A Standard Contract is in place from 1st April 2025 – 31st March 2030 with the option to extend by a further two years (2 x 12 month).

The annual value of Lot 1 is £1,802,000 (see Section 7) Council, ICB and Children's Trust).

CBMDC will be responsible for the development, co-ordination, negotiations and execution of the contract. Contract management and monitoring will be undertaken in accordance with contract T&Cs. The lead commissioner will have delegated authority to agree the terms of the contract with the provider. The terms issued will be Local Authority terms unless otherwise stipulated and agreed. Termination of all or part of the service will be in line with contract terms set and agreed with the provider.

Access

People accessing the service will be people who have experienced and/or who are experiencing domestic and/or sexual abuse aged 16+. Children's work will be accessible for all children victims, with an additional focus on provisions within safe and relevant accommodation. The Service will be confidential and responsive to the person's needs and those of their family. The key aim of the Service is to reduce the risk of harm these types of violence can cause to people. The Provider will demonstrate fair access and an understanding of the additional challenges faced by some victims and their children, for example those from BAME communities, Gypsy and Traveller communities, EU migrants or those with particular personal circumstances such as older people, those in same sex relationships, people with complex needs, mental health issues and/or those with disabilities including learning disability and autism.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2025/26	**ICB Contribution**	**Bradford Children's and Families Trust**	**New Burdens Fund**	**Public Health Grant**
Core Service – Lot 1	£266,390.00	£136,993.00	£652,901.00	£745,716.00
Total: 1,802,000.00				

Financial resources in subsequent years to be determined in accordance with the agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

N/A

(2) Management of the Pooled Fund

The Scheme is funded by the Council, the Bradford Children and Families Trust, and the ICB. The funds contributed by CBMDC (Public Health), the Children and Families Trust, are all 'pooled' funds. The host partner is the Council.

The Pooled Fund Manager for this Scheme is the Joint Commissioning Manager within the Council.

The Partners acknowledge that they are entering into a 'pooled fund' arrangement pursuant to Section 75 (2) of the Act and Regulations 7 of the Regulations.

Management arrangements for the Pooled fund are;

The Council will provide the financial administrative systems for Pooled Fund and shall manage the delivery and outcomes of the Scheme/Service.

Levels of contribution have been agreed (see above table)

The Council will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract and such sums shall be paid form the pooled fund. The ICB will make a financial contribution of £266,390 per annum towards the cost of the service.

The Council will invoice the ICB quarterly for its contribution to the pooled fund and such invoices shall be payable within 28 days.

(3) Audit Arrangements	
What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioners financial policies and procedures.

(4) Financial Management	
Which financial systems will be used?	Financial Systems of the Council
What monitoring arrangements are in place?	as determined by the Council
Who will produce monitoring reports?	Lead officers of the Council
What is the frequency of monitoring reports?	Quarterly and Annually or as requested
What are the rules for managing overspends?	N/A
Do budget managers have delegated powers to overspend?	No
Who is responsible for means testing?	N/A
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What are the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	N/A

9 VAT

The Partners shall agree the treatment of Funds for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	The VAT regime of the Lead Commissioning Organisation will be applied to each scheme that it is the Lead Commissioner for.
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning forum has responsibility for monitoring this service and the terms of this Schedule. A report from the lead officers will be submitted to PCF annually or as requested.

Other routine reporting will be quarterly and managed by the Council jointly across the partners. Relevant performance management will be reported to the DASV Board as required.

Serious risks and issues pertaining to the Service, with a plan for mitigation, will be reported to the PCF as they arise.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

N/A

13 ASSURANCE AND MONITORING

CBMDC will monitor the performance of the contract. Contract monitoring will take place quarterly via meetings with the provider. Partners will be invited to comment on monitoring returns, attend agenda setting meetings and attend monitoring meetings where appropriate.

Lead officers will review the operation of this Service/Schedule in line with the terms within this Schedule.

The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to the WY ICB, the Council and other System Governance bodies.

Reports will be provided to the relevant board or committee, as scheduled or by exception.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council Commissioning Lead	Colin Boyle	Commissioning Manager	5th Floor Britannia House, Bradford BD1 1HX	07484915749	Colin.boyle@bradford.gov.uk
Council Senior Lead	Liz Barry	Head of Public Health	5th Floor Britannia House,	07582103101	liz.barry@bradford.gov.uk

			Bradford BD1 1HX		
Council Contracting Lead	Luke Myers	Head of Strategic Contracts & Quality	5th Floor Britannia House, Bradford BD1 1HX	07890416758	luke.myers@bradford.gov.uk
ICB lead commissioner	Rashmi Sudhir	Head of Mental Health	Scorex House, 1 Bolton Road, BD1 4AS	07980861123	Rashmi.Sudhir@bradford.nhs.uk
ICB Senior Lead	Sasha Bhat	Deputy director of integration and transformation	Scorex House, 1 Bolton Road, BD1 4AS	07956323180	Sasha.Bhat@bradford.nhs.uk
Bradford Children and Families Trust senior lead	Lisa Brett	Head of Service	Sir Henry Mitchell House, 4 Manchester Road, Bradford, West Yorkshire, BD5 0QL	07582104826	Lisa.Brett@bradfordcft.org.uk
Council Lead in Place (NBF)	Nicole Stott	Domestic Abuse and Sexual Violence Manager	Sir Henry Mitchell House, 4 Manchester Road, Bradford, West Yorkshire, BD5 0QL	07582101131	Nicole.stott@bradford.gov.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning & Commissioning Forum.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

N/A

17 REGULATORY REQUIREMENTS

N/A

18 INFORMATION SHARING AND COMMUNICATION

The Council and WY ICB shall share and supply information in respect of the services as each party may reasonably require giving effect to the terms of this agreement.
19 DURATION AND EXIT STRATEGY
This schedule is effective from **1st April 2025** for a period of 5 years. The schedule will end on **31 March 2030, with possible 2 x 12 months extensions.** Either party may terminate this schedule by giving six months' notice in writing. A Strategic review shall take place on dates to be agreed to review objectives and performance. In the event the Partners agree to terminate, then an exit strategy shall also be agreed within the agreed lead in time.
20 OTHER PROVISIONS
None

SCHEDULE 1.20 GENETICS SERVICE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

Across the country there is a variable response to increased healthcare need due to increased genetic risk. To address this a national multi-agency steering group and the West Yorkshire and Harrogate Health and Care Partnership Local Maternity System are developing best practice. This work has identified four main drivers to responding to increased genetic risk.

1. Leadership and coordination
2. Increasing equitable access to genetic services (to reduce health inequalities)
3. Enhancing genetic literacy at community and patient level
4. Equipping healthcare professionals and improving referrals and coordination

This is particularly timely with the advent of the Genomics Era. The 100,000 Genomes Project, the launch of the NHS Genomic Medicine Service and the 2016 CMO report 'Generation Genome' have led to increased rates of molecular diagnosis in rare disease and are set to increase eligibility for and access to genomic testing. It is essential that eligible patients and their families have access to new tests and genomic medicine services.

The service will be commissioned by Bradford Council Public Health and will develop a practice and community response to increased genetic risk associated with close relative marriage.

The Genetics Service was commissioned through RIC funding between 2021-2024. The Partnership Leadership Executive have approved the continuation of funding as business as usual from September 2024 onwards. This Section 75 schedule reflects the current partnership arrangement of the Genetic Services

2 AIMS AND OUTCOMES

The overarching aim of Genetic services is to provide a specialised service focused on the provision of advice and to promote improved access to genetic information. The project aims to enhance the quality of life for those affected by or at risk of a genetic condition or congenital abnormality. Individuals and families will be helped to understand their condition, its implications, and their options with regard to reproduction, screening, prevention and management.

2.1 Objectives

Service objectives include: -

- Improving knowledge and access to information about genetic risk for key professional groups and the community.
- Enhancing public genetic literacy to empower families to make informed decisions.
- Empower staff from different professional groups and in different settings to have conversations around genetic inheritance.
- Increased access to genetic information, counselling and testing in order to empower informed choice in hard-to-reach groups.

2.2 Outcomes

The Service will support and contribute towards delivery of the Public Health & NHS Outcomes Framework Domains & Indicators recognising these as critical to the health and care system and the vision to improve and protect health and wellbeing and improve the health of the poorest fastest leading to long, healthy lives.

The Service will support and contribute towards the following indicators:

- Domain 1 – Preventing people from dying prematurely
- Domain 2 – Enhancing quality of life for people with long-term conditions
- Domain 4 - Ensuring people have a positive experience of care

Local defined outcomes:

- Increased access to genetic information, counselling and testing.

- Enhanced public genetic literacy to empower families to make informed decisions.
- Increased genetic awareness amongst health professionals and communities.
- Reduced health inequalities associated with birth outcomes and childhood disabilities

3 THE ARRANGEMENTS

This is a Lead commissioning arrangement with Bradford Council Public Health as Lead commissioner.

The Partners have identified the Genetic Services as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Service Specification.

For the purpose of this Service, the ICB has agreed to delegate the exercise of its NHS Functions to the Council to exercise alongside the Council's Health Related Functions and act as lead commissioner in respect of this Service.

The Council shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Service.

4 FUNCTIONS

Bradford Council Public Health is the lead commissioner on behalf of NHS West Yorkshire ICB and will be responsible for enforcing and monitoring the Contract.

5 SERVICES

5.1 Service description/care pathway

5.1.1 Across the country there is a variable response to increased healthcare need due to increased genetic risk. To address this, a national multi-agency steering group and the West Yorkshire Health and Care Partnership Local Maternity System are developing best practice. This work has identified four main drivers to responding to increased genetic risk.

- Leadership and coordination
- Increasing equitable access to genetic services (to reduce health inequalities)
- Enhancing genetic literacy at community and patient level
- Equipping healthcare professionals and improving referrals and coordination

The Bradford project is based around strengthening our local response in these four areas, to be taken forward by every Best 1001 Days Priority area of the Healthy Children and Families Act As One Programme Board which reports to the Health and Wellbeing Board).

The deliverables under each area includes:

5.2 Leadership and coordination

- Establish a multi-agency Genetic Risk strategy group with programme support.
- Ensure regional and national best practice is disseminated and embedded locally.
- Identify priority research areas where additional evidence is needed to inform practice (working with Born in Bradford for research and evaluation).

5.3 Increasing equitable access to genetic services

- Enhance the accessibility and appropriateness of genetic information, counselling and testing services.
- Develop best practice guidance on enhancing equity of access to genetic services, including referrals and coordination with other services.

- Update and evaluate a locally agreed pathway for care or couples at risk of having a child affected with a genetic condition.
- Identify the core services elements (and points within maternity pathways) that can enhance access to genetic services. This will involve working across different staff groups to fine tune the most effective engagement point.

5.4 Enhancing genetic literacy at community and patient level

- Update local resources and materials from emerging national/regional best practice to ensure consistent & appropriate messages and information. A co-design approach with hard-to-reach communities in Bradford District and Craven will be required.
- Develop e-learning module using emerging best practice and tools.
- Deliver training sessions to relevant staff groups (e.g. GPs, health visitors, community and VCS teams) at community venues.

5.5 Equipping healthcare professionals and improving referrals and coordination

- Deliver appropriate resources and training to key professional groups in both genetics and cultural competence.
- Develop appropriate resources for key professional groups (midwifes, paediatrics, primary care, sexual health, health visitors, and community workers).
- Utilise a family history tool to identify and support those at higher risk of having a child affected with a genetic condition. Trial the tool for the family history review taken by midwives at booking.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

Lead Commissioning: contract issued and managed by Bradford Council Public Health

Contracting Arrangements

Management of this contract will be undertaken by CBMDC in the following manner:
- Performance Monitoring
- Quality Monitoring
- Risk based validation
- Contract management and/or review meetings will be held as required

The provider is required to report on Quality and Performance Indicators at the required intervals to the appointed officer in the Public Health Commissioning Team.

During the implementation and life of this contract, contract management meetings will be held as required.

Financial monitoring of payment claims will be undertaken through the submission of additional information to be provided with invoice submission. A template will be provided by the Council detailing the additional information to be submitted with the invoices.

The Providers, are required to fully engage with all aspects of the quality assurance processes which will be led by the Council. The Providers are required to fully engage with all aspects of the Council's contract management processes.

The Council operates the Bradford Quality Assurance Framework (BQAF) which is currently being reviewed. Providers will be expected to adhere to the BQAF. A copy will be provided once the review is completed.

An additional total of £55,000 has been secured for 2025/26 by NHS West Yorkshire ICB. Bradford Council Public Health will act as lead commissioner on behalf of the ICB.

Access

The provider will work with healthcare professionals to develop best practice guidance on enhancing equity of access to genetic services and engage with communities to raise the awareness of risks associated with close relative marriage. The provider will develop appropriate resources for key professional groups (midwifes, paediatrics, primary care, sexual health, health visitors, and community workers) to allow them to provide support to communities who wish to know more about genetic risks associated with close relative marriage.

The provider will work with people in the community, families and health care professionals to enhance the ability of individuals to make informed reproductive decisions and to raise awareness of Genetic risk of consanguinity.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2024/2025	ICB contribution	Council Contribution
Non-Pooled Fund A	£55,000	£0
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial Year 2025/2026	ICB contribution	Council Contribution
Non-Pooled Fund A	£55,000	£0
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial resources in subsequent years to be determined in accordance with the Agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution have been agreed (see table above)

Arrangements are set out in the standard conditions of contract - Financial monitoring of payment claims will be undertaken through the submission of additional information to be provided with invoice submission. A template will be provided by the Council detailing the additional information to be submitted with the invoices.

The Council will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract. The ICB shall make a financial contribution of £55,000 per annum for the cost of the service.

The Council will invoice the ICB annually for the costs of the services and such invoices shall be payable within 30 days

Both parties reserve the right to formally raise any concerns regarding increases in demand or issues related to the delivery of services within the scope of the agreed contributions. Such concerns shall be initially addressed through the PCF Finance Forum, with escalation to the Planning and Commissioning Forum if further negotiation is required. Both parties agree to engage in good-faith negotiations to reach a mutually acceptable resolution on any adjustments or accommodations that may be necessary.

(2) Management of the Pooled Fund

The Partners acknowledge that they **are not** entering into a 'pooled fund' arrangement pursuant to Section 75 (2) of the Act and Regulations 7 of the Regulations.

(3) Audit Arrangements

What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedure.

(4) Financial Management

Which financial systems will be used?	*Standard lead commissioner systems*
What monitoring arrangements are in place?	*tbc*
Who will produce monitoring reports?	*Provider*
What is the frequency of monitoring reports?	*tbc*
What are the rules for managing overspends?	*Any overspends are at the providers risk*
Do budget managers have delegated powers to overspend?	*No*
Who is responsible for means testing?	*N/A*
Who will own capital assets?	*N/A*
How will capital investments be financed?	*N/A*
What management costs can legitimately be charged to pool?	*N/A*
What re the arrangement for overheads?	*N/A*
What closure of accounts arrangement need to be applied?	*Standard lead commissioner arrangements*

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	*lead commissioners regime*
Is one Partner acting as 'agent' for another?	yes
Have Partners confirmed the format of documentation, reporting and accounting to be used?	yes

10 GOVERNANCE ARRANGEMENTS

The Planning and commissioning forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to ICB, LA and System Governance bodies.
Reports will be provided to the relevant board or committee, as scheduled or by exception.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		

Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

Staff are recruited, employed and managed by the provider. No additional staff are recruited for this scheme.

13 ASSURANCE AND MONITORING

Assurance of this contract will be managed by CBMDC in the following manner:

- Performance Monitoring
- Quality Monitoring
- Risk based validation
- Contract management and/or review meetings will be held as required

The provider is required to report on Quality and Performance Indicators at the required intervals to the appointed officer in the Adult & Community Service's Commissioning Team.

The service will be measured against the following Key Performance Indicators (KPIs) for this service are as follows:

- Increased genetic awareness amongst health professionals
- Increase in genetic awareness reported amongst communities
- Case studies to include but not limited to journeys of families who have engaged with Womenzone to access further information around family genetic disorders.

Meetings are held monthly (as a minimum) between the Council and provider to review performance against the KPIs.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council lead commissioner	Carolyn Sadler	Public Health Specialist	Britannia House	01274 434669	carolyn.sadler@bradford.gov.uk
ICB lead commissioner	Ian Wallace	Senior Programme Manager – Access to Care	Scorex House	07931545451	Ian.Wallace@bradford.nhs.uk
Council Senior lead	Christopher Dickinson	Head of Strategic Commissioning	Britannia House	07890 968434	Christopher.Dickinson@bradford.gov.uk
ICB senior lead	Nagina Javaid	Programme Director for Children, Young People and Families	Scorex House	07974096781	Nagina.Javaid@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning and Commissioning Forum. Further governance is provided by the Best 1001 Days Priority Steering Group.
16 RISK AND BENEFIT SHARE ARRANGEMENTS
There are no risks of over/underspend as this is a set contract.
17 REGULATORY REQUIREMENTS
N/A
18 INFORMATION SHARING AND COMMUNICATION
Bradford Council Public Health and ICB will shall share and supply such information in respect of the service as each party may reasonably require to give effect to the terms of this Agreement
19 DURATION AND EXIT STRATEGY
This agreement shall take effect from 1st April 2025. The contract shall expire on 31st March 2026. Any changes or early termination to this schedule must be done in accordance with the contract terms. Provider exit arrangements are set out in the standard terms of the provider contract
20 OTHER PROVISIONS
N/A

SCHEDULE 1.21 WARM HOMES HEALTHY PEOPLE SERVICE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The service uses early intervention and preventive approaches such as the provision of practical support, health promotion activities, interventions on behalf of service users with utility companies, directing people to fuel debt and general welfare advice. The service is targeted at households that are experiencing food poverty, lack of clothing, bedding, insulation or working heating systems and/or fuel poverty. It will support them to access food support, to maintain their homes at comfortable temperatures and to stay safe and healthy during cold weather and in extreme heat.

Following a brief service review by Public Health, an independent equity analysis process and review through the internal Council BBERT finance and commissioning process, the plus 1-year contractual option to extend the service into 2024-25 was enacted.

The Host Partner for this schedule is the Council and the manager of this fund, being an officer of the Host Partner is Angela Hutton.

2 AIMS AND OUTCOMES

The aim of the Warm Homes Healthy People Service (the WHHP Service) is to work year-round:

To contribute to reducing 'excess winter deaths' defined as the increase in deaths commonly recorded during the winter months of December to March over and above the level of deaths recorded in the non-winter months in each year; and

To work with people who are vulnerable to illness as a result of cold, in order to reduce the likelihood of cold related illness, particularly for vulnerable individuals and people living in vulnerable households who are experiencing fuel and/or food poverty; and

To reduce the impact of excess heat events on wellbeing, including excess heat related illness and deaths.

The service operates to NICE Guidance NG6 on reducing Excess Winter Deaths and the health impacts associated with Cold Homes: https://www.nice.org.uk/guidance/ng6

The Service contributes to Outcomes as follows:

Public Health Outcome Framework (PHOF) indicators:

- Fuel Poverty (B17)
- Healthy diet (C15)
- Social Isolation (B18a and B18b)
- Excess winter deaths index (E14)
- Excess winter deaths index (aged 85+) (E14)

Adult Social Care Outcomes Framework (ASCOF) Indicators:

- Proportion of people who use services and their carers who reported that they had as much social contact as they would like (1L)

National Health Service Outcomes Framework (NHSOF) Indicators:

- Preventing people from dying prematurely

- Enhancing quality of life for people with long term conditions

ICB outcomes:

- Reducing attendances at A&E
- Reducing emergency admissions to hospital
- Reducing emergency readmissions to hospital

3 THE ARRANGEMENTS

This is a Lead Commissioning Arrangement with the Council as the Lead commissioner.

The Partners have identified the WHHP Service as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Scheme Specification.

For the purpose of this Service, the ICB has agreed to delegate the exercise of its NHS to the Council to exercise alongside the Council's Health Related and act as lead commissioner in respect of this Service.

The Council shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Service.

A lead provider, Groundwork Yorkshire Limited is contracted to co-ordinate service provision in Bradford District, contributing its own Green Doctor energy advice and support service and co-ordinating the work of 3 delivery partners (HALE, Age UK, Innchurches) to provide services and interventions to save energy and address cold, damp and mould, or excess heat in people's homes, to provide energy-saving advice, and increase awareness of issues and service options in communities, in public-facing services, the local VCS, and to generate referrals and self-referrals to the service and to make onward referrals to delivery partners and other services as appropriate.

4 FUNCTIONS

Online referral portal. Freephone telephone line, triaging of referrals, onward referral to delivery partners, onward referral to council and VCS services.

5 SERVICES

The WHHP Service provided by Groundworks conduct the following tasks:

- triage by need and health condition
- home visits
- energy assessments and advice
- energy and water debt advice and support
- support with grant applications
- Energy-saving interventions (also heating system repairs, servicing and replacement through additional temporary NHS funding from WYICS April 2022-December 2022, and through the Department for Work & Pensions' Household Support Fund Jan 2023 to March 2024 and April-September 2024-25 by Contract Extension Orders)
- Excess heat interventions.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

Lead commissioning arrangement between the Council and the ICB. The Council as Lead Commissioner.

Contracting Arrangements

The council contracts with the lead provider Groundwork through the Public Health Commissioning Team.

Access

Eligibility criteria as set out in Nice Guidance 6: https://www.nice.org.uk/guidance/ng6

Telephone triage is used to identify and prioritise the referrals most vulnerable to risk of health impact through cold homes or excess heat.

Referrals shall be accepted from a range of sources, including but not limited to Children's services, adult and child health and social care teams and services, social prescribing services, GPs, Health Visiting service, Midwifery service, community nursing and other health teams and establishments, voluntary and community based organisations; Children's Centres, the Children and Families Early Help gateway, Living Well service, and self-referrals from Service Users and their families.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2021/2022	ICB contribution	Council Contribution
Non-Pooled Fund A	£28,835	£38,222
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial Year 2022/2023	ICB contribution	Council Contribution
Non-Pooled Fund A	£259,835	£108,222
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial Year 2023/2024	ICB contribution	Council Contribution
Non-Pooled Fund A	£28,835	£198,222
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial Year 2024/2025	ICB contribution	Council Contribution
Non-Pooled Fund A	£28,835	£79,111

Household Support Fund – to be spent by September 2024		£130,000
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial resources in subsequent years to be determined in accordance with the Agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

A Contract Standing Order (CSO) is in place to accommodate an additional £231,000 provided to the Council by the ICB to extend the service in 2022 – ending 31st December as per NHS financial year. An additional Contract Standing Order (CSO) is in place to accommodate an additional £160,000 provided by the Council as detailed in Section 1 for the Council financial year 2023-24.

(2) Management of the Pooled Fund

The pooled fund is managed by the Public Health team on behalf of the ICB in respect of the main budget and on behalf of the ICB in respect of the funds set out in the CSOs for 2022-23, and 2023-24.

The Council will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract. The ICB shall make a financial contribution of £28,835 per annum towards the cost of the service.

The Council will invoice the ICB quarterly for its share of the costs of the services and such invoices shall be payable within 30 days.

(3) Audit Arrangements

What Audit arrangements are needed?	Agreement of quarterly monitoring as specified in the contract to be discussed with the provider by both the Council and ICB Quarterly review by the Public Health Leadership team for the Council/ICB. Six monthly reviews for both the Council and the ICB by the Planning & Commissioning Forum.

(4) Financial Management

Which financial systems will be used?	*Public Health arrangements – SAP/Power BI*
What monitoring arrangements are in place?	*Quarterly monitoring using agreed template (updated as required for contract variation) to Public Health Commissioning Team and xxx tbc for*
Who will produce monitoring reports?	*Lead provider- Groundwork*
What is the frequency of monitoring reports?	*Quarterly*
What are the rules for managing overspends?	*Not allowed*
Do budget managers have delegated powers to overspend?	*No*
Who is responsible for means testing?	*Lead provider*
Who will own capital assets?	*N/A*
How will capital investments be financed?	*N/A*
What management costs can legitimately be charged to pool?	*None*

What re the arrangement for overheads?	*To be managed within the overall agreed budget*
What closure of accounts arrangement need to be applied?	*To be confirmed with Council Finance – anticipated to be standard process.*

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	Council
Is one Partner acting as 'agent' for another?	Yes – Council for the ICB
Have Partners confirmed the format of documentation, reporting and accounting to be used?	Yes – following Council processes for documentation and monitoring, reporting to Public Health Leadership Team, who report to the Council Corporate Management team for the Council and tbc for WYICS. Additional joint reporting to the partnership-based Planning & Commissioning Forum.

10 GOVERNANCE ARRANGEMENTS

Governance is via Council Public Health Leadership team to Corporate Management team, Further approval and guidance should be sought by the planning and commissioning forum.

Governance of the Household Support Fund is through the Council Executive.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	Finance, Legal	N/A	

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

Staff are recruited, employed and managed by the lead provider. No additional staff are recruited for this scheme by the delivery partners. The lead provider meets the Council's Social Value requirements by offering and reporting on volunteering opportunities.

13 ASSURANCE AND MONITORING

Four weekly meetings are held by the Council and the ICB with the lead provider. The lead provider holds monthly meetings with the delivery partners attends. Quarterly monitoring is provided as outlined above and reporting to the partnership-based Planning & Commissioning Forum (as required).

The Key Performance indicators below apply to this service and will be subject to regular review:

	Key Performance	Target	Numerator/Denominator	Frequency

Ref	Indicators			
1	Percentage of referrals contacted within 3 working days	100%	Numerator: Number of referrals contacted within 3 working days Denominator: Number of referrals received	Quarterly
2	Percentage of referrals contacted who are assessed	100%	Numerator: Number of referrals contacted and are assessed Denominator: Number of referrals contacted	Quarterly
3	Number of referrals leading to an intervention	180 per quarter average (From 2nd quarter of first year)		Quarterly
4	Percentage of households assessed that receive one or more fuel poverty interventions	80%	Numerator: Number of households assessed as requiring fuel poverty interventions who receive the intervention Denominator: Number of households assessed who require a fuel poverty intervention	Quarterly

The Provider must report against the Key Performance Indicators (KPIs) within 10 working days of each quarter end during service delivery period. Further details can be found on the service specification.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council lead commissioner	Angela Hutton	Senior Public Health Specialist	5th Floor Britannia House	07582 109265	angela.hutton@bradford.gov.uk
ICB lead commissioner	Louise Keighley	Senior Head of Integrated Health and Care	Scorex House	01274 237369	Louise.keighley@bradford.nhs.uk
Council senior lead	Christopher Dickinson	Head of Strategic Commissioning	5th Floor Britannia House,	07890968434	Christopher.Dickinson@bradford.gov.uk
ICB senior lead	Jess Parker	Associate Director of Healthy communities	Scorex House	01274 237290	Jessica.parker@bradford.nhs.uk

15 INTERNAL APPROVALS

Public Health Leadership Team, Health and Wellbeing DMT, Procurement Team.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

There are no risks of over/underspend as this is a set contract.

17 REGULATORY REQUIREMENTS

None specified

18 INFORMATION SHARING AND COMMUNICATION

Council Public Health Team, acting for the Council, and team tbc acting for the ICB will share and supply such information in respect of the service as each party may reasonably require to give effect to the terms of this Agreement

19 DURATION AND EXIT STRATEGY

The contract start date is 1st October 2021 for 2.5 years to 31st March 2024 with a possibility to extend a further +1 +1 years if required. If both contract extensions are exercised, the contract will run up to 31st March 2026. An exit strategy is to be developed and would include, for example:

- to review and make recommendations on recommissioning the service, a light touch review for enacting the plus 1, plus 1 option,
- full review in advance of the extended contract end in March 2026, if applicable.
- securing funds to recommission the service, through an open commissioning process, as in previous instances of the contract for this service ending.

If either party wish to terminate the contract, they must adhere to the termination clause detailed in the service specification.

20 OTHER PROVISIONS

None

SCHEDULE 1.22 MENTAL HEALTH (MH) CRISIS RESPITE SERVICE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

As part of a pilot project, MH Crisis Respite Service (the service) provides a brief period of intensive support for people in Bradford and Craven experiencing a mental health crisis with the aim of providing an alternative to A&E or hospitalisation for people experiencing acute mental health crisis.

The service provides accommodation for up to 4 people who require intensive home treatment for a mental health crisis and would benefit from a calm and therapeutic environment for a short period to avoid an inpatient admission. People are expected to stay with the service for between 3-7 days in keeping with Intensive Home Treatment Team (IHTT) interventions. They have access to support 24 hours a day from support workers and have an allocated IHTT worker. The short stay intensive support will be explained to people accessing the service at point of entry, detailed in the welcome pack and agreements that are countersigned by service user at point of entry. The support workers at crisis house will work intensively to link people resident in the house back to communities and there will be link worker from VCSE to facilitate links into the wider services in the safer Spaces and Community Mental Health offers.

2 AIMS AND OUTCOMES

The service provides a brief period of intensive support for people of Bradford and Craven experiencing a mental health crisis.

Local outcomes for the Crisis / Respite component of the Service will include:

a) Service users are supported to remain out of hospital and where possible return home after their stay in respite
b) Service users have choice and control over their life and the services they receive
c) Service users' recovery is enhanced and they are supported towards independence.
d) Service users feel valued and respected
e) Service users feel as healthy and as happy as possible
f) Services and support are provided in a way that responds to the cultural and religious needs of service users
g) Staff are appropriately trained and supervised
h) everyone in Bradford and Craven can access high quality services that meet their needs, when they need them.
i) those people at greatest risk or those who may struggle to enter services receive support to access meaningful treatment.
j) people with long term mental health conditions are supported to lead healthy lives.

3 THE ARRANGEMENTS

The contract is funded by monies provided to the Council by NHS West Yorkshire Integrated Care Board (referred to as ICB) for the provision of mental health services. The contract is held and managed by the Council. Operational support to the service is delivered via the NHS and the Council.

The Partners have identified the service as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Scheme Specification.

The Council shall provide the financial administrative systems for the Non-Pooled Fund and the contractual arrangement.

4 FUNCTIONS

The ICB shall undertake the following functions as part of this agreement:

- Monitor the provision to ensure it is delivering the expected outcomes as detailed in the service specification

- Review the progress of the pilot
- Report to the Healthy Minds Board

The Council will be responsible for:

- Issuing Contract Documents
- Manage and work with the Provider responsible for delivering this service
- Administering payment mechanisms
- Processing payments in relation to this service

5 SERVICES

Client groups covered by this schedule include all adults (18+) of working age experiencing a mental health crisis in the Bradford and Craven District.

All referrals will be directly from and Intensive Home Treatment Team (IHT) worker.

The Crisis house Bradford will: -

- have sleeping facilities for up to 4 people.
- provide short term emotional and practical support for people who are assessed by the Intensive Support Service as needing additional support to avoid admission to hospital.
- deliver person centred support in a safe, comfortable environment without the often-stigmatising effects and restrictions of a hospital admission.

Residence in the House will be in order to support the person through the initial "Crisis" period and may be for as brief a period as 24hrs but will be no longer than a maximum of 7 days. The service will operate 24 hours a day/ 365 days a year.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

As per section 3 of this schedule

Contracting Arrangements

Management of this contract will be undertaken by the Council

If any dispute arises between the parties in relation to the Agreement, the first course of action should be for the matter to be discussed between the party's senior managers.

If the matter cannot be resolved, then the dispute will be referred to the Planning & Commissioning Forum.

If this fails to resolve the matter, then it should be referred to the Place lead and the Chief Executives and legal teams of the respective organisations in order for them to attempt to resolve the dispute.

In the event this fails then the matter will be referred to mediation.

Access

All parties shall provide appropriate access and information to any external body empowered by statute to inspect, audit or monitor the parties discharge of their duties and services under this Agreement.

Eligible service users will:

a) Have had a full Mental Health and Risk assessment completed
b) Be medically fit (if there is doubt presentation at A&E to be arranged).
c) Be presenting with a mental health crisis.

d) Be considered as requiring an acute bed because of the lack of appropriate accommodation
e) Have agreed to the involvement of and been admitted to IHT Team
f) Have agreed to try to limit any alcohol or drug
g) Have adequate Capacity to consent to the above
h) Be over 18
i) Be a resident in Bradford and Craven Health and Care partnership area
j) Eligible service users will not be actively trying to end their life or trying to harm others.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2023/2024	**ICB contribution**	**Council Contribution**
Ringfenced contribution for MH services (reserve funding)		£395,928.00

Financial Year 2024/2025	**ICB contribution**	**Council Contribution**
Ringfenced contribution for MH services (reserve funding)		£395,928.00

Financial resources in subsequent years to be determined in accordance with the Agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution have been agreed (see table above)

(2) Management of the Pooled Fund

The Parties acknowledge that they are not entering into a 'pooled fund' arrangement pursuant to Section 75 (2) of the Act and Regulations 7 of the Regulations.

The Council will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract. The ICB shall make a financial contribution of £395,928 per annum towards the cost of the service. The WY ICB contributions have been paid through the ringfenced contributions which sits with the Council (please see section 1 for historic arrangement).

(3) Audit Arrangements	
What Audit arrangements are needed?	N/A
(4) Financial Management	
Which financial systems will be used?	N/A
What monitoring arrangements are in place?	N/A
Who will produce monitoring reports?	N/A
What is the frequency of monitoring reports?	N/A
What are the rules for managing overspends?	N/A
Do budget managers have delegated powers to overspend?	N/A
Who is responsible for means testing?	N/A
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What re the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	N/A

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	The VAT regime of the Lead Commissioning Organisation will be applied to each scheme that it is the Lead Commissioner for.
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Healthy Minds Board has responsibility for the governance and monitoring of this scheme. The Planning and Commissioning Forum will provide further governance, assurance and monitoring of this schedule.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

The Provider will be responsible for the staffing arrangements to effectively run this service.

The Service will have in place a workforce strategy that includes the following in respect to staff employed in delivering the service:

k) A recruitment and selection policy which complies with all legal and good practice requirements.
l) Operational structure and adequate levels of staffing to meet the requirements of the service throughout the duration of the contract
m) A mix of staff that will broadly reflects the diversity of the districts population
n) An appropriate staff appraisal and staff development system.
o) All applicable employment law and health and safety law
p) Process for notification of substantial changes of staffing relating to this procurement to the Council
q) The Service must have a whistle blowing procedure in accordance with the Employment Rights Act 1996.

The Service will deliver the Service's core hours comprising of:

- Team Leader
- Staff during the day
- 1 waking night
- 1 sleep-in

13 ASSURANCE AND MONITORING

The Crisis Implementation Group will oversee the activity in relation to the Crisis House contract. This group will report to the Healthy Minds Board and the Planning and commissioning forum where required.

The Healthy Minds Board will be responsible for the overall assurance and monitoring of this schedule. The Planning and Commissioning Forum will oversee this schedule as part of the Section 75 agreement.

The service will be measured against the following:

a) prevention of hospital admission – using data on bed occupancy of BDCT.
b) reduction in number of hospital admissions by individuals receiving support from Crisis House
c) reduced risk of suicide and/or self-harm.
d) resolution of period of crisis.
e) improved coping strategies to deal with future crises.
f) people using the service report benefits of peer support through contact with other Visitors and Guests.
g) engagement with other community mental health services, including the other services of BDCT.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council lead commissioner	Holly Watson	Service Manager for Strategic Commissioning	5th Floor, Britannia House, Bradford, BD1 1HX	07812490 705	Holly.Watson@bradford.gov.uk
Council senior lead	Jane Wood	Assistant Director	5th Floor, Britannia House, Bradford, BD1 1HX	01274437312	Jane.Wood@bradford.gov.uk
ICB lead commissioner	Kris Farnell	Senior Head of Mental Wellbeing (integration & change/Health & Care)	Scorex House	07415 600617	Kristian.farnell@bradford.nhs.uk
ICB senior lead	Sasha Bhat	Deputy director of integration and transformation	Scorex House	07956323180	Sasha.Bhat@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning & Commissioning Forum.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

Not applicable – There are no risks of over/under spend as this is a set contract.

17 REGULATORY REQUIREMENTS

Not applicable

18 INFORMATION SHARING AND COMMUNICATION

The Council and ICB shall share and supply information in respect of the services as each party may reasonably require to give effect to the terms of this agreement.

19 DURATION AND EXIT STRATEGY

This service commenced on 9th May 2023 and is a 2-year grant service. The contract end date is 8th May 2025.

Either party may terminate this Agreement by giving 12 months' notice in writing.

A Strategic review shall take place on dates to be agreed to review objectives and performance.

Termination or exit arrangements of the schedule will be detailed in the service specification.

20 OTHER PROVISIONS

The Service must comply with the Safeguarding Adults Multi Agency Policy and Procedures for West and North Yorkshire and York regarding the safeguarding of adults and children.

It must have its own internal procedures and processes to ensure this happens in practice.

SCHEDULE 1.23 OCCUPATIONAL THERAPY SERVICE FOR LEARNING DISABILITIES — COMMUNITY TEAM

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

Community Team, Learning Disabilities (referred to as CTLD) - Occupational Therapy Service

There has been an arrangement in place since 2012 to fund 2 x FTE Occupational Therapists (referred to as OT's). This document is intended to supersede the original agreement. The West Yorkshire Integrated Care Board (referred to as ICB) contribute towards the funding of occupational therapist in the CTLD team which Bradford Council actively manage.

We now have 3 x FTE Occupational Therapist which sit within the Community Team, Learning Disabilities Social Work service and PFA (Preparation for Adulthood) service which also provides support for people with physical disabilities and neurodiversity. The OT's span Preparation for Adulthood, Locality teams and Reviewing Function. within the service.

There is an additional Team Manager and a Senior Practitioner Occupational Therapist working as part of the new Autism and Neurodiversity Service which is funded by the West Yorkshire Integrated Care Board (referred to as WY ICB).

2 AIMS AND OUTCOMES

The principal aim is to work with people in a more targeted way early on in order to prevent an escalation in needs resulting on referrals to much more specialist service. In practice this has historically worked well because having OT placed within the social work service allows joint visits to work seamlessly and as and when required. There is strong evidence that this approach creates faster and better outcomes for people in Bradford.

Of the 3 x OT workers, 1.5 FTW are trained in used for sensory integration assessments, which is a specific qualification that helps understand how to better meet needs. The SI qualified workers work very closely with CTLD SW colleagues and being a part of the same service means that there is better joined up working and reduces the needs to refer to specialist OT services within Waddiloves Health Centre.

There is the added benefit to West Yorkshire Integrated Care Board (referred to as WY ICB) is that the CTLD OT's will also work with individuals where there are joint funding arrangements in place and therefore not requiring referral to external partners within the WY ICB commissioned services.

1 x FTE OT will also be working on supporting the reviewing of supported living properties to ensure that these are fit for purpose and meet individual need now and going forward. This work would otherwise need to be arranged within WY ICB commissioned OT services.

The main aim of these roles is to provide assurance and preventative work for people open to CTLD including people with a dual diagnosis helping to prevent hospital admissions by adding specific OT skills and sensory integration in a timely manner which compliments the social work intervention. The primary consequence of this approach is that OT support is provided early on (at the point of need) and to prevent other OT services becoming overwhelmed.

The post holders will assist in commissioner led change projects/programmes.

3 THE ARRANGEMENTS

This is a lead commissioning arrangement with Bradford Council as the Lead Commissioner.

The Partners have identified the services delivered by the jointly commissioned Occupational therapists as being one to be delivered under Section 75 of the 2006 Act.

The WY ICB has agreed to delegate the exercise of its NHS Functions to the Council to exercise alongside the Council's Health Related Functions and act as lead commissioner in respect of the jointly commissioned posts. The Council shall provide the financial administrative systems for the Non-Pooled Fund.

4 FUNCTIONS

This team significantly supports meeting the OT needs of people with LD and other conditions, working collaboratively with the Waddiloves LD Health team.

The review of the supported living Voids and Nominations scheme is a new function, which will bring additional benefits to lots of people in Bradford when seeking accommodation, providing a clearer understanding of equipment and access needs and whether these can be met in individual properties.

5 SERVICES

The CTLD OT's provide OT assessments for individuals during the transitioning period (Preparation for Adulthood – PFA, working within adult legislation), early help and prevention and those with longer term needs, specifically to adults with a diagnosis of a Learning Disability and dual diagnosis including autism. There is a strong focus of working collaboratively with the OTs based in Waddiloves LD health centre as well as with the LA's Independence Advice Hub OT service.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The LA are responsible for recruitment and employment of the 3 x FTE OT posts and 1 x FTE Team Manager. All line management function is provided within the local authority direct reporting arrangements.

Contracting Arrangements

The posts described within this Schedule are employed on CBMDC contracts, terms and conditions.

Access

Adults with a diagnosis of a Learning Disability from age 18. This includes dual diagnosis and others who may not have a diagnosis of a learning disability but may present with other needs which are eligible for support under the Care Act 2014.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2024/2025	WY ICB contribution	Council Contribution
3 x Occupational Therapists 1 x Occupational Therapists Senior Practitioner	£189,000	N/A

Financial resources in subsequent years to be determined in accordance with the Agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS	
(1) As in the Agreement with the following changes:	
Levels of contribution have been agreed (see table above).	
(2) Management of the Pooled Fund	
The WY ICB shall make a financial contribution of £189,000 per annum towards the cost of the service. The Council will invoice the Council Quarterly for its share of the costs of the services and such invoices shall be payable within 30 days. Costs are recharged quarterly, based on actual salary costs.	
(3) Audit Arrangements	
What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedure.
(4) Financial Management	
Which financial systems will be used?	*Standard lead commissioner systems*
What monitoring arrangements are in place?	*Monitoring arrangements are set out within the contracts*
Who will produce monitoring reports?	*Provider*
What is the frequency of monitoring reports?	*Quarterly*
What are the rules for managing overspends?	*Any overspends are at the providers risk*
Do budget managers have delegated powers to overspend?	*No*
Who is responsible for means testing?	*N/A*
Who will own capital assets?	*N/A*
How will capital investments be financed?	*N/A*
What management costs can legitimately be charged to pool?	*N/A*
What re the arrangement for overheads?	*N/A*
What closure of accounts arrangement need to be applied?	*Standard lead commissioner arrangements*
9 VAT	
The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.	
Which Partners VAT regime will apply?	Lead Commissioner
Is one Partner acting as 'agent' for another?	Yes
Have Partners confirmed the format of documentation, reporting and accounting to be used?	Yes
10 GOVERNANCE ARRANGEMENTS	
This scheme will be reviewed annually by the Adults with Disabilities Senior Management Team. This group reports to the Health and Wellbeing Directorate Management Team. Any changes or amendments to this agreement will be reported to the Planning and Commissioning Forum. A report will be taken to the Healthy Minds Board where required.	
11 NON-FINANCIAL RESOURCES	

Council contribution	Details	Charging arrangements	Comments
Premises	Flexible working arrangements co-located in the same buildings that adult social workers typically use	N/A	Any associated costs will be absorbed by the LA
Assets and equipment	(Office and mobile IT, equipment)	N/A	Any associated costs will be absorbed by the LA
Contracts	N/A	N/A	
Central support services	N/A	N/A	

WY ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

Staff required to deliver against the agreed Section 75 functions will be supplied as needed by both parties.

13 ASSURANCE AND MONITORING

The service managers in the CTLD team will monitor this arrangement with regular reports to Adults with Disabilities Senior Management Team. Monthly updates will be provided to the Adult Social Care Department Management Team.

A report will be taken to the Planning and Commissioning Forum where required for assurance.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council lead	Jack Skinner	Senior Manager in Learning Disabilities (Preparation for Adulthood)	Britannia House, Hall Ings, Bradford	01274 43 6695	jack.skinner@bradford.gov.uk

Council lead	Jennifer Holroyd	Senior Manager in Learning Disabilities	Britannia House, Hall Ings, Bradford	07582102176	jennifer.holroyd@bradford.gov.uk
Council Senior lead	Elaine James	Head of Service	Britannia House, Hall Ings, Bradford	01274 43 2900	Elaine.James@Bradford.gov.uk
WY ICB lead commissioner	Emma Hughes	Senior Head of Integration and change for Learning Disabilities and Neuro Diversity	Scorex House	07976590243	emma.hughes@bradford.nhs.uk
WY ICB Senior lead	Sasha Bhat	Deputy Director of Integration and Transformation	Scorex House	07956323180	Sasha.Bhat@bradford.nhs.uk

15 INTERNAL APPROVALS

These posts will report to the Service Managers in Community Team for Learning Disabilities (CTLD).

16 RISK AND BENEFIT SHARE ARRANGEMENTS

N/A – There are no risks of Over/underspend.

17 REGULATORY REQUIREMENTS

The Council and WY ICB will shall share and supply such information in respect of the service as each party may reasonably require giving effect to the terms of this Agreement.

18 INFORMATION SHARING AND COMMUNICATION

As per information sharing agreements in place between WY ICB and LA

19 DURATION AND EXIT STRATEGY

This schedule is due to be reviewed annually with the view to continue the OT services for CTLD. Should this schedule need to be ended, a minimum of 6 months' notice will be provided.

20 OTHER PROVISIONS

N/A

SCHEDULE 1.26 ADVERSITY TRAUMA AND RESILIENCE / REDUCING INEQUALITIES ALLIANCE PARTNERSHIP

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

This agreement covers the RIA framework consisting of the following 3 programmes:

1. Resilience in Primary Schools programme
2. Sleep Tight Bradford and Craven

1 - The Resilience in Primary Schools programme was developed and commissioned during 2022/ 2023 with final contract award being made in August 2023. It offers support and interventions in schools, for staff, teachers and school leaders to enable children from early years to foundation level 6 to build wellbeing and resilience for the future. This extends into family support to overcome inequalities and disparities in access.
Specifically, the service offers a preventative mental health and wellbeing program for Primary schools. It is a whole school approach with a program for all children (EY through Year 6), a CPD certified wellbeing program for staff and a Parent App. The lessons are all pre-prepared so there is very little teacher prep and all resources are provided

2 - Sleep Tight Bradford and Craven is a Universal sleep support model for 2-11year olds. This is a joint commission between Reducing Inequalities Alliance Core20Plus5 and Public Health. The 3yr contract was awarded summer 2023 and entered delivery phase October 2023. The service provides training and material for the children and young people workforce and specialist one-to-one sleep clinics for parents of children, aged 2-11 years old who are experiencing sleep difficulties. Sleep practitioners work with families to create a personalised sleep plan for their child.

2 AIMS AND OUTCOMES

1 – The Resilience in Primary Schools programme

Service aims:

- To provide Primary schools in Bradford and Craven with resources, training and support to offer a whole school approach to equipping children with the skills required to build wellbeing and resilience and prevent long term harm.
- To provide an evidence based preventative resilience program in Primary schools situated in the 20% most deprived communities in the country amounting to approximately 50% of Bradford schools
- To provide engaging and evidence-based resources for each year group from Early years foundation stage- Year 6
- To provide initial, continual, and appropriate support and guidance for school staff and leadership in delivering materials to promote resilience to maximise the impact of the programme
- To provide resources and support for parents/carer and significant others to support embedding the methods in family homes using a range of means to narrow inequalities in access
- Contribute to the wider Adversity, Trauma and Resilience strategy in Bradford district ensuring maximum impact of the program and adopting a service improvement methodology where required
- Work closely with the leadership of the Living Well schools program to embed the program locally using expertise and guidance of the wider partners

Service Outcomes:

- Supporting the most deprived 20% of the national population as identified by the national index of multiple deprivation (IMD)
- Focussing effort on the “Plus” population groups including ethnic minority communities, inclusion health groups, people with a learning disability and autism, protected characteristic groups, young carers and looked after children.

- Improving Children and Young people's mental health The Service will support and contribute towards the PHOF indicators:
- C12 percentage of looked after children whose emotional wellbeing is cause for concern
- C14b Emergency hospital admissions for Intentional Self-harm
- B03 Pupil Absence

The service will contribute to the following NICE clinical guidance, guidelines and quality standards:

- PH40 Social and emotional wellbeing: early years
- NG223 Social, emotional, and mental wellbeing in primary and secondary education
- NG134 Depression in children and young people: identification and management
- QS128 Early years: promoting health and wellbeing in under 5s

2 – Sleep Tight Bradford and Craven:

Service Aims:

- To provide evidence based training and appropriate materials for the children and young people workforce offering first line support to families in Bradford district and Craven. This should be done in partnership with those already providing elements of training in the district.
- To provide appropriate behavioural and cognitive sleep advice and support for parents/carers of children aged 2 years to 11.
- To signpost parents/carers to relevant primary and secondary care services as and when required.
- To provide flexible tiered support for families in partnership with the family hubs to promote good sleep habits and reduce the need for specialist support by intervening early.

Service Outcomes:

- Supporting the most deprived 20% of the national population as identified by the national index of multiple deprivation (IMD)
- Focussing effort on the "Plus" population groups including ethnic minority communities, inclusion health groups, people with a learning disability and autism, protected characteristic groups, young carers and looked after children.
- Improving Children and their family's overall sense of wellbeing
- Building resilience against the long-term harm of adversity and trauma
- B03 Pupil Absence
- C12 percentage of children where there is a cause for concern
- C28 Self-reported wellbeing
- The service will contribute to the following NICE clinical guidance and guidelines:
- CG170 Autism spectrum disorder in Under 19s: support and management
- NG87 Attention deficit hyperactivity disorder: diagnosis and management

Service Aims:

The aim of the project is to address mental wellbeing at the earliest opportunity and to build support networks for both the young person and their guardian. This will prevent escalation of poor mental health and prevent SMI into adulthood. The programme will support both the young person's mental health and give the guardian skills and confidence to support them in their lives. This will also support oversubscribed services locally and support young people to get the right support at the right time.

The target group is young people 8-18yrs and their parents/carers - this will have to be managed dependent on high need within each locality as groups will need to be age appropriate such as 8-11, 12-15 and 15-18.

Where will it be delivered: East, West, Worth Valley and Central Keighley

Basic Service Outcomes:

- Improved relationships between young people and parents are reported
- Young people report improved mental well-being
- Young people will have improved access to wellbeing support around confidence, self-esteem, reduce worry/anxiety; techniques and skills to manage
- Parents report improved mental well-being

- Young people will have accessed positive activities
- Young people record an awareness in improved knowledge about support

3 THE ARRANGEMENTS

This is a lead commissioning arrangement with the West Yorkshire Integrated Care Board (also referred to as WY ICB) as the lead commissioner.

The Council has agreed to delegate the exercise of its Health-Related Function of supporting its ATR programme framework to the West Yorkshire Integrated Care Board (WY ICB) to exercise alongside their NHS Functions and act as lead commissioner in respect of this service.

The West Yorkshire ICB shall provide the financial administrative systems for the pooled fund and shall manage the delivery and outcomes of the Scheme/Service.

The contract for this service is issued by the Reducing Inequalities Lead at the Reducing Inequalities Alliance.

4 FUNCTIONS

1 – The WY ICB have commissioned My Happy Mind as the provider to deliver the Resiliency in Primary Schools service. The WY ICB is responsible for the contract management and payments.

2 – The WY ICB have commissioned The Together Trust as the provider to deliver this service. The WY ICB is responsible for the contract management and payments.

5 SERVICES

Service description/care pathway for Resilience in Primary Schools programme

- To provide an evidence based whole school approach to enhance resilience in Primary School pupils across Bradford district and Craven across schools in with the most children on roll living in the most deprived communities (categorised by IMD1) which equates to approximately 75 primary schools (circa 30% of Bradford and Craven primary schools). The provider will engage with key stakeholders to ensure they are linked in with the wider system and aware of referral pathways and their place in the emotional wellbeing/Mental Health system.
- The provider will engage with all eligible schools and ensure they are 'onboarded' and ready to start delivering the programme after a short mobilisation period ending early September.
- The provider will provide a resilience model which is inclusive of staff, parents and carers as well as being inclusive in approach for accessibility, making relevant adaptations where necessary to meet varying needs.

Service description/care pathways Sleep Tight Bradford and Craven

- The Service will ensure children that are living in the most deprived parts of Bradford District and Craven are prioritised with the program of support.
- The Provider will ensure referral processes are fit for purpose and where possible include self-referral, primary care, secondary care, local authority prevention and early help services, education, 0-19 services and the VCS.
- The Service will use evidence-based materials in the provision for delivery of the sleep support model.
- The Service will work closely with Little Minds Matter (0-2 yr support), family hub leadership, IAPT perinatal services, 0-19 service and community paediatrics to offer support and signposting to children and parents as required.
- The Service shall be inclusive for the population of the Bradford District and Craven with staff trained to ensure the model is delivered to communities and individuals regardless of race, gender, ethnicity, disability, or sexuality.
- The Provider will work in partnership with the Reducing Inequalities Alliance and Public Health through regular Contract Management meetings and other meetings as appropriate, to

understand, through a process of ongoing analysis, the needs of the families in the district and to develop delivery of the Service to meet these needs.

- The Provider will ascertain the potential of future delivery for young people over the age of 11 years.
- The Provider shall support the delivery of a sleep pathway for the district.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The WY ICB are the lead commissioner for the Resilience in Primary School programme and Sleep Tight Bradford.

The WY ICB is the accountable body and is responsible for the contract management and processing payments.

The Reducing Inequalities Alliance is the section within the WY ICB who will have the day-to-day responsibility for mobilisation meetings, contract monitoring meetings, reporting requirements and monitoring the contract. They work in partnership with Public Health in the Council, sharing the details of performance outcomes and services however the legal responsibly for the contract remains with the WY ICB.

Contracting Arrangements

The Reducing Inequalities Alliance is the service within the WY ICB who will actively engage with and manage contracting arrangements.

Access

1 – Resilience In Primary School programme

This service can be accessed by all primary schools in Bradford but is aimed towards supporting children from early years through to Foundation stage 6. The service is aimed at those schools within multiple deprivation areas and therefore is available to approximately 30% of Bradford and Craven primary schools

2 – Sleep Tight Bradford and Craven

The Provider will develop the inclusion criteria for the tiered model in the mobilisation of the service. Communicating the process for accessing the service will be the responsibility of the provider.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2023/2024	WY ICB Contribution	Council Contribution
Non-Pooled Fund A	Resilience - £150,000 Sleep Tight - £150,000 CP - £65,454 Total - £365,454	Resilience - £181,956 Sleep Tight - £35,000 CP - £45,000 Total - £308,556

-

Financial Year 2024/2025	WY ICB Contribution	Council Contribution
Non-Pooled Fund A	Resilience - £150,000.00 Sleep Tight - £150,000 CP - £65,454 Total - £365,454	Resilience - £70,000 Sleep Tight - £35,000 Total - £105,000

Financial Year 2025/2026	WY ICB Contribution	Council Contribution
Non-Pooled Fund A	My Happy Mind - £150,000 Sleep Tight - £150,000	My Happy Mind - £70,000 Sleep Tight - £35,000

	Total - £300,00	**Total - £105,000**

Financial resources in subsequent years to be determined in accordance with the Agreement

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution for the Resilience in Primary schools have been agreed until 31st March 2026.

(2) Management of the Pooled Fund

West Yorkshire ICB will maintain payment of grant and finances as set out in the contract issued

The WY ICB will manage the budget and recharge Bradford Council for its agreed contribution, each year.

The WY ICB will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract. The Council shall make a financial contribution each year towards the cost of the service.

The WY ICB will invoice the Council quarterly for its share of the costs of the services and such invoices shall be payable within 28 days. A schedule for this has been created and shared with the Council.

(3) Audit Arrangements

What Audit arrangements are needed?	*Combination of those required by the independent audit regime and West Yorkshire ICB*

(4) Financial Management

Which financial systems will be used?	*West Yorkshire ICB*
What monitoring arrangements are in place?	*Contractual arrangements as per West Yorkshire ICB terms and conditions*
Who will produce monitoring reports?	*West Yorkshire ICB*
What is the frequency of monitoring reports?	*Quarterly*
What are the rules for managing overspends?	*Finances to be paid quarterly in advance*
Do budget managers have delegated powers to overspend?	*No*
Who is responsible for means testing?	*N/A*
Who will own capital assets?	*N/A*
How will capital investments be financed?	*N/A*
What management costs can legitimately be charged to pool?	*Within main contract agreement*
What are the arrangement for overheads?	*Within main contract agreement*
What closure of accounts arrangement need to be applied?	*Combination of those required by the independent audit regime and West Yorkshire ICB*

9 VAT

10 The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	West Yorkshire ICB
Is one Partner acting as 'agent' for another?	Yes, West Yorkshire ICB will take overall management responsibility
Have Partners confirmed the format of documentation, reporting and accounting to be used?	Yes

11 GOVERNANCE ARRANGEMENTS

West Yorkshire ICB will share monitoring and contract management quarterly with the Council.

The PCF will be the core committee responsible for overseeing this service.

The outcomes of the contract are also reported to NHS England Health Inequalities Core20plus5 programme, the Bradford ATR Steering Group and Children and Young People and Families and Healthy Minds Priority Boards

12 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

West Yorkshire ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

13 STAFF

The Commissioned provider is responsible for all staffing responsibilities. The Council and the WY ICB do not contribute any staffing resource as part of this agreement.

14 ASSURANCE AND MONITORING

WY ICB will be monitoring quarterly, this information will be shared with Public Health. We will also have the opportunity to observe sessions as they are taking place and to meet with service providers.

An annual report will be presented to the planning and commissioning forum for assurance and monitoring of the Section 75 agreement.

15 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council Commissioning Lead	Pakeezah Zahoor	ATR Programme Lead	5th Floor, Britannia House, BD1 1HX	07896112317	pakeezah.zahoor@bradford.gov.uk

WY ICB Senior Lead	Duncan Cooper	Associate Director Reducing Inequalities Alliance	WEST YORKSHIRE ICB	07971 941804	duncan.cooper3@bradford.nhs.uk

16 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning and Commissioning Forum.

17 RISK AND BENEFIT SHARE ARRANGEMENTS

As per contractual arrangements made and details held within the wider Section 75 agreement

18 REGULATORY REQUIREMENTS

Safeguarding responsibilities as per policy and procedure and the principles underpinning the NHS England Core20plus5 program

19 INFORMATION SHARING AND COMMUNICATION

The Council and WY ICB will shall share and supply such information in respect of the service as each party may reasonably require to give effect to the terms of this Agreement.

As detailed in wider data sharing agreement between the Council and the West Yorkshire ICB and in line with GDPR requirements as they apply.

20 DURATION AND EXIT STRATEGY

The service has been commissioning for a minimum of 3 years with an end date of 31st March 2026. A review of the service will be completed in the 2nd year of the contract to determine future commissioning intentions.

The Council and WY ICB shall share and supply such information in respect of the service as each party may reasonably require to give effect to the terms of this Agreement.

Any changes or early termination to this schedule must be escalated to the Planning and Commissioning forum.

21 OTHER PROVISIONS

N/A

SCHEDULE 1.27 HEALTHY COMMUNITIES TRAINEESHIPS PROGRAMME WITH ALL STAR ENTERTAINMENTS

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

Healthy Communities Traineeships programme with All Star Entertainments.

Contract dates – 1st October 2023 to 31st March 2025 (18 months)

The aim of the service is to: improve population health on community footprints, to work with communities to identify what matters to them and provide them with the opportunities and resources, and to focus on a small number of (evidence-based) things that are identified to address inequalities in health and care for our population.

This will be achieved by involving local people in decision-making and resource allocation to empower communities and those that work within them across the Bradford & Craven district. The service has recruited five trainees to work alongside the Community Partnership and Locality Teams to use their lived experience to influence and develop new ways of working that meet the health and care needs of local populations, particularly those who experience the poorest health outcomes.

The service will deliver health promotion training to upskill community members, volunteers and champions, to help widen our work on creating a social movement across the district

The purpose of this agreement is to provide match funding to the NHS Bradford District and Craven Health and Care Partnership for the co-delivery of the Healthy Communities Traineeship programme.

2 AIMS AND OUTCOMES

The trainee programme provides an entry route and enhanced path into public health employment for five people from Bradford.

The service will deliver health promotion training to upskill community members, volunteers and champions, to help widen our work on creating a social movement across the district

The purpose of this agreement is to provide match funding to the NHS Bradford District and Craven Health and Care Partnership for the co-delivery of the Healthy Communities Traineeship programme

The new trainees are an integrated part of the wider 'Healthy Communities Programme Board' and will be directly linked to the Public Health 'healthy communities team', to help contribute towards the whole systems approach to community centred public health (our ongoing drive to put communities at the heart of what we do).

On the whole systems framework, this co-delivered programme will contribute towards 5 of the 11 elements (hyper-local working, community insight, active communities, participation infrastructure, and workforce development).

3 THE ARRANGEMENTS

The Partners have identified the Healthy Communities Traineeships programme as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this service which shall be delivered in accordance with the service specification and agreed outcomes and KPIs outlined above.

This is a lead commissioning arrangement with the West Yorkshire Integrated Care Board (also referred to as WY ICB) as the lead commissioner.

The WY ICB shall provide the financial administrative systems for the pooled fund and shall manage the delivery and outcomes of the Scheme/Service.

4 FUNCTIONS

The WY ICB is the lead commissioner on behalf of Bradford Council and will be responsible for enforcing and monitoring the Contract. WY ICB is responsible for reporting on the service quarterly through the X meeting. The WY ICB will report to the Planning and Commissioning Forum annually.

5 SERVICES

The traineeship for Heathy Communities will offer:

- An 18-month traineeship opportunity for people living within Bradford, District and Craven Place.
- Unlike apprenticeships, this will be open to local people, living in local communities of all ages, where lived experience is more important than academic abilities. On offer to people with passion, enthusiasm, and a desire to make a change to communities and places they live. Diversity is important (in terms of protected characteristics but also diversity of thought and approach).
- Recruitment to 3x 30-hour/week posts and 2x 16-hour/week posts.
- The Healthy Communities traineeship will build on and learn from the model of Healthy Minds apprentices, recently implemented at Place.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The WY ICB is the accountable body and is responsible for the commissioning of the service, the contract management and processing payments.

As outlined above the WY ICB will be the Lead Commissioner and responsible for the delivery of the service.

Contract updates will be provided at both the Living Well Steering Group and the Healthy Communities Board.

Contracting Arrangements

The service spec for delivery of provision is in production and will outline, alongside the contractual obligations, the expectations under which the provision will be delivered.

The Lead Partner, WY ICB, with have authority to agree terms on behalf of the partnership.

Access

An 18-month traineeship opportunity for people living within Bradford, District and Craven Place.

Unlike apprenticeships, this will be open to local people, living in local communities of all ages, where lived experience is more important than academic abilities. On offer to people with passion, enthusiasm, and a desire to make a change to communities and places they live. Diversity is important (in terms of protected characteristics but also diversity of thought and approach).

7 FINANCIAL CONTRIBUTIONS

	WY ICB Contribution	Council Contribution
Non-Pooled Fund A	£130,523	£45,000

See budget breakdown below – the amounts have not been split between BMDC and the Health and Care Partnership.

All Star Ents Ltd		
NOV 2023 - MAR 2025 Healthy Communities Trainees Programme		
		Total
Staff Costs		
5 x Trainees costs 3 x 30 hours and 2 x 16 hours		111,488
Manager to co-ordinate programme		36,720
April 2024 (Gov salary review this is approx)		5,400
Total Staff Costs		**153,608**
Training costs - Safeguarding, First Aid, GDPR		600
Laptop		3,000
Software/Email/mailware & office subscritions		400
DBS x 6		288
Lanyards ID		50
Travel costs 200 @ .45p per month (approx)		1,620
Total Programme Costs		**5,958**
HR & Finance/payroll		**15,957**
Total Cost of		**175,523**

~~Financial resources in subsequent years to be determined in accordance with the agreement.~~

~~8 FINANCIAL GOVERNANCE ARRANGEMENTS~~

~~(1) As in the Agreement with the following changes:~~

~~Levels of contribution have been agreed until 31st March 2025.~~

~~(2) Management of the Pooled Fund~~

~~West Yorkshire ICB will:~~

- ~~Maintain payment of grant and finances as set out in the contract issued.~~
- ~~Manage the budget and recharge Bradford Council for its agreed contribution~~
- ~~Be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract~~
- ~~Invoice the Council quarterly for its share of the costs of the services and such invoices shall be payable within 28 days (a schedule for this has been created and shared with the Council)~~

~~(3) Audit Arrangements~~

~~What Audit arrangements are needed?~~	***~~Combination of those required by the independent audit regime and West Yorkshire ICB~~***

~~(4) Financial Management~~

~~Which financial systems will be used?~~	***~~West Yorkshire ICB~~***

What monitoring arrangements are in place?	*Contractual arrangements as per West Yorkshire ICB terms and conditions*
Who will produce monitoring reports?	*West Yorkshire ICB*
What is the frequency of monitoring reports?	*Quarterly*
What are the rules for managing overspends?	*Finances to be paid quarterly in advance*
Do budget managers have delegated powers to overspend?	*No*
Who is responsible for means testing?	*N/A*
Who will own capital assets?	*N/A*
How will capital investments be financed?	*N/A*
What management costs can legitimately be charged to pool?	*Within main contract agreement*
What are the arrangement for overheads?	*Within main contract agreement*
What closure of accounts arrangement need to be applied?	*Combination of those required by the independent audit regime and West Yorkshire ICB*

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	West Yorkshire ICB
Is one Partner acting as 'agent' for another?	Yes, West Yorkshire ICB will take overall management responsibility
Have Partners confirmed the format of documentation, reporting and accounting to be used?	Yes

10 GOVERNANCE ARRANGEMENTS

West Yorkshire ICB will share monitoring and contract management quarterly with the Council and will oversee the activity for this provision.

The PCF will be the core committee responsible for overseeing this service.

This project will report into the Healthy Communities Board which is one of the five priority programmes which report into the Health and Care Partnership Board.

11 NON FINANCIAL RESOURCES

Council contribution	**Details**	**Charging arrangements**	**Comments**
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

West Yorkshire ICB Contribution	**Details**	**Charging arrangements**	**Comments**
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

The service provider is responsible for all staffing responsibilities. The Council and the WY ICB do not contribute any staffing resource as part of this agreement.

13 ASSURANCE AND MONITORING

West Yorkshire ICB will share monitoring and contract management quarterly with the Council and will oversee the activity for this provision.

Service KPIs are:

- Recruitment & Induction of trainees with lived experience
- To develop the knowledge & skills of the trainees to be able to deliver evidence-based health messages & interventions in response to local need/ health inequalities
- To gain experience and develop skills to enable trainees to move into the health & care workforce
- To gain experience and develop skills to enable trainees to move into the health & care workforce
- To develop a Project aimed at a'Wicked Issue', addresses barriers that people experience when navigating health services.
- Evidence of Healthy Communities Trainees influencing decision making processes
- To evidence the recruitment, reach and outcomes achieved through the programme

An annual report will be taken to the Planning and Commissioning Forum for further assurance and monitoring.

14 LEAD OFFICERS

Partner	Name and position of Lead Officer	Address	Telephone Number	Email Address
Council Commissioning Lead	Joseph Kean Interim Joint Commissioning Manager	5th Floor Britannia House BD1 1HX	07977 81 41 86	Joseph.Kean@bradford.gov.uk
Council Senior Lead	Rose Dunlop PH Consultant	5th Floor Britannia House BD1 1HX	07834062144	Rose.Dunlop@bradford.gov.uk
WY ICB Commissioning Lead	Collette Brauns Senior Head of Living Well	WEST YORKSHIRE ICB		collette.brauns@bradford.nhs.uk
Council Senior Lead	Tim Howells PH Consultant	5th Floor Britannia House BD1 1HX	07815476754	Tim.Howells@bradford.gov.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning and Commissioning Forum although the WY ICB will have delegated authority for amendments relating to operational delivery that does not impact contractual obligations and these will be agreed through the Healthy Communities Programme Board which reports into the NHS Bradford and Craven Health and Care Partnership Board.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

As per contractual arrangements made and details held within the wider Section 75 agreement.

17 REGULATORY REQUIREMENTS

Relevant regulatory requirements are detailed in the contract and will be followed accordingly.

18 INFORMATION SHARING AND COMMUNICATION

The Council and WY ICB will shall share and supply such information in respect of the service as each party may reasonably require to give effect to the terms of this Agreement.

As detailed in wider data sharing agreement between the Council and the West Yorkshire ICB and in line with GDPR requirements as they apply.

19 DURATION AND EXIT STRATEGY

The service has been commissioning for a minimum of one year with an end date of 31st March 2025.

Any changes or early termination to this schedule must be escalated to the Planning and Commissioning forum.

20 OTHER PROVISIONS

N/A

SCHEDULE 1.28 LEAD COMMISSIONING AND CONTRACT MANAGEMENT ARRANGEMENTS FOR ADULT SOCIAL CARE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The City of Bradford Metropolitan Council will act as lead commissioner on behalf of the NHS West Yorkshire Integrated Care Board (ICB) for services commissioned to meet adult social care needs that are also required to meet health needs under Continuing Health Care or Section 117 Aftercare arrangements. ICB will act as an associate commissioner and will work collaboratively with the Council to commission, recommission or cease the delivery of services.

The Council will lead on the commissioning and contract management of the following services:

- Community based services:
  a. for older people,
  b. for people with a physical disability and or sensory impairment,
  c. for people with a learning disability and/or autism
  d. to support people with their mental health

- Accommodation based services:
  a. for older people,
  b. for people with a physical disability and or sensory impairment.
  c. for people with a learning disability and/or autism/complex care needs.
  d. to support people with their mental health

- Day Care Services:
  a. for older people,
  b. for people with a learning disability and/or autism/complex care needs,
  c. for people with a physical disability and or sensory impairment
  d. to support people with their mental health,

**The above does not include individual spot contracts made by the ICB outside of the standard commissioning and contracting arrangements.*

2 AIMS AND OUTCOMES

The aim of this schedule is to contribute to the improvement of the health and wellbeing of residents in the Bradford area that are in receipt of services outlined in Section 1. This will be carried out through a planned approach to commissioning, re-commissioning based on analysis of need and demand, consideration of best practice provision, co-production of service design, delivery, procurement processes and regular contract and quality monitoring to ensure that services deliver care and support and are compliant with the terms of their respective contracts.

The outcome will be the provision of sufficient, high-quality services that enable people requiring care and support to lead happy and healthy lives.

3 THE ARRANGEMENTS

This is lead commissioning arrangement with City of Bradford Metropolitan Council as lead commissioner. As lead commissioner the Council is responsible for the commissioning and contract management of the services outlined above and will fulfil all requirements listed in Section 4. The ICB delegates its responsibility to the Council to exercise the functions agreed within this schedule on its behalf. ICB will act as an associate commissioner and will work collaboratively with the Council to fulfil all requirements described in Section 4.

4 FUNCTIONS

The contract management functions are set out in the SLA for Section 75 Schedule 1.28 as appended to this Schedule.

The commissioning functions are identified below:

Commissioning Cycle	Requirements of Lead Commissioning	Requirements of Co-commissioner
ANALYSE	Develop plan for required analysis Identify data sources Identify key stakeholders Carry out actions Delegate actions where appropriate Collate outcome of analyse phase	Identify a lead person/ people to support analysis Provide access to data Support access to key stakeholders Take on actions as appropriate Sign-off on analysis (may not be needed)
PLAN	Identify members of project group Develop and coordinate planned activity within agreed timescales Lead on specification and procurement documents Lead on engagement activities Ensure required approvals are needed	Provide clear guidance on commissioner requirements, priorities etc. Ensure required governance procedures are understood and followed Take on actions as appropriate e.g. to support engagement, feed into document development Ensure clear confirmation of funding Ensure sign-off
DO	Meet any/all Provider Selection Regime requirements Run procurement process through required systems (e.g. Yortender) Schedule and facilitate evaluation process Issue award and contracts Support implementation Deliver required market development and capacity building work in line with requirements/agreed strategies Input into system wide work.	Ensure suitable staff are available to respond to clarifications within required timescales and to; Participate in evaluation Support implementation Support market development where required Input into system wide work
REVIEW	Contract manage and monitor in line with agreed processes. Manage market performance issues Ensure variations and extensions are considered in line with legal contract processes	Support contract management and market performance work as required/appropriate Ensure required sign-off for variations/extensions as required

5 SERVICES

The people who use services covered by this schedule include all adults (18+) of working age and older people and, where applicable, the transition of young people into the services concerned.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

As per section 3, “The Arrangements”, specify the lead commissioners’ and the associate commissioners’ obligations.

Contracting Arrangements

As per Section 1, "Overview of Individual Service"

If any dispute arises between the parties in relation to the Agreement, the first course of action should be for the matter to be discussed between the party's lead officers, listed in Section 14.

If the matter cannot be resolved, then the dispute will be referred to the Planning & Commissioning Forum.

If this fails to resolve the matter, then it should be referred to the Place lead and the Chief Executives and legal teams of the respective organisations in order for them to attempt to resolve the dispute. In the event this fails then the matter will be referred to mediation.

Access

The Council shall:

a) ensure that the Services are aimed at adults assessed as needing care and support, outlined in Section 1 'Overview of Individual Services' and those people assessed as being eligible for Continuing Healthcare Funding

b) ensure that the Services comply with national requirements including Inspections and audits required by national organisations such as the Care Quality Commission.

c) monitor and report on the quality of service provision.

All parties shall provide appropriate access and information to any external body empowered by statute to inspect, audit or monitor the parties discharge of their duties and services under this Agreement.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2024-25	ICB contribution	Council Contribution
Adult Social Care Commissioning and Contract Team costs (excluding Support Options)	£63,000*	£1,134,384

When accessing services commissioned by the Council, the rates will be applied as set out in the service contracts.

Financial resources in subsequent years to be determined in accordance with the Agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

The Planning and Commissioning Forum will be responsible for overseeing the financial arrangements. of this schedule. Review of contributions will be conducted collaboratively between Partners. The Partners retain the option to review the contributions for the service annually. The contributions may be increased or decreased in such sum as reasonably determined by the Partners, by means of a review. The review may include (without limitation) the budgetary position of the Partners consultation with the Provider, and consideration shall also be given to any statutory changes at the time which would affect the contract price and the outcome of any benchmarking or other efficiency review under the service contract.

(2) Management of the Pooled Fund

The Partners acknowledge that they are not entering into a 'pooled fund' arrangement pursuant to Section 75 (2) of the Act and Regulations 7 of the Regulations.

(3) Audit Arrangements

What Audit arrangements are needed?	N/A

(4) Financial Management	
Which financial systems will be used?	N/A
What monitoring arrangements are in place?	N/A
Who will produce monitoring reports?	N/A
What is the frequency of monitoring reports?	N/A
What are the rules for managing overspends?	N/A
Do budget managers have delegated powers to overspend?	N/A
Who is responsible for means testing?	N/A
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What re the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	N/A

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	The VAT regime of the Lead Commissioning Organisation will be applied to each scheme that it is the Lead Commissioner for.
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning forum has responsibility for monitoring this scheme. A report from the lead officers, with support from Councils Contract and Quality manager, will be submitted to PCF, annually

The Service will be reviewed every 3 years. There may be occasions where exceptional reports are required within the 3-year period for significant changes to be implemented.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	5th floor Britannia House, Bradford	As per section 7	
Assets and equipment	Desks, Chairs, IT Equipment, Printer, Scanner, Shredder, Paper, Telephony	As per section 7	
Contracts	Printer/Scanner Confidential Waste OCC – ContrOCC TPP – SystmONE Utility Supplies	As per section 7	
Central support services	IT Support Cleaning Services (office) Confidential Waste	As per section 7	

	Birklands – Mail In & Out		

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

Staff responsible for the duties set out in this agreement will be employed by the Council and as such will be subject to the full terms and conditions of Council employees.

13 ASSURANCE AND MONITORING

Lead officers will review the operation of this schedule in line with the arrangements set out in Sections 4 and 5 of this Schedule and the appended Service Level Agreement.

The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to the ICB, Council and System Governance bodies.

Reports will be provided to the relevant board or committee, as scheduled or by exception.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council	Holly Watson	Head of Service – Adult Commissioning	5th Floor, Britannia House, Bradford, BD11HX	07812 490 705	Holly.Watson@bradford.gov.uk
Council	Luke Myers	Head of Strategic Contracts & Quality	5th Floor, Britannia House, Bradford, BD11HX	07890416758	Luke.Myers@bradford.gov.uk
ICB	Vickie Milner	Head of All Age Continuing Care	Scorex House, 1 Commercial Street, Bradford, BD1 4AS	07866059144	Victoria.Milner@bradford.nhs.uk
ICB	Grainne Eloi	Deputy Director of Nursing and Quality	Scorex House, 1 Commercial Street, Bradford, BD1 4AS	07912796843	Grainne.eloi@bradford.nhs.uk

ICB	Walter O'Neill	Assistant Director for West Yorkshire Community Contracts	Scorex House, 1 Commercial Street, Bradford, BD1 4AS	07432721557	Walter.oneill@nhs.net

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning & Commissioning Forum.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

N/A

17 REGULATORY REQUIREMENTS

N/A

18 INFORMATION SHARING AND COMMUNICATION

The Council and ICB shall share and supply information in respect of the services as each party may reasonably require giving effect to the terms of this agreement.

19 DURATION AND EXIT STRATEGY

This Agreement is effective from the date included herein.

Either party may terminate this Agreement by giving twelve months' notice in writing.

A Strategic review shall take place on dates to be agreed to review objectives and performance.

In the event the Partners agree to terminate, then an exit strategy shall also be agreed within the agreed lead in time.

20 OTHER PROVISIONS

None

SCHEDULE 1.29 MATERNITY CIRCLES - START FOR LIFE FAMILY HUBS/RIA PARTNERSHIP

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

This agreement covers the arrangements for the delivery of maternity circles:

The maternity circle model provides support, advice, and social networking to families during the crucial 1001 days from conception through pregnancy and into infancy.
Held at a venue within pram-pushing distance for the local community, families can access a range of services including breastfeeding advice, smoking cessation, perinatal mental health support, parent education and more.
This model seeks to address feelings of isolation many families experience during pregnancy and encourage the development of supportive relationships in the community / peer support, whilst providing key health information at the start of life.

This is an existing Reducing Inequalities Alliance initiative which aligns to the ambitions of the Bradford District Children and Young People's Strategy, which "*supports our collective district ambition to ensure all babies, children and young people have equity of access to the resources and support available to help them reach their full potential and our vision is for Bradford District to be a wonderful place for children to thrive, grow up, live and work….to reduce inequalities in physical and mental health, social and emotional development and educational attainment.*"

The Council has delegated the strategic leadership for Prevention and Early Help (including Family Hubs) to Bradford Children and Families Trust who also lead on the delivery of the prevention and early help programme; therefore, we will be working in partnership with the Council and Bradford Children and Families Trust to add capacity and increase access to more families across Bradford District.

2 AIMS AND OUTCOMES

Maternity Circles

Service aims:

- Development of social networks to reduce isolation and increase support.
- Pregnancy and early parenthood can be a vulnerable time for many, and the risk of poor outcomes is significantly higher in areas of deprivation. The rate of low-income families in this locality is 64.9%
- Having a maternity circle within walking distance would encourage families to get out more, increasing activity levels as well as promoting social interaction.
- Reduction in smoking rates
- Signposting to community organisations that support wellbeing needs of new mums (and mums to be)
- Better access to perinatal mental health support services, resulting in higher rates of referrals.
- Better awareness of support and services available in the local community
- Building confidence and self-efficacy

Service Outcomes:

What are your intended project outcomes? Overall model outcomes; including specific CP priorities (I, e. Smoking rates / improved rates in bc weeks)	
Short Term	Group members report that feelings of isolation have decreased. Mums create and join social groups to support each other – peer support. More women referred to family hubs. More women access antenatal education face to face in their locality
Medium Term	Reduction in smoking rate and drinking and improved healthy lifestyles of new mu be.

	Reported better access to support at the right time and place. Improve mental health and resilience	
Long Term	Reduction in Infant mortality rates Reduced gap in maternal mortality between different ethnic groups Improved perinatal mental health. Improved rates in booking at 10 weeks Increased breast-feeding rates at time of delivery and duration Vaccine levels in those under the age of 2 years	

3 THE ARRANGEMENTS

This is a lead commissioning arrangement with West Yorkshire ICB as the lead commissioner.

The Council has agreed to delegate the exercise of its Health-Related Function of supporting its ambitions to promote the best start in life through the delivery of maternity circles to the West Yorkshire Integrated Care Board (WY ICB) to exercise alongside their NHS Functions and act as lead commissioner in respect of this service on behalf of the Council and Bradford Children and Families Trust (who hold delegated responsibility from the Council for the delivery of Family Hubs).

The West Yorkshire ICB shall provide the financial administrative systems for the non-pooled fund and shall manage the delivery and outcomes of the Scheme/Service.

The Reducing Inequalities Lead at the Reducing Inequalities Alliance is the responsible commissioner for this service..

4 FUNCTIONS

The WY ICB have grant funded maternity circles across Bradford district through a variety of providers to provide hyper local support models. The providers are:

	Maternity Circles by CP Locality and Providers
1.	**SHIPLEY WISH:** Provider: Windhill
2.	**SOUTH WOW:** Provider: Royd's Association
3.	**SOUTH BD4+:** Provider BD4 Community Centre
4.	**Keighley:** Provider Keighley Healthy Living
5.	**EAST Central:** Provider Family Action
6.	**EAST Five Lane:** Provider Gateway
7.	**WEST HCHC:** Provider Family Action
8.	**WEST T4H:** Provider Equality Together
9.	**WEST Quadrant:** Provider Café West
10.	**Silsden:** Provider The Hive

5 SERVICES

Service description/care pathway for the maternity circles initiative:

- To work in collaboration directly with the following services: and create a community of Maternity spaces (and to ensure not to duplicate services)
- Parent Education Team BTHFT:
  - Within the circles there will be planned face to face antenatal education sessions with BRI Parent Education team ensuring that more Black, Asian, and Ethnic Minority groups receive antenatal education: in preparation for birth, informed choice; with the use of interpreting services, digital support, and a culturally sensitive approach.
- Family Hubs
  - Referring to Family Hubs and satellite hubs (and compliment the start for life offers)

- Create relationship and partnership working with PEW's and Family Navigators
- Wellbeing Hubs
  - You will build a partnership and referral pathways with existing Wellbeing Hubs to support pregnant families with greater need in housing / debt / advice / mental health and ensure they are referred in a timely manner.
- Establish good working relationships with Midwifes and Health visitors / midwifery clinics etc.
- Equip in recognising when pregnant families can benefit from existing services and improve referral pathways such as Little Minds Matter / Bradford Doulas / Bevan House / Locala / Perinatal mental health / family hubs / Infant feeding / Relationship Matters, and other services targeted for 0-2.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The WY ICB are the lead commissioner for the maternity circles initiative.

This service will be commissioned through a Grant Agreement with the service provider, issued and managed by the WY ICB Contracts and Procurement Team. The WY ICB is the accountable body and is responsible for management of the Grant Agreement and for processing payments.

The Reducing Inequalities Alliance is the section within the WY ICB who will have responsibility for mobilisation meetings, contract monitoring meetings, reporting requirements and monitoring outcomes. They work in partnership with Bradford Children's Trust Family Hubs, sharing the details of performance outcomes and services however the legal responsibly for the Grant Agreement remains with the WY ICB.

Contracting Arrangements

The Reducing Inequalities Alliance is the service within the WY ICB who will actively engage with and manage the service.

Access

Maternity Circles have been implemented in areas of highest need according to IMD rates and local outcomes. This funding is enabling the extension of the initiative to reach more families across the district and embed the model to become a normal aspect of the first 1000-day journey for all families, focussing on those with the highest need. The following localities have been identified as below:

7 FINANCIAL CONTRIBUTIONS

Financial Year 2025/26	Bradford Children and Families Trust Contribution	WY ICB contribution
Non-Pooled Fund A	**£80,000**	**£131,149**
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution for the maternity Circles have been agreed until 31st March 2025.
West Yorkshire ICB will maintain payment of grant and finances as set out in the Grant Agreement issued

The WY ICB will manage the budget and recharge Bradford Children's Trust for its agreed contribution.

The WY ICB will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services Grant Agreement. The Children's Trust shall make a financial contribution for the cost of the service.

The WY ICB will invoice the Children's Trust for its share of the costs of the services and such invoices shall be payable within 28 days.

(2) Management of the Pooled Fund

Levels of contribution for the Maternity Circles have been agreed until 31st March 2026.

(3) Audit Arrangements

What Audit arrangements are needed?	*Combination of those required by the independent audit regime and West Yorkshire ICB*

(4) Financial Management

Which financial systems will be used?	*West Yorkshire ICB*
What monitoring arrangements are in place?	*Contractual arrangements as per West Yorkshire ICB terms and conditions*
Who will produce monitoring reports?	*West Yorkshire ICB*
What is the frequency of monitoring reports?	*Quarterly*
What are the rules for managing overspends?	*Finances to be paid quarterly in advance*
Do budget managers have delegated powers to overspend?	*No*
Who is responsible for means testing?	*N/A*
Who will own capital assets?	*N/A*
How will capital investments be financed?	*N/A*
What management costs can legitimately be charged to pool?	*Within main contract agreement*
What are the arrangement for overheads?	*Within main contract agreement*
What closure of accounts arrangement need to be applied?	*Combination of those required by the independent audit regime and West Yorkshire ICB*

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	West Yorkshire ICB
Is one Partner acting as 'agent' for another?	Yes, West Yorkshire ICB will take overall management responsibility
Have Partners confirmed the format of documentation, reporting and accounting to be used?	Yes

10 GOVERNANCE ARRANGEMENTS

West Yorkshire ICB will share monitoring and contract management quarterly with the Council.
The PCF will be the core committee responsible for overseeing this service.
The outcomes of the contract are also reported to NHS England Health Inequalities Core20plus5 programme, the Prevention and Early Help system board and Children and Young People and Families and Healthy Minds Priority Boards

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		

Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

West Yorkshire ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

The Commissioned provider is responsible for all staffing responsibilities. The Council and the WY ICB do not contribute any staffing resource as part of this agreement.

13 ASSURANCE AND MONITORING

WY ICB will be monitoring quarterly, this information will be shared with the strategic leads for Family Hubs (Assistant Director for Early Help and Transformation & Head of Service). We will also have the opportunity to observe sessions as they are taking place and to meet with service providers.

An annual report will be presented to the planning and commissioning forum for assurance and monitoring of the Section 75 agreement.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council Commissioning Lead	Jo Medd	Service Manager, Joint Commissioning	5th Floor Britannia House BD1 1HX	07484 535345	Jo.medd@bradford.gov.uk
WY ICB Commissioning Lead	Jo Howes	Reducing Inequalities Lead	WEST YORKSHIRE ICB	07976 590244	jo.howes@bradford.nhs.uk
WY ICB Senior Lead	Duncan Cooper	Associate Director Reducing Inequalities Alliance	WEST YORKSHIRE ICB	07971 941804	duncan.cooper3@bradford.nhs.uk

Bradford Children and Families Trust	Susan Claydon	Assistant Director, Early Help & Transformation	Sir Henry Mitchell House, 4 Manchester Rd BD5 0QL	07484 917975	Susan.claydon@bradfordcft.org.uk
Bradford Children and Families Trust	Vicci Gabriel	Head of Service, Family Hubs	Sir Henry Mitchell House, 4 Manchester Rd BD5 0QL		Victoria.Gabriel@bradfordcft.org.uk
CBMDC Children's Services	Ophelia Rix	Assistant Director Improvement and Partnerships	Children's Services 3rd Floor Britannia House BD1 1HX	07974 894675	Ophelia.rix@bradford.gov.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning and Commissioning Forum.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

As per contractual arrangements made and details held within the wider Section 75 agreement

17 REGULATORY REQUIREMENTS

Safeguarding responsibilities as per policy and procedure and the principles underpinning the NHS England Core20plus5 programme.

18 INFORMATION SHARING AND COMMUNICATION

The Bradford Children and Families Trust and WY ICB will share and supply such information in respect of the service as each party may reasonably require to give effect to the terms of this Agreement.

As detailed in wider data sharing agreement between the Bradford Children and Families Trust and the West Yorkshire ICB and in line with GDPR requirements as they apply.

19 DURATION AND EXIT STRATEGY

The service has been commissioning for a minimum of 1 year with an end date of 31st March 2026. A review of the service will be completed before the end of the contract to determine future commissioning intentions.
The Children's Trust and WY ICB will share and supply such information in respect of the service as each party may reasonably require to give effect to the terms of this Agreement.
Any changes or early termination to this schedule must be escalated to the Planning and Commissioning forum.

20 OTHER PROVISIONS

N/A

SCHEDULE 1.30 SPECIALIST MENTAL HEALTH SUPPORT IN THE COMMUNITY FOR ETHNICALLY AND CULTURALLY DIVERSE COMMUNITIES

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The Specialist Mental Health Support for Ethnically and Culturally Diverse communities (ECDC) is a new provision which will understand and work with our diverse communities to develop culturally sensitive and appropriate mental health support. The ECDC service provision is jointly funded by Local Authority and ICB. A lead provider from the voluntary and community sector (VCS) have been procured and contracted.

The service delivers community based mental health-related support within Bradford District & Craven Health and Care Partnership and enables vital services as part of local mental health pathways. The service model is centred on the person and the people around them. There are four work strands that work together to optimise the impact in any one area, these are:

Community Engagement: A team centrally managed but co-located with partners to develop an understanding of community needs, build trust, co-produce solutions, and develop services. This will involve community centres, faith-based groups, activity spaces, workspaces and education.

Service Delivery: A network of partners sub-contracted to deliver a hybrid of support based on insight from community engagement, existing service providers impact data and insight, and identified system needs.

Strategic Development: The establishment of strong campaigns and communications to tackle stigma and racism within current services and communities, the development of clear service metrics that demonstrate impact, the development of a diverse passionate, and competent workforce across services through access to training, mentoring, support groups and connecting into and influencing system 'workforce and people' groups.

Leadership: Connecting into and influencing change across our Health and Care System through considered and courageous challenge and innovation. Bring cohesion and connectivity to services, contribute to decision-making to ensure we proactively tackle the current mental health inequalities as a collective and ensure that the voice of our culturally diverse communities is heard.

2 AIMS AND OUTCOMES

To develop and deliver Specialist Mental Health Support in the Community for Ethnically and Culturally Diverse Communities that will:

- Harnesses the collective will of the Bradford District and Craven Health and Care Partnership system to make a measurable, significant, and sustainable step change in tackling racism, discrimination, and health inequalities within mental health services.
- Promote mental well-being and empower and help people experiencing mental health problems to manage and work towards access, recovery and fulfilment that fits with their cultural and personal beliefs and experiences.

Wider aims

- To deliver a person-centred service to the Bradford and Craven population, ensuring equity of access and quality of service provision
- To ensure health outcomes and improvements in wellbeing are measured at regular intervals and recorded for submission to national and local datasets
- To support the delivery of the vision and goals of the Healthy Minds Strategy
- To be flexible in the delivery of services to ensure the location of services are closer to home and does not prohibit access.

- To develop a strategic advisory body that supports policy, good practice, and innovation in delivering equitable mental health services.

It is expected that through the Specialist Mental Health Support in the Community for Ethnically and Culturally Diverse Communities, more people receive intervention at the right place, in a highly responsive and culturally competent manner.

The provision will include two clear functions as detailed below.

Strategic Function

This function will span all ages and advocate for ethnic and culturally diverse groups across all Bradford District and Craven place. The key strategic area of intervention will be as below.

1. Leadership and representative advocacy – promoting strategic development.
2. Policy, Practice, data and Insight – evidence-based service development and evaluation including developing the outcomes we measure.
3. Engagement and Communication – reach and access facilitation to Healthy Minds support and services.
4. Training and workforce development – capacity building our wider workforce.

Delivery Function

This function will support the delivery of specialist mental health support for people from ethnically and culturally specific communities identified and evidenced by the Strategic Function. The delivery function shall work with young people and adults (ages 13+ years) who have mental health support needs and/or who suffer from emotional distress.

The deliver key aims will be:

1. An asset-based approach to manage and understand distress from people's own frameworks with lived experience and a dedicated peer support workforce.
2. The demographic and culturally appropriate support that includes de-escalation skills, developing safety/recovery plans and better understanding of their mental health.
3. Increased and adapted connectivity to our core (mainstream) service provision.
4. Transformation of current service delivery, with co-production, to widen our reach to more communities as directed by the Strategic Function.

3 THE ARRANGEMENTS

This will be a Lead Commissioning arrangement with the ICB as the Lead Commissioner.

The Partners have identified the **Specialist Mental Health Support in the Community for Ethnically and Culturally Diverse Communities** services as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for the Services which shall be delivered in accordance with the Scheme Specifications.

For the purpose of this Service, the Council has agreed to delegate the exercise of its functions to the ICB and act as lead commissioner in respect of this Service.

The ICB shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Scheme/Service.

4 FUNCTIONS

The ICB will undertake:

- Market development
- Delivery of the commissioning process
- Contract management of the services

The Council will:

- Delegate lead responsibility for Commissioning to the ICB
- Review contract management data, and participate in contract management meetings

Both the ICB and Council will contribute towards the funding of the services.

5 SERVICES

The service will be delivered in line with the NHS Standard contract terms and conditions.

This Service is part of a spectrum of Healthy Minds services in within Bradford District and Craven and fits into the community mental health pathway.

The Lead Provider, 'Bradford District and Craven Mind' and its' strategic partner, 'Staying Put', will be the committed partners providing leadership to the new service, representing the service at a strategic and operational level, providing challenge within the new service and wider system, and continuously improving services to support the mental health of individuals from ethnically and culturally diverse communities.

The Lead Provider 'Bradford District and Craven Mind' will have strong contract and performance management skills, and the ability to drive transformation and service improvement across the Service in response to local needs and demand for services.

The identified delivery partners include 'Girlington Community Association', 'African Caribbean Achievement Project', 'Roshni Ghar', 'Inspired Neighbourhood's and 'Staying Put Bradford'.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The lead Commissioner will be responsible for the following activities:

- Engagement with people using services and those who may use them
- Stakeholder engagement
- Data analysis
- Market engagement
- Procurement process

Contracting Arrangements

The ICB is the lead commissioner, and the service will be delivered under the terms and conditions of a NHS standard Contract. The contract term is 3 years from 1st April 2024. The Commissioners may opt to extend the Contract Term by up to 2 years. The ICB is responsible for contract management of the service. The LA will engage in service reviews and other relevant contract management activities.

Access

The Service will have a 'whole pathways approach' to the delivery for those individuals experiencing a mental health condition from ethnically and culturally diverse communities and seamlessly integrate with services that provide lower and higher levels of support from health and care services.

The Strategic Function will span all ages and advocate for ethnic and culturally diverse groups across all Bradford District and Craven place.

The Delivery Function will work with young people and adults (ages 13+ years) who have mental health support needs and/or who suffer from emotional distress.

The Service shall work seamlessly with Healthy Minds services to provide access to support.

The providers must include a travel budget, language and interpretation support and reasonable adjustments to support access to the service.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2024/25	ICB contribution	Council Contribution
Non-Pooled Fund A	£783,000	£117,000

Financial Year 2025/206	ICB contribution	Council Contribution
Non-Pooled Fund A	£799,835	£125,085

Financial Year 2026/2027	ICB contribution	Council Contribution
Non-Pooled Fund A	£799,835	£125,085

All services are funded from base budget so there is no accrual of unplanned spending. There are no pooled funds.

Financial resources in subsequent years to be determined in accordance with the agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution have been agreed (see table above). The Planning and Commissioning Forum will be responsible for overseeing the financial arrangements of this schedule

(2) Management of the Pooled Fund

The ICB will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract. The Council shall make a financial contribution towards the cost of the service as detailed in Section 7.

The ICB will invoice the Council quarterly for its share of the costs of the services and such invoices shall be payable within 30 days.

(3) Audit Arrangements

What Audit arrangements are needed?	*N/A*

(4) Financial Management

Which financial systems will be used?	*ICB*
What monitoring arrangements are in place?	*Contract monitoring reports and contract monitoring meetings*
Who will produce monitoring reports?	*The provider will produce these reports and these will be shared with both funders*
What is the frequency of monitoring reports?	*Quarterly*
What are the rules for managing overspends?	*N/A*
Do budget managers have delegated powers to overspend?	*N/A*
Who is responsible for means testing?	*N/A*
Who will own capital assets?	*N/A*
How will capital investments be financed?	*N/A*
What management costs can legitimately be charged to pool?	*N/A*
What re the arrangement for overheads?	*N/A*
What closure of accounts arrangement need to be applied?	*ICB process to be followed*

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	ICB
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	YES (ICB)

10 GOVERNANCE ARRANGEMENTS

The Scheme Lead will be the ICB (Bradford District & Craven Health and Care Partnership). These grant agreements will be overseen by the Joint Mental Health Wellbeing post in the ICB, who will feed into the Mental Health Leadership Team (MHLT).

The MHLT will then report into the Mental Health, Learning Disabilities and Neurodiversity (MHLDN) board for sign-off, which will then go to the Place Leadership Executive for oversight.

The Planning and Commissioning forum has responsibility for monitoring this scheme as set out in Schedule [2]

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A	N/A	N/A
Assets and equipment	N/A	N/A	N/A
Contracts	N/A	N/A	N/A
Central support services	N/A	N/A	N/A

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A	N/A	N/A
Assets and equipment	N/A	N/A	N/A
Contracts	N/A	N/A	N/A
Central support services	N/A	N/A	N/A

12 STAFF

Staff delivering this service will be employed by the lead provider and subcontracted delivery partners.

Staff responsible for the commissioning and monitoring duties will be employed by the ICB and as such will be subject to the full terms and conditions of ICB employees. Staff employed by the Council will participate in shared monitoring duties and will be subject to the full terms and conditions of Council employees.

13 ASSURANCE AND MONITORING

Assurance of this contract will be managed by the ICB in the following manner:

- Performance Monitoring
- Quality Monitoring
- Risk based validation
- Contract management and/or review meetings will be held as required

The provider is required to report on Quality and Performance Indicators at the required intervals to the appointed officer in the Mental Wellbeing Team.

The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to the ICB, Council and System Governance bodies.

Reports will be provided to the relevant board or committee, as scheduled or by exception.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
ICB lead commissioner	Kris Farnell	Joint Mental Health Wellbeing/Senior Head of Integration & Change (Mental Wellbeing)	Scorex House, 1 Bolton Road Bradford BD1 4AS	07415600617	Kristian.farnell@bradford.nhs.uk
ICB Senior lead	Sasha Bhat	Deputy director of integration and transformation	Scorex House, 1 Bolton Road Bradford BD1 4AS	07956323180	Sasha.Bhat@bradford.nhs.uk
Council Senior lead	Holly Watson	Head of Adult Strategic Commissioning	5th Floor Britannia House, Broadway, Bradford, BD1 1HX	07812 490 705	Holly.Watson@bradford.gov.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning & Commissioning Forum.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

Not Applicable – There are no risks of over/underspend as this is a set contract

17 REGULATORY REQUIREMENTS

Not Applicable

18 INFORMATION SHARING AND COMMUNICATION

As per information sharing agreements in place between the ICB and the Council.

19 DURATION AND EXIT STRATEGY

This agreement shall take effect from 1st April 2024 and shall expire automatically on 31st March 2027, in line with joint funding provided by the ICB, unless it is extended or terminated earlier in accordance with the provision of the individual provider contracts. Without prejudice to its other rights under this agreement, either party (ICB or Council) to this schedule may terminate this agreement at any time on 6 months' written notice.
20 OTHER PROVISIONS
Not Applicable

SCHEDULE 1.31 SUICIDE BEREAVEMENT SERVICE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The West Yorkshire Suicide Bereavement Service offers a postvention (suicide bereavement service) across West Yorkshire ICS, including Bradford to all those bereaved by suicide. The aim is both to support those who are bereaved by suicide and, in doing so, to reduce their risk of death by suicide and to enhance suicide prevention work in the region. The model and aims of the service meet the principles set out in the Public Health England guidelines. The service will become a member of the Support After Suicide Partnership and the National Suicide Prevention Alliance.

The service supports the following local priorities:

- Bradford Council Plan 21-25- Better Health, Better Lives. Helping people from all backgrounds to lead long, happy and productive lives by improving their health and socioeconomic wellbeing.
- Joint Health and Wellbeing Strategy for Bradford and Airedale 2018-23- Outcome 3- people in all parts of the district are living well and ageing well.

From Oct 1st 2024 the service will be expanded from a service that works with people aged 18 and above to an all age service by offering the additional provision of a family worker to people living in Bradford.
Bradford Council will contribute £32,500 per year plus any agreed uplifts to cover the costs of this expansion. From Oct 1st 2025, an uplift of 2.15% will be applied.

2 AIMS AND OUTCOMES

To offer a postvention (suicide bereavement service) across West Yorkshire ICS, including Bradford to all those bereaved by suicide. The aim is both to support those who are bereaved by suicide and, in doing so, to reduce their risk of death by suicide and to enhance suicide prevention work in the region. The model and aims of the service meet the principles set out in the Public Health England guidelines. The service will become a member of the Support After Suicide Partnership and the National Suicide Prevention Alliance.

Outcomes of the service are to improve the mental wellbeing of those accessing the service. Specifically, the service will measure:

- The % of service users that feel they can talk openly about their feelings at the service
- The % of service users that feel they have been able to build a positive support network
- The % of service users that feel they have been more able to manage their grief, loss and anger
- The % of service users that report reduced thoughts of taking their own life or using self harm, drugs or alcohol to cope

The service meets the below domains of the NHS Outcomes Framework Domains and Indicators:

- Preventing people from dying prematurely
- Treating and caring for people in safe environment and protecting them from avoidable harm

3 THE ARRANGEMENTS

This is a Lead commissioning arrangement with the WY ICB as the lead commissioner.

The Partners have identified this service as being one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this service which shall be delivered in accordance with the Scheme Specification.

For the purpose of this service, the Council has agreed to delegate the exercise of its functions to the West Yorkshire Integrated Care Board (WY ICB) and act as lead commissioner in respect of this service.

The WY ICB shall provide the financial administrative systems for the Non-Pooled Fund and shall manage the delivery and outcomes of the Scheme/Service.

The service commences Oct 1st 2024 until Sept 30th 2026. There is a 1 year option for commissioners to extend the contract.

4 FUNCTIONS

NHS West Yorkshire ICB is the lead commissioner on behalf of Bradford Council Public Health and will be responsible for contract management.

5 SERVICES

The West Yorkshire Suicide Bereavement Service delivered in Bradford is currently funded by the WY ICB. It offers expert peer support to people over the age of 18 years who live in the Bradford, Calderdale, Kirklees, Leeds and Wakefield areas who are affected by suicide. There is a current contract in place to support this work that is being re-commissioned following a recent review.The Council is contributing funds to the WY ICB to expand the provision in Bradford to offer a family worker to support people under the age of 18. All referral, monitoring and reporting arrangements will remain the same.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

An evaluation of the WY wide service during the life of this project will be conducted. This will run through the life of the project to enable learning as the service develops, allowing agreed adjustments to the model be made, and to inform planning the next steps beyond the initial first year investment.

The evaluation approach will include capturing:

- the flow of referrals to the service (including breakdowns or regions, demographic groups etc.);
- service offered in terms of number/length of sessions, how long support is offered over, detail of support offered (e.g. attendance at funerals, coroners court etc.)
- the number of people in attendance at groups and variety of groups offered overall and by sub area;
- service staff presence at local campaigns and information awareness raising events;
- narratives from those directly affected by suicide and utilise a wellbeing evaluation tool with the specific intention of capturing suicidal thoughts and intentions or behaviours.
- reviewed data collected via the SSS system;
- Data from a variety of feedback resources which can be adjusted for the wider project.

Data on staff employed, trained, supervision offered, conferences attended and development work undertaken will also be collected.

Contracting Arrangements

The WY ICB is the accountable body and is responsible for the contract management of the service.

Access

The service will work with all age groups through the family worker and will focus on delivering support to people living in Bradford.

Under the new arrangements the Suicide Bereavement Service will be available to all people who are:

1) Resident of Bradford and;
2) Have been affected by suicide at any point.

To access the service people can be referred by professionals or self-refer via a web link or telephone number.

7 FINANCIAL CONTRIBUTIONS

Financial Year 24/25	ICB contribution	Council Contribution
Non-Pooled Fund A	West Yorkshire element (Adults in Kirklees, Wakefield, Calderdale and Bradford) = £326,862	£32,500
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial Year 25/26	ICB contribution	Council Contribution
Non-Pooled Fund A	West Yorkshire element (Adults in Kirklees, Wakefield, Calderdale and Bradford) = £333,890	£33,198.75
Non-Pooled Fund B		
Non-Pooled Fund C		
Pooled Fund X		
Pooled Fund Y		

Financial resources in subsequent years to be determined in accordance with the Agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Levels of contribution have been agreed (see above)

(2) Management of the Pooled Fund

The NHS West Yorkshire ICB will be responsible for the payment of all invoices received from the service provider in accordance with the terms of the services contract. Bradford Council Public Health shall make a financial contribution of £32,500 in 24/25, £33,198.75 in 25/26 towards the cost of the service.

The NHS West Yorkshire ICB will invoice the Bradford Council Public Health quarterly for its share of the costs of the services and such invoices shall be payable within 30 days.

(3) Audit Arrangements

What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedure.

(4) Financial Management

Which financial systems will be used?	*Standard lead commissioner systems*
What monitoring arrangements are in place?	*tbc*
Who will produce monitoring reports?	*Provider*
What is the frequency of monitoring reports?	*tbc*
What are the rules for managing overspends?	*Any overspends are at the providers risk*

Do budget managers have delegated powers to overspend?	*No*
Who is responsible for means testing?	*N/A*
Who will own capital assets?	*N/A*
How will capital investments be financed?	*N/A*
What management costs can legitimately be charged to pool?	*N/A*
What re the arrangement for overheads?	*N/A*
What closure of accounts arrangement need to be applied?	*Standard lead commissioner arrangements*

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	*lead commissioners regime*
Is one Partner acting as 'agent' for another?	yes
Have Partners confirmed the format of documentation, reporting and accounting to be used?	yes

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to ICB, LA and System Governance bodies.
Reports will be provided to the relevant board or committee, as scheduled or by exception.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

Not Applicable

13 ASSURANCE AND MONITORING

NHS West Yorkshire ICB will conduct quarterly contract management meetings with the service provider, including representatives from Bradford Council (Public Health). Quarterly meetings will focus on discussing service performance and addressing any issues affecting service delivery.

An annual report will be taken to the Planning and Commissioning Forum (group that oversees all section 75 schedule) for further assurance and monitoring.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council	Eleanor Watts	Commissioning Manager	Britannia House, Broadway, Bradford, BD1 1EE		Eleanor.watts@bradford.gov.uk
Council	Jo James	Senior Public Health Specialist	Britannia House, Broadway, Bradford, BD1 1EE		jo.james@bradford.gov.uk
ICB	Stephanie Jones	Contract Manager	White Rose House, West Parade, Wakefield, WF1 1LT		stephanie.jones94@nhs.net
ICB	Emmerline Irving	Head of Improvement Population Health	White Rose House, West Parade, Wakefield, WF1 1LT		emmerline.irving@nhs.net

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning and Commissioning Forum

16 RISK AND BENEFIT SHARE ARRANGEMENTS

The contribution from Bradford will be used to employ one member of staff on a recurrent basis.

17 REGULATORY REQUIREMENTS

Applicable national standards (e.g. NICE)
QS189 - https://www.nice.org.uk/guidance/qs189/chapter/quality-statement-5-supporting-people-bereaved-or-affected-by-a-suspected-suicide#quality-statement-5-supporting-people-bereaved-or-affected-by-a-suspected-suicide

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)
The service model is based on good practice guidance issued and developed by the Support after Suicide Partnership (SASP) for the operation of an effective, local, proactive postvention support service. The model employed also draws on guidance issued by Public Health England in their 'Support after a suicide: a guide to providing local services: Commissioning and delivering support after a suicide, as part of a wider suicide prevention strategy' document (2017).

18 INFORMATION SHARING AND COMMUNICATION

As per information sharing agreements in place between ICB and LA.

19 DURATION AND EXIT STRATEGY

The expansion to the service shall take effect from the soonest date possible, pending recruitment of staff into newly funded post.The contract shall expire on 30th September 2026, with 1 x 12-month possible extension.
Either party may terminate this Agreement by giving a minimum of 6 months' notice. Any changes or early termination to this schedule must be done in accordance with the service contract terms. Provider exit arrangements are set out in the standard terms of the service contract.

20 OTHER PROVISIONS

Safeguarding and the Protection of Children and Adults at Risk including the Mental Capacity Act (MCA) Standards

The provider will have its own Safeguarding and Mental Capacity Act policies and procedures that adhere to the agreed Multi-agency Policies and procedures for Safeguarding Adults and for Safeguarding Children and relevant current legislation:

- **The West and North Yorkshire and York Multi-Agency Policy and Procedure can be found at**: https://www.wakefield.gov.uk/Documents/health-care-advice/adult-services/safeguarding/safeguarding-adults-from-abuse/safeguarding-adults-board-policy-procedure.pdf
- **The West Yorkshire Children Safeguarding Procedures can be found at:** http://westyorkscb.proceduresonline.com/index.htm

The Provider will comply with the West Yorkshire Integrated Care Board (ICB) Safeguarding Standards relevant to each organisation. The Safeguarding Standards are embedded below, and the provider is expected to comply with any requests for the completion and submission of these to provide safeguarding assurance.

SCHEDULE 1.32 VCSE SUPPORT & IMPROVEMENT PROGRAMME

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

This S75 Schedule pertains to a Memorandum of Understanding (MOU) between West Yorkshire Integrated Care Board (WY ICB) and Bradford VCS Alliance, to which the Council makes a financial contribution.

The purpose of the MOU and linked service specification is to set out the terms, objectives, roles, responsibilities and understanding between the ICB and Bradford VCS Alliance. The term of the MOU is from 01 July 2024 to 30 June 2025.

This MOU also sets out how the Parties will work together to deliver the VCSE Support & Improvement Programme, including governance arrangements.

This service was delivered under a contract issued by Bradford Council Department of Place for three years from April 2022. The contract was held by Dept of Place and jointly funded with contributions from Adult Social Care, Children's services, and Bradford District & Craven Health Care Partnership (BDCHCP).

Following budget cuts, the council withdrew the Dept of Place funding for this service, and terminated the contract early, with three months' notice, ending 30 June 2024.

From this point, WY ICB took on the role and responsibility of lead commissioner on behalf of the Partners, as per the MOU and linked service specification.

2 AIMS AND OUTCOMES

The Bradford VCS Alliance will;

Strengthen VCSE to support the health and care strategy

Act as the voice of communities and VCSE sector

Outcomes and Objectives

Clear and measurable outcomes will be agreed through discussion between commissioners and providers. This will focus on key areas to enable learning, prior to a new commissioning process.

Develop a consistent set of metrics to measure the impact of VCSE activity on the health & social care system

3 THE ARRANGEMENTS

This is Lead commissioning arrangement with WY ICB as lead commissioner.

The Partners have identified this arrangement as one to be delivered under Section 75 of the 2006 Act. The Partners have worked together to agree the purpose, aims and outcomes for this arrangement which shall be delivered in accordance with the Scheme Specification.

For the purpose of this arrangement, the Council has agreed to delegate the exercise of its commissioning functions to the WY ICB.

The Partners have agreed a management and monitoring schedule for this service wherein the Council leads the arrangements – WY ICB delegates its responsibility to the Council to exercise the arrangements on its behalf. (See Section 6)

WY ICB shall provide the financial administrative systems for the Non-Pooled Fund. The VCSE Alliance will continue to invoice the ICB as they have already done for the first quarter. The ICB will then invoice BMDC for any contribution towards this service.

4 FUNCTIONS

WY ICB will undertake:

- delivery of the commissioning process
- management of the MOU
- manage payments to the Provider

The Council will undertake:

- quality management of the service
- monitoring and reviews

5 SERVICES

Strengthen VCSE to support the health and care strategy;

Improve the capability of, and address weaknesses in, organisations that directly divert citizens from the statutory health and social care system

Work with the health and care partnership to design a focus on prevention; working with communities to become inclusive, welcoming and self-supporting places, and working with Health & Social Care staff to enable them to understand the offer available in communities and connect citizens to local VCSE groups and community support.

Support the administration of the friendships grants process

Encourage and support VCSE organisations to sign up to a Shared Access Agreement to enable their services to be advertised in the relevant Bradford Shared Access online directory

Identify, co-ordinate, and contribute to training that meets identified needs of both the sector and the partnership, specifically:

- Providing support to community groups and VCSE organisations to ensure compliance with statutory requirements including the Accessible Information Standard
- Supporting VCSE organisations to fulfil their duties relating to safeguarding

Voice of communities and VCSE sector;

Coproduce a plan, within the first 3 months of the contract, to work with citizens and communities, ensuring a broad representation from across the diverse communities of Bradford District and Craven, to better understand their views and therefore support the health and care partnership in strategic thinking, decision making, and understanding the impact of decisions. This will include active contribution to the partnership's Citizen Voice Forum and delivery of its identified objectives.

Encourage VCSE organisations to actively participate in involvement processes (such as the Listen in programme) and activate campaigns (e.g. Living Well) that deliver our health and care strategy.

Facilitate engagement structures and networks with a focus on improving inclusion and representation of our diverse communities.

Develop representation, advocacy, and capacity of the VCSE sector to ensure that within the sector there is the capacity, maturity, and resilience to actively participate in health and care strategy, advocate on behalf of the diverse communities we serve, and contribute to realising our shared vision, including through taking anchor roles in Community Partnerships

Work with the partnership to move towards a future model that focuses on activation and involvement that aligns to the place-based vision of understanding what matters to our communities. Through citizen activation we will encourage people to take action on their own wellbeing and access services safely and appropriately.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

WY ICB will act as lead commissioner

Contracting Arrangements

The Partners have agreed a management and monitoring schedule for this service wherein the Council leads the arrangements – WY ICB delegates its responsibility to the Council to exercise the arrangements on its behalf.

During the implementation and life of this service, monitoring and quality management meetings will be held as required:
• Monthly Support Meetings: This will require attendance from the Council Contract and Quality Officer, Provider Lead and other relevant staff to review the cost of the planned work.

• Bi-Monthly Workbook Review Meetings: This will require attendance from the Council Contract and Quality Officer, Provider Lead and other relevant staff to review of the cost and data submitted through the workbook.

*• Annual Review Meetings: This will require attendance from the Council Contract and Quality Officer, Provider Lead and other relevant staff to review cost, data and the feedback provided through the satisfaction survey.**

*The annual review meeting may not be required in this case, due to this being a 12 month MOU.

The bi-monthly reports will be shared with the allocated Contract and Quality Officer from the EHAP Contracts Team.

If any dispute arises between the parties in relation to this Schedule, the first course of action should be for the matter to be discussed between the party's senior managers.

If the matter cannot be resolved, then the dispute will be referred to the Planning & Commissioning Forum.

Access

N/A

7 FINANCIAL CONTRIBUTIONS

Financial Year 25/26	**ICB contribution**	**Council Contribution**
Non-Pooled Fund A	£219,623	£285,991

Financial resources in subsequent years to be determined in accordance with the Agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

WY ICB will be responsible for overseeing the financial arrangements of this S.75 Schedule
This funding is currently non-recurrent – decisions about potential continuation of this funding will be made during 2024.

(2) Management of the Pooled Fund

The Parties acknowledge that they are not entering into a 'pooled fund' arrangement pursuant to Section 75 (2) of the Act and Regulations 7 of the Regulations.

WY ICB shall provide the financial administrative systems for the Non-Pooled Fund. The VCSE Alliance will continue to invoice the ICB as they have already done for the first quarter. The ICB will then invoice BMDC for any contribution towards this service.

(3) Audit Arrangements

What Audit arrangements are needed?	N/A

(4) Financial Management

Which financial systems will be used?	*N/A*
What monitoring arrangements are in place?	*N/A*
Who will produce monitoring reports?	*N/A*
What is the frequency of monitoring reports?	*N/A*
What are the rules for managing overspends?	*N/A*
Do budget managers have delegated powers to overspend?	*N/A*
Who is responsible for means testing?	*N/A*

Who will own capital assets?	*N/A*
How will capital investments be financed?	*N/A*
What management costs can legitimately be charged to pool?	*N/A*
What re the arrangement for overheads?	*N/A*
What closure of accounts arrangement need to be applied?	*N/A*

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	The VAT regime of the Lead Commissioning Organisation will be applied to each scheme that it is the Lead Commissioner for.
Is one Partner acting as 'agent' for another?	
Have Partners confirmed the format of documentation, reporting and accounting to be used?	

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to the ICB, Council and System Governance bodies.

Reports will be provided to the relevant board or committee, as scheduled or by exception.

11 NON FINANCIAL RESOURCES

Council contribution	**Details**	**Charging arrangements**	**Comments**
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

ICB Contribution	**Details**	**Charging arrangements**	**Comments**
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

Any staff responsible for the services set out in this agreement will be employed by the Provider (Bradford VCS Alliance).

13 ASSURANCE AND MONITORING

Lead officers will review the operation of this schedule.

14 LEAD OFFICERS.

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council	Julie Robinson-Joyce	Joint Commissioning Manager	Britannia House	07582 102671	julie.robinson-joyce@bradford.gov.uk
Council	Jane Wood	Assistant Director People Commissioning and Business support	Britannia House	01274 437312	Jane.Wood@Bradford.gov.uk
Council	Ben Oxlade-Parker	Contract & Quality Manager	Britannia House	07582 109803	Ben.Oxlade-Parker@bradford.gov.uk
ICB	Shak Rafiq	Associate Director Communications and Involvement	Scorex House, 1 Commercial Street, Bradford, BD1 4AS	07890 591487	shak.rafiq@nhs.net
ICB	Vic Simmonds	Senior head of communications and involvement	Scorex House, 1 Commercial Street, Bradford, BD1 4AS	07980 905 583	victoria.simmons@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning & Commissioning Forum.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

N/A

17 REGULATORY REQUIREMENTS

N/A

18 INFORMATION SHARING AND COMMUNICATION

The Council and WY ICB shall share and supply information in respect of the services as each party may reasonably require to give effect to the terms of this agreement.

19 DURATION AND EXIT STRATEGY

This MOU shall commence on 1st July 2024 and remain in effect for 1 year, unless varied or terminated in accordance with the terms of this MOU. It will be reviewed by both Parties on an ongoing basis throughout the contract term to ensure it continues to be appropriate and fit for purpose.

This MOU will expire on the 30th June 2025, unless the Parties have agreed in writing that the term of the MOU shall be extended.

This Schedule may be terminated by either Party on giving 3 months' written notice to the other Party. During the notice period, any information, or services which either Party has agreed to supply by the time notice is served shall be supplied.

Commissioning intentions for this service should be agreed approx. 6 months prior to the end date, to allow the relevant Provider Selection Regime tasks and timeline to be agreed.
20 OTHER PROVISIONS
None

SCHEDULE 1.33 SEND Disagreement Resolution and Mediation

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The SEND Disagreement Resolution and Mediation service is designed to help resolve disputes involving parents or young people and early years providers, schools, colleges, local authorities, or health commissioners.

The service adheres to the SEND Code of Practice 2015 and meets the statutory requirements outlined in the Children and Families Act 2014 and the Special Educational Needs and Disability Regulations 2014. These laws mandate that the service operates independently of the local authority and health commissioners, ensuring children, young people, and their families have a fair and impartial platform to voice their concerns and actively participate in the resolution process.

This service is jointly commissioned by partners across education (City of Bradford Metropolitan District Council), health (NHS West Yorkshire ICB) and social care (Bradford Children and Families Trust - BCFT), in accordance with 3.9 of the SEND Code of Practice 2015, with education taking the role of lead commissioner.

The Partners acknowledge that this service is not a 'pooled funding' arrangement.

2 AIMS AND OUTCOMES

The overall outcomes of the Service will be:

- Early resolution to disagreements and within agreed timescales resulting in less stress and pressure on parent/carers and young people.
- More children / young people will get their needs met early and without potential delays caused by the SEN and Disability Tribunal process.
- The voice of children and young people will be heard within the process, and they will contribute to decisions which affect them and their life chances (in line with the UNCRC Article 12 and the SEND Code of Practice 2015).
- Responsible and appropriate issuing of mediation certificates
- Reduction in SEN and Disability Tribunals.
- Reduction in local authority officer and partner organisations time and resource being spent on SEN and Disability Tribunal cases
- Reduction in costs relating to the SEN and Disability Tribunal process e.g. legal fees.

3 THE ARRANGEMENTS

This is a Lead Commissioning Arrangement with the Council as the lead commissioner.

The Partners have identified the SEND Disagreement Resolution and Mediation as being one to be delivered under Section 75 of the 2006 Act. The Partners have jointly agreed the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Service Specification.

For the purpose of this Service, the ICB has agreed to delegate the exercise of its Functions to the Council to exercise alongside the Council's Functions in respect of this Service.

4 FUNCTIONS

The Council commissions the SEND Disagreement Resolution and Mediation service on behalf of the Partners. The Council will be responsible for the contract management and payments to the provider.

The ICB will provide a contribution for this service as detailed in Section 7 of this schedule.

5 SERVICES

The Service shall:

- provide independent, confidential and impartial disagreement resolution and mediation services for resolving disagreement between parents / carers / children and young people and education providers, the local authority, social care, and / or health commissioners and providers.
- consider the SEND and Alternative Provision improvement plan: 'The right support, at the right place, and at the right time
- ensure that the principle statutory requirements relating to this contract are applied and adhered to.
- provide information and advice about the disagreement resolution and mediation process to parents, carers and children or young people.
- The Service will assist parents / carers / children and young people to understand the information they may need to apply to their own situation.
- provide help parents / carers / children and young people to resolve disagreements regarding the education and care of children with special needs.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

This is a Lead Commissioning arrangement. The new contract from 1st April 2025 was procured by competitive tender through a joint commissioning process which was supported by colleagues across the Council, WY ICB and BCFT. This contract is issued and managed by the Council. The ICB will be invoiced for their contribution towards this service. An agreement is in place between the Council and Bradford Children and Families Trust that the financial contribution towards this service from children's social care is retained by the Council.

The Provider will submit quarterly reports to the Council.

Contracting Arrangements

The Council's Contract Manager and the Provider's designated representative shall conduct a quarterly review of performance and financial management information. The Provider shall collect the required information on a monthly basis and submit it to both the Contract Manager and the designated representative. This information will be jointly assessed during the quarterly review.

Monitoring will include management information related to the reason for disagreement resolution / mediation service being utilised.

There is a current contract in place ending on 31st March 2025, with a new contract effective from 1st April 2025 for a period of 3 years with a possible extension of one or more periods to a maximum of 2 years.

The maximum anticipated value is £240,000 per annum dependent on volume of work, which equates to a maximum overall contract value of £1,200,000 if the full extension period is taken up.

Access

The service is accessible to residents of the Bradford district and those outside the district for whom the local authority has statutory responsibility. The following referral and access criteria is applicable:

- The Service will take referrals from parents/carers or young people from the age of 0 to 25 or the Council, Bradford Children and Families Trust or Health Commissioners / ICB.
- The Service will take referrals from parents/carers or young people from the age of 0 to 25 or the Council, Bradford Children and Families Trust or Health Commissioners / ICB.
- There shall be no charge to parents / carers / children and young people to access the Service.

- The Service may occasionally have to be delivered to parents / carers / children and young people under the jurisdiction of, but placed outside of, the LA boundary.
- The Service will keep information, including equality monitoring, detailing why referrals are not taken up and collate this information. This will enable consideration of the need for any service development by the LASSPB.
- All information provided shall be available in an easily accessible format for parents/carers/children and young people depending on their needs and requirements
- The views of the child / young person will be sought even if they do not attend the mediation session itself

The Service will take referrals from parents/carers or young people from the age of 0 to 25 or the Council, Bradford Children and Families Trust or Health Commissioners / ICB.

The Service will keep information, including equality monitoring, detailing why referrals are not taken up and collate this information. This will enable consideration of the need for any service development by the LASSPB.

7 FINANCIAL CONTRIBUTIONS

This is a pay by use contract and therefore the value of the contract is the maximum anticipated value. The agreement is for a 10% contribution from WY ICB (to a maximum of £24,000) to be paid at the start of Q4 of the financial year in line with the anticipated total spend for the year. A reconciliation will be made in Q1 of the following financial year reflecting 10% of the actual spend once reported.

The Council has agreed with Bradford Children and Families Trust to make the one third contribution on behalf of Children's Social Care, to avoid unnecessary financial transactions. A named member of BCFT will be identified to support the commissioning and contract management process from a social care perspective.

Financial Year 2024-25	WY ICB contribution	Council Contribution
Non-Pooled Fund A	£ 24,000	£216,000

Financial Year 2025-26	WY ICB contribution	Council Contribution
Non-Pooled Fund A	£ 24,000	£216,000

Financial Year 2026-27	WY ICB contribution	Council Contribution
Non-Pooled Fund A	£ 24,000	£216,000

Financial Year 2027-28	WY ICB contribution	Council Contribution
Non-Pooled Fund A	£ 24,000	£216,000

Financial resources in subsequent years to be determined in accordance with the agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

The Planning and Commissioning Forum will be responsible for overseeing the financial arrangements.
of this schedule.

The Partners retain the option to review the contributions for the service annually. Review of contributions will be conducted collaboratively between Partners. The contributions may be increased or decreased in such sum as reasonably determined by the Partners, by means of a review.

The review may include (without limitation);

- the budgetary position of the Partners

- consultation with the Provider, and
- consideration of any statutory changes at the time which would affect the contract price and the outcome of any benchmarking or other efficiency review under the service contract.

(2) Management of the Pooled Fund

The Partners acknowledge that they are not entering into a 'pooled fund' arrangement pursuant to Section 75 (2) of the Act and Regulations 7 of the Regulations.

(3) Audit Arrangements

What Audit arrangements are needed?	N/A

(4) Financial Management

Which financial systems will be used?	Financial Systems of the Lead
What monitoring arrangements are in place?	as determined by the PCF
Who will produce monitoring reports?	Lead officers
What is the frequency of monitoring reports?	Annually or as requested
What are the rules for managing overspends?	N/A
Do budget managers have delegated powers to overspend?	No
Who is responsible for means testing?	N/A
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What are the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	N/A

9 VAT

The Partners shall agree the treatment of Funds for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	The VAT regime of the Lead Commissioning Organisation will be applied to each scheme that it is the Lead Commissioner for.
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning forum has responsibility for monitoring this service and the terms of this Schedule. A report from the lead officers will be submitted to PCF annually or as requested.

Programme level oversight is also provided by the Developing Services and Support workstream, within the Local Area Strategic SEND Partnership Board (LASSPB).

Serious risks and issues pertaining to the Service, with a plan for mitigation, will be reported to the PCF as they arise.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		

Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

N/A

13 ASSURANCE AND MONITORING

Contract Review Meetings shall take place quarterly and shall be attended by representatives of both the Provider and the commissioners.

Lead officers will review the operation of this Service/Schedule in line with the terms within this Schedule.

Oversight is provided by the Developing Services and Support workstream, within the Local Area Strategic SEND Partnership Board (LASSPB) and by the Planning and Commissioning Forum.

The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to the WY ICB, the Council and other System Governance bodies.

Reports will be provided to the relevant board or committee, as scheduled or by exception.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council Senior Lead Children's Services	Ophelia Rix	Assistant Director - Improvement and Partnerships	Britannia House 3rd Floor	07974 894675	ophelia.rix@bradford.gov.uk
Council SEND	Tim Armstrong	Head of service SEND Integrated Assessment & Psychology	Britannia House 3rd Floor	07484 412748	tim.armstrong@bradford.gov.uk
Council Commissioning	Jo Medd	Service Manager Joint Commissioning	Britannia House, 5th Floor	07484 535345	Jo.medd@bradford.gov.uk

Council Contracts & Quality	Ellie McCandless	Service Manager Contracts and Quality	Britannia House, 5th Floor	07890 420875	eleanor.mccandless@bradford.gov.uk
Council commissioning Senior Lead	Christopher Dickinson	Head of Strategic Commissioning	Britannia House, 5th Floor	07890968434	Christopher.Dickinson@bradford.gov.uk
Bradford Children and Families Trust	Andrea Walters	Assistant Director CCHDT	Sir Henry Mitchell House	07870 543097	Andrea.Walters@bradfordcft.org.uk
ICB Senior Lead	Nagina Javaid	Programme Director for Children, Young People and Families	Scorex House	07974096781	Nagina.Javaid@bradford.nhs.uk
ICB Contracting Lead	Walter O'Neill	Assistant Director for Community Contracts	Scorex House	01274 256083	walter.oneill@nhs.net

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning & Commissioning Forum.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

N/A

17 REGULATORY REQUIREMENTS

N/A

18 INFORMATION SHARING AND COMMUNICATION

The Council and WY ICB shall share and supply information in respect of the services as each party may reasonably require giving effect to the terms of this agreement.

19 DURATION AND EXIT STRATEGY

This schedule is effective from 1st April 2025 for a period of 3 years. The schedule will end on 31st March 2028 with a possible extension of one or more periods to a maximum of 2 years.

Either party may terminate this schedule by giving 6 months' notice in writing.

A Strategic review shall take place on dates to be agreed to review objectives and performance.
In the event the Partners agree to terminate, then an exit strategy shall also be agreed within the agreed lead in time.

20 OTHER PROVISIONS

None

SCHEDULE 1.35 Smoking Cessation Medication

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The Living Well Stop Smoking Service supports the wider smoking cessation efforts across the Bradford and Airedale district. It provides direct support via Living Well smoking cessation advisors and works with partners such as General practitioners (GP), community pharmacies and other off-site smoking cessation providers by paying for the costs of smoking cessation aid prescriptions. Licensed pharmacotherapy is available for all smokers (12 years +) motivated to quit smoking.

This is a non-pooled fund with Bradford Council Public Health as the lead commissioner.

This requirement for this service is supported by the following policy recommendations:

- **The Khan review: making smoking obsolete –** improving prevention in the NHS
- **Tobacco: preventing uptake, promoting quitting and treating dependence-NICE guidance 2025-02-04**
- **NHS stop smoking services help you quit**

Furthermore, this request also supports the following local priorities:

- **Bradford Council Plan 21-25:** Outcome 2 Residents Achieve Good Health and Wellbeing
- **Bradford District and Craven Health and Care Partnership strategy –** Improving Outcomes in our Populations Health, Health Care and Wellbeing and Tackling inequalities in outcomes, experience and access
- **Towards a smoke-free generation:** How the young of today are less likely to smoke than ever before
- **Bradford Council Website –** Quit Smoking guidance and support

This agreement is to manage the recharge of prescribed smoking cessation medicines costs where City of Bradford Metropolitan District Council (CBMDC) holds the budget and West Yorkshire Integrated Care Board (WY ICB) ensures the effective distribution and prescription of the medicines.

2 AIMS AND OUTCOMES

The Living Well Stop Smoking Service aims to help individuals quit smoking by providing free, confidential support. Their objectives include:

- Personalised Support: Offering one-to-one support from trained advisors who create a 12-week personal quit plan tailored to each individual.
- Combining Methods: Providing evidence-based support, including vaping kits and Nicotine Replacement Therapy (NRT) or pharmacotherapy.
- Targeted Assistance: Helping specific groups such as pregnant smokers, people with mental health conditions, and those using other forms of tobacco.
- Behavioural Support: Delivering behavioural support to increase the likelihood of long-term quit success.
- Community Engagement: Working closely with GPs, pharmacies, and other local services to provide comprehensive support

3 THE ARRANGEMENTS

This is a Lead Commissioning Arrangement with Bradford Council Public Health as the lead commissioner.

The Partners have identified the Living Well Stop Smoking service as being one to be delivered under Section 75 of the 2006 Act. The Partners have jointly agreed the purpose, aims and outcomes for this Service.

For the purpose of this Service, the Council has agreed to delegate the exercise of its Functions to the West Yorkshire Integrated Care Board (referred to as WY ICB) to exercise alongside the Council's Functions in respect of this Service.

This agreement ensures that CBMDC is able to reimburse the costs incurred by WY ICB for prescribed medicines where CBMDC hold the budget. This in turn ensure that populations in Bradford will receive appropriate support and medications to reduce and/ or stop smoking

4 FUNCTIONS

This agreement reflects the function where Bradford Council Public Health reimburses the WY ICB for the cost of medication in relation to smoking cessation.

The WY ICB will invoice Bradford Council Public Health quarterly which will reconcile the outlay made to GP's and other off-site smoking cessation providers for medication costs.

5 SERVICES

The purpose of the service and agreement has been described in Section 1 of this schedule.

The Living Well Stop Smoking Service offers a range of support to help individuals quit smoking successfully:

1. **One-to-One Support**: Trained advisors provide personalized advice and create a tailored quit plan.
2. **Access to Resources**: Provision of nicotine replacement therapies (NRT), vaping kits, and prescription medications.
3. **Behavioural Therapy**: Techniques and strategies to manage cravings and overcome triggers.
4. **Community Partnerships**: Collaboration with GPs, pharmacies, and other local services to ensure comprehensive care.
5. **Specialised Support**: Targeted help for specific groups such as pregnant women, individuals with mental health conditions, and those using other forms of tobacco.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The service will be managed via this section 75 agreement and be reviewed annually as noted below. It will be contingent on the receipt of finances received by CBMDC from DHSC to pay for Smoking Cessation services.

Contracting Arrangements

CBMDC is the lead partner and will hold the contractual arrangements. Reimbursement systems will be as follows:

- The LW Stop Smoking Service will request prescriptions from GPs for nicotine replacement therapy.
- GP's will independently prescribe medications for smoking cessation for their patients out of the LW service pathway.
- These prescribed costs are charged to the ICB medicines budget
- The WY ICB Medicines Optimisation team will run monthly reports from ePACT, check that these have no anomalies, and request a quarterly invoice be raised by the WY ICB finance team.
- The finance team will issue an invoice to CBMDC for the value of the prescribed medicines
- CBMDC will make payment to WY ICB

Access

The people who use services covered by this schedule include all young people aged 12 and over, adults (18+) of working age and older people.

Smoking Cessation support offered by Level 2 services (Living Well Advisors and Stop Smoking Practitioners in primary care and other community settings) will include behavioural support for 12 weeks.
This is in line with the evidence that combining stop smoking aids with expert behavioural support increases the chances of quitting by 300%.

This schedule will also cover for stop smoking medicines independently prescribed by GPs without provision of structured behavioural support or referral into the LW service. Those prescriptions will be reviewed over the course of 2025-26 to understand the profile and needs of service users.

The service aims support smokers to quit successfully through behavioural support and by increasing accessibility to licensed pharmacotherapy across the District.

The Service will support and contribute towards the following PHOF indicators:

- Smoking prevalence rates in adults (C18)
- Smoking in early pregnancy (C03a)
- Smoking status at time of delivery (C06)
- Number of low birth-weight babies (C04)
- Sickness absence (B09)
- Infant mortality rate (E01)
- Estimated Dementia diagnosis rate (E15)
- Under 75 mortality rate from cardiovascular diseases considered preventable (E04b)
- Under 75 mortality rate from cancer considered preventable (E05b)
- Under 75 mortality rate from respiratory diseases considered preventable (E07b)

Access to Smoking Cessation services will vary according to the provider's hours of operation.

The financial mechanisms within the Section 75 agreement will be managed during routine office hours across CBMDC and WY ICB.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2024-25	WY ICB contribution	Council Contribution
Public Health Grant	£0	£260,000 or as per activity, whichever is greater

Financial Year 2025-26	WY ICB contribution	Council Contribution
Public Health Grant	£0	£260,000 or as per activity, whichever is greater

Financial Year 2026-27	WY ICB contribution	Council Contribution
Public Health Grant	£0	£260,000 or as per activity, whichever is greater

Financial Year 2027-28	WY ICB contribution	Council Contribution
Public Health Grant	£0	£260,000 or as per activity, whichever is greater

Financial resources in subsequent years to be determined in accordance with the agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

The Planning and Commissioning Forum will be responsible for overseeing the financial arrangements. of this schedule.

Payment to WYICB is not capped at any amount but is made according to activity. The Partners retain the option to review the contributions for the service annually. Review of contributions will be conducted collaboratively between Partners. The contributions may be increased or decreased in such sum as reasonably determined by the Partners, by means of a review.

The review of contributions will be conducted collaboratively between CBMDC and WYICB (the Partners). The Partners retain the option to review the contributions for the service annually.

The finances noted in Section 7 above may be increased or decreased in such sum as reasonably determined by the Partners, by means of an annual review.

The review may include (without limitation);

- activity
- costs
- the budgetary position of the Partners
- consultation with the Provider, and
- consideration of any statutory changes at the time which would affect the contract price and the outcome of any benchmarking or other efficiency review under the service contract.

(2) Management of the Pooled Fund

The Partners acknowledge that they are not entering into a 'pooled fund' arrangement pursuant to Section 75 (2) of the Act and Regulations 7 of the Regulations.

(3) Audit Arrangements

What Audit arrangements are needed?	The Partners may from time to time be subject to organisational audit as appropriate and will participate together as required

(4) Financial Management

Which financial systems will be used?	Those within the WY ICB and those within the CBMDC
What monitoring arrangements are in place?	Joint meetings between the Partners' leads quarterly as and when needed
Who will produce monitoring reports?	WY ICB
What is the frequency of monitoring reports?	Quarterly
What are the rules for managing overspends?	N/A
Do budget managers have delegated powers to overspend?	TBD at quarterly meetings
Who is responsible for means testing?	See above re Financial Governance arrangements (1)
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What are the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	N/A

9 VAT

The Partners shall agree the treatment of Funds for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	The VAT regime of the Lead Commissioning Organisation will be applied to each scheme that it is the Lead Commissioner for.
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning forum has responsibility for monitoring this service and the terms of this Schedule. A report from the lead officers will be submitted to PCF annually or as requested.

Serious risks and issues pertaining to the Service, with a plan for mitigation, will be reported to the PCF as they arise.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

N/A

13 ASSURANCE AND MONITORING

Lead officers will review the activity, costs and operation of this Service/Schedule in line with the terms within this Schedule.

The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to the WY ICB, the Council and other System Governance bodies.

Reports will be provided to the relevant board or committee, as scheduled or by exception.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council Commissioning Lead	Nasar Amend	Senior Public Health Specialist	c/o PH 5th Floor Britannia House	07815476757	nasar.ahmed@bradford.gov.uk
Council Commissioning Lead	Sarah Possingham	Service Manager -PH Commissioning	As above	07582100244	sarah.possingham@bradford.gov.uk
Council Senior Lead	Jorge Zepeda	Head of Public Health	As above	07816082224	jorge.zepeda@bradford.gov.uk
ICB Commissioning Lead	Claire Kilburn	Head of Medicines Optimisation GPhC No. 2050853	Scorex House	07816861427	Claire.Kilburn@bradford.nhs.uk
ICB Senior Lead	Helen Farmer	Director of System Transformation	Scorex House	07932 946494	Helen.Farmer@bradford.nhs.uk
ICB Contracting Lead	Walter O'Neill	Assistant Director for WY Community Contracts Bradford district and Craven Contracts Lead	Scorex house	07432721557	Walter.ONeill@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning & Commissioning Forum.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

N/A

17 REGULATORY REQUIREMENTS

As may pertain to the management of pharmacological goods

18 INFORMATION SHARING AND COMMUNICATION

The Council and WY ICB shall share and supply information in respect of the services as each party may reasonably require giving effect to the terms of this agreement.
19 DURATION AND EXIT STRATEGY
This schedule is effective from 1st April 2024 for a period of 4 years. The schedule will end on 31st March 2028 Either party may terminate this schedule by giving 3 months' notice in writing. A Strategic review shall take place on dates to be agreed to review objectives and performance. In the event the Partners agree to terminate, then an exit strategy shall also be agreed within the agreed lead in time.
20 OTHER PROVISIONS
None

SCHEDULE 1.36 NHS Health Checks

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

This schedule refers to people who are registered with NHS WYICB GP Practices. It is a legal right of all eligible residents to have a health check every 5 years. Eligible residents are those aged 40 to 74 years old who had not had an NHS health check in the past five years and who are not already diagnosed with a CVD (eg hypertension, diabetes or CKD). The content of the NHS Health Check is set out in the NHS Health Check Best Practice Guidance.

An increase in NHS health checks uptake is linked to reduced morbidity and mortality caused by CVD.

CVD leads to 1 in 4 deaths. Hypertension is the single most modifiable factor that influences CVD. One-year social care and health care cost estimates post major stroke, for one person, are at £24,003. In Bradford we have very high rates of strokes at younger ages, significantly influenced by our ethnicity demographics. If we consider some intended outcomes of an NHS health check – improvement in BP control, Lipids profile, Alcohol intake -, health checks can represent a significant system saving for Bradford.

The health checks contribute to outcome 2 of the HWB strategy - Residents achieve good health and wellbeing and we act as a system. It aligns to the ICB Long term Conditions work programme and to Labour's Get Britain Working agenda.

This agreement is to manage the recharge of health check costs to GPs where City of Bradford Metropolitan District Council (CBMDC) holds the budget and West Yorkshire Integrated Care Board (WY ICB) manages payment to GP practices.

2 AIMS AND OUTCOMES

The aim of the service is to provide early intervention and improve the health of the population. The NHS health check prevents some people from experiencing earlier morbidity and therefore this reduces the populations social care needs. People in good health are able to maintain work and contribute to the local economy.

Residents who are eligible should be offered an NHS health check which includes:

- Blood tests when indicated to check that that vital organs and systems are working well, eg renal function and liver function. Cholesterol level.
- Smoking cessation advice
- Coronary heart disease risk check.
- A body mass index (BMI) measurement.
- Blood pressure.
- Physical activity advice.
- A risk screen for diabetes.
- Alcohol use disorders identification test (AUDIT) score.
- An informed conversation about Dementia in those age 65 plus.

The measures listed below must be recorded as part of an NHS health check

- age
- gender
- smoking status
- family history of coronary heart disease
- ethnicity
- body mass index (BMI)
- cholesterol level
- blood pressure
- physical activity level

- alcohol use disorders identification test (AUDIT) score
- cardiovascular risk score

All individuals having an NHS Health Check must be told their BMI, cholesterol level, blood pressure and AUDIT score as well as their cardiovascular risk score. In addition, those aged 65-74 should be made aware of the signs and symptoms of dementia and signposted to memory services if this is appropriate.

Additional testing and clinical follow up, for example, where someone is identified as being at high risk of having or developing vascular disease, remains the responsibility of primary care.

The Provider should ensure that any patient who has had an NHS health check better understands their CVD risk and what lifestyle changes may reduce their risk of CVD related morbidity, they should also be offered appropriate care eg hypertension treatment and referral where indicated e.g smoking cessation.

3 THE ARRANGEMENTS

This is a Lead Commissioning Arrangement with Bradford Council Public Health as the lead commissioner.

The Partners have identified the NHS Health Checks service as being one to be delivered under Section 75 of the 2006 Act. The Partners have jointly agreed the purpose, aims and outcomes for this Service.

For the purpose of this Service, the Council has agreed to delegate the exercise of its Functions to the West Yorkshire Integrated Care Board (referred to as WY ICB) to exercise alongside the Council's Functions in respect of this Service.

This agreement ensures that CBMDC is able to reimburse the costs incurred by WY ICB for NHS health checks where CBMDC hold the budget. This in turn ensures that eligible populations in Bradford will receive NHS health checks.

4 FUNCTIONS

This agreement reflects the function where Bradford Council Public Health reimburses the WY ICB for the cost of NHS health checks, three month in arrears.

The data relating to NHS health check activity will be sent by data quality to be verified by CBMDC's public health team and then sent for payment to WY ICB.

The WY ICB will invoice Bradford Council Public Health quarterly which will reconcile the outlay made to GP practices (The provider).

5 SERVICES

The purpose of the service and agreement has been described in Sections 1 and 2 of this schedule.

Residents who are eligible should be offered:

- Blood test to check that that vital organs and systems are working well, eg renal function and liver function. Cholesterol level.
- Smoking cessation advice
- Coronary heart disease risk check.
- A body mass index (BMI) measurement.
- Blood pressure.
- Physical activity advice.
- A risk screen for diabetes.
- Alcohol use disorders identification test (AUDIT) score.

- An informed conversation about Dementia in those age 65 plus.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The service will be managed via this section 75 agreement and be reviewed annually as noted below.

Contracting Arrangements

CBMDC is the lead partner and will hold the contractual arrangements.
Reimbursement systems will be as follows:

- The GP practices in the district will offer eligible patients an NHS health checks and record them on SystmOne (XaR6f).
- Provision must be delivering in accordance with the 2025-2030 NHS health check service specification sent to all GP practices.
- The Data Quality team in WY ICB will pull a report each quarter to establish how many NHS health checks (XaR6f) each GP practice has delivered and how many patients who had an NHS health check were smokers. This is then translated into a value owed to each practice
- This will be sent to Public Health colleagues at CBMDC for verification and approval will be made within 10 working days.
- The Primary Care team in WY ICB will liaise with the finance team to issue BACS payments to each GP practice on a quarterly basis. No payment will be issued without approval from CBMDC.
- The finance team will issue an invoice to CBMDC for the value of the health checks delivered that quarter
- CBMDC will make payment to WY ICB
- The maximum payment that each GP practice can claim for is 20% per annum of the total eligible population, this may increase in year if the budget permits.
- If for any reason the budget is at risk of not meeting demand, the lead CBMDC commissioners will act in a timely manner and highlight the risk to ICB senior leads and Public Health senior leads. No payments will be made to GPs without authorisation from CBMDC and therefore no payments will be made that surpass the budget.

Access

It is a legal right of all residents between the ages of 40 and 74 to have a health check every 5 years.
All GPs within the Bradford district (excludes Craven) are to be commissioned to deliver this service.

The NHS health check offer is a mandated requirement of the public health grant.

The financial mechanisms within the Section 75 agreement will be managed during routine office hours across CBMDC and WY ICB.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2025-26	WY ICB contribution	Council Contribution
Public Health Grant	£0	Payments will be made to WYICB commensurate to the cost of the service, linked to activity and agreed oncosts in accordance with the service specification.

Financial Year 2026-27	WY ICB contribution	Council Contribution
Public Health Grant	£0	Payments will be made to WYICB commensurate to the cost of the

		service, linked to activity and agreed oncosts in accordance with the service specification.

Financial Year 2027-28	WY ICB contribution	Council Contribution
Public Health Grant	£0	Payments will be made to WYICB commensurate to the cost of the service, linked to activity and agreed oncosts in accordance with the service specification.

Financial Year 2028-29	WY ICB contribution	Council Contribution
Public Health Grant	£0	Payments will be made to WYICB commensurate to the cost of the service, linked to activity and agreed oncosts in accordance with the service specification.

Financial Year 2029-30	WY ICB contribution	Council Contribution
Public Health Grant	£0	Payments will be made to WYICB commensurate to the cost of the service, linked to activity and agreed oncosts in accordance with the service specification.

Optional extension year:

Financial Year 2030-31	WY ICB contribution	Council Contribution
Public Health Grant	£0	Payments will be made to WYICB commensurate to the cost of the service, linked to activity and agreed oncosts in accordance with the service specification.

Financial resources in subsequent years to be determined in accordance with the agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

The Planning and Commissioning Forum will be responsible for overseeing the financial arrangements. of this schedule.

The payment to GP Practices for each NHS Health Check is £20.00
An additional £3.00 will be added to any payment where the patient's last updated smoking status indicated 'Smoker'.

Payment to WYICB is not capped at any amount but is made according to activity. The Partners retain the option to review the contributions for the service annually. Review of contributions will be conducted collaboratively between Partners. The contributions may be increased or decreased in such sum as reasonably determined by the Partners, by means of a review.

The review of contributions will be conducted collaboratively between CBMDC and WY ICB (the Partners). The Partners retain the option to review the contributions for the service annually.

The finances noted in Section 7 above may be increased or decreased in such sum as reasonably determined by the Partners, by means of an annual review. Finances for activity already conducted is fixed at the agreed rate and will not be reactively amended.

The review may include (without limitation);

- activity
- costs
- the budgetary position of the Partners
- consultation with the Provider, and
- consideration of any statutory changes at the time which would affect the contract price and the outcome of any benchmarking or other efficiency review under the service contract.

(2) Management of the Pooled Fund

The Partners acknowledge that they are not entering into a 'pooled fund' arrangement pursuant to Section 75 (2) of the Act and Regulations 7 of the Regulations.

(3) Audit Arrangements

What Audit arrangements are needed?	The Partners may from time to time be subject to organisational audit as appropriate and will participate together as required

(4) Financial Management

Which financial systems will be used?	Those within the WY ICB and those within the CBMDC
What monitoring arrangements are in place?	Joint meetings between the Partners' leads quarterly as and when needed
Who will produce monitoring reports?	WY ICB
What is the frequency of monitoring reports?	Quarterly
What are the rules for managing overspends?	N/A
Do budget managers have delegated powers to overspend?	TBD at quarterly meetings
Who is responsible for means testing?	See above re Financial Governance arrangements (1)
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What are the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	N/A

9 VAT

The Partners shall agree the treatment of Funds for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	The VAT regime of the Lead Commissioning Organisation will be applied to each scheme that it is the Lead Commissioner for.
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning forum has responsibility for monitoring this service and the terms of this Schedule. A report from the lead officers will be submitted to PCF annually or as requested.

Serious risks and issues pertaining to the Service, with a plan for mitigation, will be reported to the PCF as they arise.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

N/A

13 ASSURANCE AND MONITORING

Lead officers will review the activity, costs and operation of this Service/Schedule in line with the terms within this Schedule.

The Planning and Commissioning Forum (PCF) will act as the Governing Body for all Section 75 commissioned services, with appropriate links and reporting to the WY ICB, the Council and other System Governance bodies.

Reports will be provided to the relevant board or committee, as scheduled or by exception.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council Commissioning Lead	David Armitage	Public Health Specialist	c/o PH 5th Floor Britannia House Bradford BD1 1HX	07890382674	david.armitage@bradford.gov.uk
Council Commissioning Lead	Eleanor Watts	PH Commissioning Manager	c/o PH 5th Floor Britannia House Bradford BD1 1HX	07974 894653	eleanor.watts@bradford.gov.uk
Council Senior Lead	Jorge Zepeda	Head of Public Health	c/o PH 5th Floor	07816082224	jorge.zepeda@bradford.gov.uk

			Britannia House Bradford BD1 1HX		
ICB Senior Lead	Helen Farmer	Director of System Transformation	Scorex House	07932 946494	helen.farmer@bradford.nhs.uk
ICB Commissioning Lead	David D'Arcy	Senior Strategic Primary Care Lead	Scorex House	01274237397	David.d'arcy@bradford.nhs.uk
ICB Contracting Lead	Walter O'Neill	Assistant Director for WY Community Contracts Bradford district and Craven Contracts Lead	Scorex house	07432721557	Walter.ONeill@bradford.nhs.uk

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning & Commissioning Forum.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

N/A

17 REGULATORY REQUIREMENTS

As may pertain to the management of clinical service delivery, whereby the provider maintains the clinical competencies to deliver this service (Programme standards 2020) and delivers in accordance with other important requirements e.g appropriate indemnity insurance, clinically appropriate premises, safeguarding patient's data, safeguarding children and vulnerable adults protocols.

18 INFORMATION SHARING AND COMMUNICATION

The Council and WY ICB shall share and supply information in respect of the services as each party may reasonably require giving effect to the terms of this agreement.

19 DURATION AND EXIT STRATEGY

This schedule is effective from 1st April 2025 for a period of 5 years with the option to extend for 1 year. The schedule will end on 31st March 2030.

Either party may terminate this schedule by giving 3 months' notice in writing.

A Strategic review shall take place on dates to be agreed to review objectives and performance.
In the event the Partners agree to terminate, then an exit strategy shall also be agreed within the agreed lead in time.

20 OTHER PROVISIONS

None

SCHEDULE 1.38 - Infant Mental Health Service (Little Minds Matter)

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

The Little Minds Matter (LMM) service supports parents, carers and professionals to help babies get the best possible start in life. Bradford has high levels of deprivation and ethnic diversity, with significant health inequalities. LMM addresses the critical early years period to improve lifelong mental health outcomes.

LMM supports families with children aged 0–3 where there are concerns about the parent-infant relationship or the infant's emotional wellbeing. The service offers:

- Direct clinical work with families (e.g., therapeutic interventions, assessments)
- Consultation and training for professionals working with infants and families
- System-level support to embed infant mental health principles across services

Delivery is through a multi-disciplinary team including clinical psychologists, psychotherapists, and specialist practitioners. The team works flexibly across community settings and collaborates with health visitors, midwives, social workers, and early years professionals.

The service was developed as part of the Better Start Programme and was jointly funded by the Family Hubs Start for Life Programme, Better Start and the ICB during 2024/5. When Better Start ended in March 2025, Bradford Children and Families Trust agreed a one-off contribution to cover a funding gap whilst the future of the service is reviewed. The Family Hubs Start for Life (CBMDC) funding was continued for 2025/26 and will be reviewed in line with Government plans for 2026/27.

2 AIMS AND OUTCOMES

To deliver 2 strands of Little Minds Matter:

A) Direct Clinical Work with families

Aim: Therapeutic intervention offered for the families identified as "concerning" where this is the most appropriate. This will provide a variety of family therapy and psychotherapeutic, psychological and psychosocial treatments. The service will ensure they are able to see parents and their infants in the home as well as in appropriate community settings.

B) Consultation, Support and Guidance to professionals working with families

Aim: Consultation and support for workforce within the Health and Social Care sector in Bradford who work directly with infants and their families to enable them to work with families identified as "struggling" independently.

Objectives

1. To deliver the 2 strands of the Little Minds Matter service as per the Logic Model (Appendix 1).
2. To work with Family Hubs Start for Life Programme and Children's Contract's and Quality Team in the Council to support the monitoring and evaluation of the project ensuring all necessary data collection, reporting and recording systems and processes are maintained.
3. To ensure the effective delivery of the specialist and multi-disciplinary Little Minds Matter Team, working in partnership with the wider system.
4. To regularly review and develop: Referral pathways, Needs assessment and consideration of demand to inform the planning of future delivery.
5. To ensure the co-ordination and recording of the data relating to the service. To adhere to quarterly monitoring requirements put in place by Bradford District and Craven Health and Care Partnership (supported by the Family Hubs Start for Life team) to ensure the service is achieving the Key Performance Indicators
6. To work in partnership with other key providers and stakeholders in the wider Bradford health and care system to ensure system change and alignment with the Bradford District and Craven Health and Care Partnership priorities as identified through the Prevention and Early Help System Board and Healthy Minds / Integrated Neighbourhoods Board. This also includes involvement with and attendance at the

Perinatal Mental Health Steering Group, Perinatal Mental Health Clinical Forum, Children and Young People's Mental Health Delivery Collaborative.

7. To work with Better Start Bradford and the Innovation Hub to capture learning from the previous delivery of this service.

3 THE ARRANGEMENTS

This is a Lead Commissioning Arrangement with WY NHS ICB as the lead commissioner.

The Partners have identified the Infant Mental Health Service as being one to be delivered under Section 75 of the 2006 Act. The Partners have agreed the purpose, aims and outcomes for this Service which shall be delivered in accordance with the Service Specification.

For the purpose of this Service, the Council has agreed to delegate the exercise of its Functions to the ICB to exercise alongside the ICB's Functions in respect of this Service.

4 FUNCTIONS

The ICB commissions the Infant Mental Health service on behalf of the Partners. The ICB will be responsible for payments to the provider and the contract management, however this will be fully supported by CBMDC with joint monitoring arrangements. Members of the Family Hub Start for Life Team will join these meetings.

The Council and Bradford Children and Families Trust will provide contributions for this service as detailed in Section 7 of this schedule.

5 SERVICES

Service components:

Consultation, Reflective Discussion, Support & Advice

- A visible service in the community for the maternity, public health nursing and early help workforce.
- Offering informal liaison to increase skills in identification and appropriate support/sign posting for families.
- Regular consultation for practitioners working intensely with families to offer the correct level of support. Including the monitoring of consultation and resulting actions used by practitioners with families.
- Offer on-going training and refresher training when required sessions to ensure the confidence and skills remain in the workforce
- Consider effective ways of offering consultation using agile technology following consultation with staff.
- Offer timely guidance to staff using the most appropriate means (face to face, telephone, Lync) as and when they require whilst they are supporting a family and ensuring a member of the Little Minds Matter team is available Monday to Friday to offer support.

Direct clinical work

- Offer 1:1 (1 practitioner: 1 family) intervention in the family's home or other appropriate venue for the parents/family members requiring support.
- Therapy to be an evidence-based intervention most appropriate to the family's needs. This would be anticipated to include at least one of the following programmes:
  - i. Parent-infant psychotherapy
  - ii. Watch, wait and wonder
  - iii. Video Based Guidance
  - iv. Family therapy
  - v. Theraplay
  - vi. Dyadic Developmental Psychotherapy

- Signpost to alternative group-based services where appropriate to meet the needs of the parents such as the Perinatal Support Programme. Work together with Family Action to offer Circle of Security group work for families.
- To offer a support for families as they are discharged back to universal service and ensure the wider professional workforce around the family are involved are happy to offer continued support.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

The Little Minds Matter service was procured via a direct award. This route was chosen due to the specialist nature of the service, its established track record, and its alignment with strategic priorities in infant mental health.

Performance monitoring is conducted quarterly through formal reporting against agreed Key Performance Indicators (KPIs). Quality assurance is supported by Clinical governance within Bradford District Care NHS Foundation Trust, Regular supervisions with staff and feedback from stakeholders. The service will be reviewed annually as part of the commissioning cycle.

This is a Lead Commissioning arrangement. The contract will be issued and managed by the ICB. The Council and Bradford Children & Families Trust will be invoiced for their contribution towards this service.

Contracting Arrangements

West Yorkshire NHS Integrated Care Board will lead this contractual arrangement through a variation to the overarching contract between WY NHS ICB and Bradford District Care NHS Foundation Trust for 25/26 as a non-recurrent line.

The existing contract held by the ICB for £156,270 is in place for 2 years and will continue alongside this arrangement, although provision of the service transferred from Better Start Bradford to Bradford District Care NHS Foundation Trust from 1st April 2025. This will continue on a separate recurrent funding line within the BDCFT block contract, as this funding is expected to continue.

Access

The Service will be accessible to Bradford residents/people registered with a Bradford G.P. as identified in the service specification.

The service targets infants aged 0–3 in Bradford, particularly those experiencing:

- Disrupted attachment relationships
- Parental mental health challenges
- Domestic abuse, substance misuse, or other adverse childhood experiences
- Developmental concerns linked to emotional wellbeing

Access to Little Minds Matter is strictly via professional referral, submitted through a secure online referral form. Self-referrals are not accepted.

Professionals who can refer into this service include:

- Health visitors
- Midwives
- GPs
- Social workers
- Early years practitioners
- Other professionals working with families and infants

This referral pathway ensures that families are supported by practitioners who can identify concerns early and connect them with appropriate specialist care.

Home visits are a core part of service delivery, allowing work in the infant's natural environment. Community settings such as children's centres, family hubs, and clinics are also used. The team is based at Listerhills Health Centre, but does not operate a walk-in clinic model — all access is via referral and scheduled appointments.

7 FINANCIAL CONTRIBUTIONS

This arrangement includes the £677,843 combined contribution from Family Hubs Start for Life (£337,843) CBMDC and Early Help one off contribution (£340,000) from Bradford Children and Families Trust.

Funding beyond March 2026 from CBMDC and Bradford Children and Families Trust is not confirmed.

The existing contract held by the ICB for £156,270 is in place for 2 years and will continue alongside this arrangement, although the contract will transfer to Bradford District Care NHS Foundation Trust from Better Start Bradford from 1st April 2025. This will continue on a separate recurrent funding line within the block contract, as this funding is expected to continue.

Financial Year 2025-26	WY ICB contribution	Council Contribution
Non pooled Fund A	£ 156,270 (continuing as a separate contract)	£677,843 Includes Family Hubs Start for Life Programme £337,843 CBMDC Bradford Children and Families Trust Early Help one off contribution to joint commissioning £340,000 to cover funding gap. (to be included as a non-recurrent line in the overarching WY NHS ICB contract with Bradford District care NHS Foundation Trust)
Total contract value (all partners)	**£ 156,270 plus £677,843 = total funding for the service £834,113**	

Financial resources in subsequent years to be determined in accordance with the agreement.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

The Planning and Commissioning Forum will be responsible for overseeing the financial governance arrangements. of this schedule.

The Partners retain the option to review the contributions for the service annually. Review of contributions will be conducted collaboratively between Partners. The contributions may be increased or decreased in such sum as reasonably determined by the Partners, by means of a review.

Bradford Children and Families Trust will be invoiced for £340,000 (invoiced March 2025, payment received)
City of Bradford Metropolitan District Council will be invoiced for £337,843 (PO provided Sept 2025 – ICB to invoice CBMDC for this contribution).

(2) Management of the Pooled Fund

The Partners acknowledge that they are not entering into a 'pooled fund' arrangement pursuant to Section 75 (2) of the Act and Regulations 7 of the Regulations.

(3) Audit Arrangements	
What Audit arrangements are needed?	N/A
(4) Financial Management	
Which financial systems will be used?	Financial Systems of the Lead
What monitoring arrangements are in place?	as determined by the PCF
Who will produce monitoring reports?	Lead officers
What is the frequency of monitoring reports?	Annually or as requested
What are the rules for managing overspends?	N/A
Do budget managers have delegated powers to overspend?	No
Who is responsible for means testing?	N/A
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What are the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	N/A

9 VAT

The Partners shall agree the treatment of Funds for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	The VAT regime of the Lead Commissioning Organisation will be applied to each scheme that it is the Lead Commissioner for.
Is one Partner acting as 'agent' for another?	N/A
Have Partners confirmed the format of documentation, reporting and accounting to be used?	N/A

10 GOVERNANCE ARRANGEMENTS

The Planning and Commissioning forum has responsibility for monitoring this service and the terms of this Schedule. A report from the lead officers will be submitted to PCF annually or as requested.

Other routine reporting will be set by the Healthy Minds Board (or Integrated Neighbourhoods) and Prevention and Early Help System Board.

Serious risks and issues pertaining to the Service, with a plan for mitigation, will be reported to the PCF as they arise.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

ICB Contribution	Details	Charging arrangements	Comments
Premises	N/A		
Assets and equipment	N/A		
Contracts	N/A		
Central support services	N/A		

12 STAFF

N/A

13 ASSURANCE AND MONITORING

The Family Hubs Start for Life team have a requirement to undertake specific monitoring in relation to the DfE grant. This will need to take place through joint contract management with the ICB.

Performance Indicators

- Practitioners working with families will feel well supported in their work to support parent infant relationships.
- Total number of Professionals supported (accessed any type of consultation) – 150 per annum.
- Service receives good quality and appropriate referrals through a clearly defined referral pathway and from a variety of referral routes including self-referral.
- Strong links established with relevant local organisations so referrals that are unsuitable are appropriately signposted.
- Families with difficulties in their parent infant relationship will show improvement in their sensitivity, attunement and responsiveness. Outcome measures: Goal-Based Outcomes (GBO), Mothers Object Relation Scale (MORS), Mullers for unborn babies.
- Families will report feeling supported and an improvement in their situations after intervention from the service. Qualitative feedback will evidence this.
- Target for total number of eligible new families supported across the year 180, and the number and percentage of referrals of dads and referrals via the pre-birth panel will be reported.

Data reporting (for information) will include: number of referrals, age, gender, ethnicity, deprivation, level of need (whether open to Early Help, Children's Social Care, support accessed at a Family Hub, numbers signposted to alternative services (including name of service).

System target: There is a requirement for the service to share activity data of the number of referrals into the service as part of monthly monitoring but the service will not be held accountable to meet a set KPI target on the number of referrals received. As a system we have set an expected referral target of 228 families and a 'stretch target' of 270 referrals per year. It is acknowledged that if further investment is not identified for 26/7 referrals will be closed for Q4.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council Senior Lead	Ophelia Rix	Assistant Director Improvement and Partnerships Children's Services	Britannia House, 3rd Floor	07974 894675	Ophelia.rix@bradford.gov.uk

Council Service Lead	Abbie Wild	Family Hubs Start for Life Project Manager	Britannia House 3rd Floor	07484917830	abbie.wild@bradford.gov.uk
Council Contracts and Quality Lead	Ellie McCandless	Service Manager Contracts and Quality	Britannia House, 5th Floor	07890 420875	Eleanor.McCandless@bradford.gov.uk
Council Commissioning Lead	Jo Medd	Service Manager Joint Commissioning	Britannia House, 5th Floor	07484 535345	Jo.medd@bradford.gov.uk
BCFT Senior Lead	Susan Claydon	Assistant Director Early Help and Transformation	Sir Henry Mitchell House	07484917975	susan.claydon@bradfordcft.org.uk
ICB Senior Lead	Joanne Tooby	Head of Mental Health (Children and Young People)	Scorex House	01274 237587	joanne.tooby@bradford.nhs.uk
ICB Commissioning Lead	Ian Wallace	Senior Programme Manager Children, Young People and Families	Scorex House	07931545451	ian.wallace@bradford.nhs.uk
ICB Contracting Lead	Walter O'Neill	Assistant Director for Community Contracts	Scorex House	01274 256083	walter.oneill@nhs.net

15 INTERNAL APPROVALS

Approvals, where required, will be sought from the Planning & Commissioning Forum.
Financial approvals for service costs for the term of the contract will be sought from each partner's relevant decision-making body.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

N/A

17 REGULATORY REQUIREMENTS

N/A

18 INFORMATION SHARING AND COMMUNICATION

The Council and WY ICB shall share and supply information in respect of the services as each party may reasonably require giving effect to the terms of this agreement.

19 DURATION AND EXIT STRATEGY

This schedule is effective from **1st April 2025** for a period of 1 year. The schedule will end on **31st March 2026**. A new schedule will need to be negotiated beyond this period as the current schedule is to support an interim arrangement.

Either party may terminate this schedule by giving **6 months'** notice in writing.

A Strategic review shall take place on dates to be agreed to review objectives and performance.
In the event the Partners agree to terminate, then an exit strategy shall also be agreed within the agreed lead in time.

20 OTHER PROVISIONS

None

PART 1 INTEGRATION AND BETTER CARE FUND SCHEME SPECIFICATIONS

Scheme Name	**2024/25 Expenditure (£)**
Assistive Technologies and Equipment	£4,779,705
Care Act Implementation Related Duties	£4,485,600
Carers Services	£1,299,600
Community Based Schemes	£2,401,457
DFG Related Schemes	£5,603,330
Enablers for Integration	£181,500
High Impact Change Model for Managing Transfer of Care	£6,043,443
Home Care or Domiciliary Care	£15,889,787
Integrated Care Planning and Navigation	£304,300
Bed based intermediate Care Services	£14,344,451
Reablement in a persons own home	£10,615,808
Personalised Budgeting and Commissioning	£254,600
Residential Placements	£22,952,588
Other	£200,000
Total	**£89,356,169**

SCHEDULE 2 GOVERNANCE

Planning and Commissioning Forum Terms of Reference

1. Introduction

In line with the Health and Social Care Act 2022, NHS England and Local Authorities are focusing on improving health and care services and tackling health inequalities through better integration. The Planning and Commissioning Forum (PCF) will help to provide system leadership and strategic direction to the joint planning and commissioning arrangements within the Act as One local framework across Bradford District.

2. General

In these Terms of Reference, the following capitalised terms are given the meaning set out in the NHS West Yorkshire Integrated Care Board Constitution as updated from time to time, unless the context otherwise requires:

- West Yorkshire ICB Conflict of Interest Policy
- West Yorkshire ICB Constitution
- West Yorkshire Standing Order or Standing Orders

Other capitalised terms have the meaning set out below:

- "Attendee" refers to a participant of this Planning and Commissioning Forum as listed in paragraph 7
- "PCF" refers to this Planning and Commissioning Forum
- "Chair" means the chair of this Planning and Commissioning Forum
- "ICB" means the NHS West Yorkshire Integrated Care Board, including any individual, organisation or committee to which its powers or responsibilities are delegated
- "ICB Business" has the meaning given to it at paragraph **Error! Reference source not found.**"ICB Committee" means a committee of the ICB
- "ICB Policies" means any policy, process or procedure formally adopted by the ICB
- "Member" refers to a member of this Planning and Commissioning Forum as listed in paragraph 6
- "NHS Foundation Trust Partner" means Airedale NHS Foundation Trust, Bradford District Care NHS Foundation Trust and/or Bradford Teaching Hospitals NHS Foundation Trust
- "Partner" refers to a partner organisation in the Place Partnership which is also a party to the SPA
- "Partnership Business" has the meaning given to it at paragraph **Error! Reference source not found.**
- "Partnership Board" means the Bradford District and Craven ICB Committee as described in the Constitution
- "Place Lead" means that individual appointed by the ICB to oversee and help develop the Place Partnership
- "Place Partnership" means the partnership of organisations described in the SPA
- "SPA" means the Strategic Partnering Agreement entered into by the Partners for the transformation and better integration of health and care services for the population of Bradford District and Craven
- "Working Days" means a weekday that is not a bank holiday in England
- "Written Resolution Procedure" is the written resolution procedure described at paragraph **Error! Reference source not found.**

This Planning and Commissioning Forum shall operate in accordance with the vision, objectives and principles set out in the terms of reference of the Partnership Board. When advising or making recommendations on behalf of the ICB, it will comply with relevant ICB policies and the Council contract standing orders (CSOs).
The ICB Standing Orders shall apply to this Planning and Commissioning Forum unless these Terms of Reference expressly make alternative provision.

3. Reports to

The Planning and Commissioning Forum reports to the Partnership Leadership Executive on joint commissioning plans. The Planning and Commissioning Forum also reports to the Health and Wellbeing board for assurance and oversight relating to the better care fund.
Members and attendees may also report back to their respective Partner organisations or relevant priority Partnership Boards.

4. Purpose

The purpose of the Planning & Commissioning Forum is to provide system leadership and strategic direction to the joint planning and commissioning arrangements between health and care within the 'Act as One' local framework across Bradford & District.

It is also responsible for overseeing and managing the section 75 agreement, including the Better Care Fund where it will:

- Provide an informal forum for commissioners to jointly share their work and request strategic input against overall commissioning plans and specific schemes, before progressing to the nominated Partnership Board.
- Connect health and care related commissioning plans
- Receive commissioning requests from other system partnership boards for consideration and response
- Share best commissioning practice and use health and/or local authority commissioning and procurement routes to the system's advantage
- Explore the potential for greater integrated commissioning between health and the local authority
- Review and agree the Better Care Fund plan and Section 75 agreements between the local authority and the NHS;
- Take a joint approach to commissioning the voluntary and community sector, including a published annual joint commissioning plan to the sector where applicable.
- Co-operate with the Pooled Fund Manager in meeting reporting requirements for the Better Care Fund in accordance with relevant National Guidance.
- Identify and engage with relevant partnership committees, groups and forums in relation to the planning of the Better Care Fund.
- Report directly to the H&WB on a quarterly basis in accordance with relevant National Guidance.
- Produce an annual report to Partnership Leadership Executive to demonstrate the impact of the group and the services that have been jointly commissioned.

5. Remit and Responsibilities

The remit of the Planning and Commissioning Forum is to:

1. Lead collaborative planning across the Bradford District system and ensure that planning and commissioning arrangements are co-produced, delivered and monitored.
2. Act as an advisory and recommendation sharing forum for joint planning and commissioning.
3. For agreed joint or integrated commissioners, recommend and advice on the provision of services across Bradford Council and the ICB in line with allocated resources including:
    a. Secure service delivery to achieve agreed outcomes.
    b. Working with Voluntary Organisations and independent sector providers to develop services that promote a positive impact on the health and wellbeing of people across the Bradford District.
    c. Conduct reviews of joint working arrangements to assess their effectiveness and strengthen system-wide assurance.
4. Agree pathways, thresholds, service specifications and service standards for joint arrangements between the council and the ICB.
5. Refresh and align the priorities of the Better Care Fund Plan.
6. Review and monitor the performance of joint arrangements and services funded through the Better Care Fund.
7. Refresh, update and approve section 75 agreements
8. Provide assurance to the Partnership Leadership Executive on the progress and outcomes of the Planning and Commissioning Forum.
9. Advise the PLE on matters relating to joint commissioning and the use of Section 75 flexibilities in furthering the health & care integration agenda.
10. Agree the application of the Better Care Fund with the Partnership Leadership Executive and submit the plans to the Health and Wellbeing Board.
11. Provide recommendation and advice on partnership business in relation to matters discussed within the forum.

6. Members

Members contribute to discussion, participate in decision making and are accountable for decisions made. The Chair and membership of the Planning and commissioning forum will be reviewed annually.
The PCF will be chaired by the Strategic Director of Health and Wellbeing (CBMDC). The Members of this Committee are:

- Strategic Director of Health and Wellbeing, Bradford Metropolitan District Council (chair)
- Assistant Director of People Commissioning and Business Support, Bradford Metropolitan District Council
- Head of Strategic Commissioning, Bradford Metropolitan Council
- Director of System Transformation, BDC Health and Care Partnership (West Yorkshire ICB) place
- Priority Director – Healthy Minds, BDC Health and Care Partnership (West Yorkshire ICB) place
- Director of Operational Finance, BDC Health and Care Partnership (West Yorkshire ICB) place
- Assistant Director of Improvement and Partnerships, Bradford Metropolitan District Council
- Head of Adult Strategic Commissioning, Bradford Metropolitan District Council
- Head of Strategic Contracts & Quality, Bradford Metropolitan Council
- Assistant Director of Contracts and Relationships - BDC Health and Care Partnership (West Yorkshire ICB) place
- Financial Business Advisor, Bradford Metropolitan District Council

Where a priority director cannot attend the PCF meeting, a deputy will be nominated on their behalf.

7. Attendees

The following individuals will be invited to attend each meeting of this Planning and Commissioning Forum as Attendees. Attendees attend meetings and may be invited by the Chair to participate in discussions from time to time.
The Attendees of this Committee are:

- Priority Director – Children, Young People & Families, BDC Health and Care Partnership (West Yorkshire ICB) place
- Priority Director – Access to Care (West Yorkshire ICB) place
- Governance Manager, BDC Health and Care Partnership (West Yorkshire ICB) place
- Support and Integration Manager, Bradford Metropolitan District Council
- Joint Commissioning Managers – Adults, Children's services and Public Health, Bradford Metropolitan District Council
- Associate Director of Finance, BDC Health and Care Partnership (West Yorkshire ICB) place
- Senior Head of Integrated Health and Care, BDC Health and Care Partnership (West Yorkshire ICB) place

The Chair may invite such other attendees to attend any meeting of this Planning and Commissioning Forum as the Chair considers appropriate.
Any individual wishing to attend a meeting of this Planning and Commissioning Forum should make a request to the Chair by writing to the Support and Integration Manager, to be received at least three working Days to the meeting. Attendance is at the Chair's discretion.

8. Deputies

With the permission of the chair, a member may nominate a deputy to attend the planning and commissioning forum on their behalf where they are unable to attend. The decision of the Chairs regarding authorisation of nominated deputies is final.

Members should inform the chair of their intention to nominate a deputy and should ensure that any such deputy is suitable and briefed. Any requests for a deputy to be appointed should be made to the Chair at least five Working Days before the meeting. The Chair shall have discretion to accept requests made after this time if they consider there is good reason for the late notification.

Any reference to Member in these terms of reference includes a deputy appointed in accordance with this paragraph.

9. Chair

The Chair of this Planning and Commissioning Forum shall be the Strategic Director of Adult Social Care and Health.

If the Chairs is absent, then the members present at the meeting shall appoint a deputy Chair for the purposes of that meeting.

References to Chair shall be read accordingly.

10. Quoracy

No decisions shall be made unless at least one member from each organisation, with the appropriate level of delegation, is present. This includes at least one representative of the council and one representative from the BD&C Health and Care Partnership (West Yorkshire ICB).

If a meeting is or becomes inquorate, this will be added to the minutes. Any discussions will be summarised at the start of the next meeting of this Planning and Commissioning Forum.

The expectation of the Partners is that this Planning and Commissioning Forum will meet regularly as scheduled. The Partners recognise that even if a meeting is not quorate, useful discussions may take place. However, if the Chair has received apologies for a meeting in advance that indicate that a quorum will not present, the Chair may cancel the meeting if they are satisfied that this is the more appropriate use of Members' time.

An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

11. Conduct of meetings

Meetings of this Planning and Commissioning Forum will be run by the Chair. Meetings will generally be held virtually on 'Microsoft teams'. Meeting in person will be arranged where it is felt to be useful by the membership. Hybrid meetings will be enabled where possible/necessary.

The Chair may also require that a meeting take place entirely by telephone, video or by other electronic means where there is good reason to do so, for example the difficulties of managing hybrid meetings or public health concerns.

In line with the Standing Orders, it is expected that decisions will be reached by consensus.

If the Chair considers it appropriate, decisions may also be taken through the Written Resolution Procedure set out below:

a. The Chair will arrange for an email to be written that:

   - confirms the resolution(s) that the members are being asked to approve;
   - includes, by way of an attachment, all of the relevant information to enable the member to reach a decision on the proposal(s);
   - contains the deadline (date and time) for response that shall be at least ten Working Days from the date of the email

b. The Chair will arrange for the email and accompanying documents to be sent by e-mail to all Members on the same date.

c. Each member shall reply to the designated email address by the deadline given setting out whether they accept, reject or abstain in relation to each resolution set out in the email.

Exceptions:

d. The following decisions may not be taken by way of the Written Resolution Procedure:

   None

Passing the written resolution:

a. In order for the written resolution to be passed the quorum rules must be complied with. If any member does not respond to a resolution proposed by the Written Resolution Procedure by the deadline given, they are not present for the purpose of the quorum. Responses received after the deadline will be disregarded.
b. Provided the quorum requirements have been complied with, a resolution will be passed if all members respond by the deadline to approve the resolution.
c. The Chair will arrange for Members to be notified of the outcome with the Written Resolution Procedure within five working days of the deadline.
d. The outcome of all uses of the Written Resolution Procedure will be recorded in the papers for the next meeting.

12. Frequency of meetings

This Planning and Commissioning Forum will meet at once a month. As a minimum the PCF will meet at least once in any three-month period.

The Chair may call an additional meeting at any time by giving not less than 10 Working Days' notice in writing to all members and attendees.

The Partnership Board or the partnership leadership executive may request that Planning and commissioning forum meet within a reasonable timeframe to discuss a particular matter. Such requests should be submitted to the Chair.

Members and attendees shall be given at least ten working days' notice of any meeting save that in emergency situations the Chair may call a meeting with three working days' notice by setting out the reason for the urgency and the decision to be taken. Papers shall be circulated at least two working days before the meeting.

If a member is unable to attend a formal meeting of the Planning and Commissioning Forum, they shall appoint a suitable individual to deputise for them.

13. Urgent decisions

Not Applicable

14. Declarations of interest

If any member or attendee has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible before the meeting and act in accordance with the West Yorkshire Integrated Care Boards Conflicts of Interests Policy.

The Chair will determine how a conflict of interest should be managed in accordance with the Conflicts of Interests Policy, taking into account any previously agreed arrangements for managing a conflict of interest. The Chair may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

15. Support to the committee

Administrative support will be provided to this Planning and Commissioning Forum by the Health and Wellbeing Department in Bradford Metropolitan District Council. This will include:

- Agreement of the agenda with the Chair
- Sending out agendas and supporting papers to members and attendees at least five Working Days before the meeting, unless later circulation has been authorised by the Chair (exceptional circumstances only)
- Taking minutes of the meetings, including an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward
- Drafting minutes for comment and approval by the Chair within five Working Days of the meeting. Following Chair's approval, distributing the minutes to all Members and Attendees within five Working Days of the approval. Updating minutes in accordance with any amendments agreed at subsequent meetings
- Maintaining an on-going list of actions, specifying the Member(s) responsible for each action, due dates, progress and completion
- Maintaining an annual work plan
- Receiving notifications and requests on behalf of the Chair, including notifications relating to conflicts of interest, requests for meetings and/or nomination of deputies

Notifications and requests to the Chair must be sent to the Support and Integration Manager: Javeid.Karim@bradford.gov.uk

It is the responsibility of members and attendees to ensure that they provide their contact details to the Chair (email and direct dial telephone number) and keep these up to date.

Papers will be circulated electronically. Members or attendees wishing to receive the papers in a particular format (e.g. large print, hard copy) should make a request to the Chair. The Chair has discretion as to whether to meet the request.

16. Authority

This Planning and Commissioning Forum is authorised to investigate any activity within these terms of reference. It is authorised to seek any information it requires within its remit, from any member of staff of a Place Partner and Place Partners will ensure that their staff are directed to co-operate with any such request made by this Planning and Commissioning Forum.

This Planning and Commissioning Forum is authorised to commission any reports or surveys it considers necessary to help it fulfil its obligations.

Decisions of the PCF shall be made unanimously. Where unanimity is not reached, in the first instance, the item should be referred to the next PCF meeting. If unanimity is not reached on the second occasion, then the matter shall be progressed in accordance to the dispute resolution procedure set out in the Section 75 Agreement.
Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way.
This Planning and commissioning forum is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, this Planning and commissioning forum must follow the relevant procedures put in place by the BMDC and the ICB.

This Planning and commissioning forum is authorised to create and dissolve time limited task and finish groups as are necessary to fulfil its responsibilities. When doing so, this Planning and commissioning forum must set clear a clear scope of work and deadline for completion for such

groups. Such groups shall not be able to take decisions on behalf of this Planning and commissioning forum.

This Planning and Commissioning Forum has the working group listed below, which report to it. These working groups exist to support this Planning and Commissioning Forum and are not time-limited. This Planning and Commissioning Forum shall determine their membership, scope and work programme and ensure that these are recorded in writing, regularly reviewed and understood by all participants. A working group may be dissolved by the Planning and Commissioning Forum but permanent working groups cannot be created by this PCF without the agreement of the Partnership Leadership Executive, as outlined below.

- PCF Working Group - This group meet monthly. The aim of this working group is to collate key updates on the Section 75 arrangements and to report actions that are required by the Planning and Commissioning Forum.
- PCF Finance Forum - This group meet on a monthly basis. The aim of this group is to discuss proposals and issues relating to the finances of the Section 75 and joint commissioning activity. The group will highlight potential risks and report actions that are required by the planning and commissioning forum.

This Planning and Commissioning Forum may not create any formal sub-committees, delegate any of its decision-making responsibilities or establish any permanent working groups unless expressly authorised by the Partnership Leadership Executive. Even if any delegation is approved, this Planning and Commissioning Forum remains accountable for the work that is delegated.

17. Reporting

As a minimum, the Planning and Commissioning Forum shall submit an annual report to the Partnership Leadership Executive meeting.

The Chair shall draw to the attention of the Partnership Leadership Executive any significant issues or risks relevant to the Place Leadership Executive or the ICB.

This Planning and Commissioning Forum shall submit an annual report, reviewing its outputs, and achievements of the previous year to the Partnership Leadership Executive. This Planning and Commissioning Forum shall also propose an annual work plan to the Partnership Leadership Executive for approval. The Partnership Leadership Executive may make such changes to the annual work plan as it considers appropriate in consultation with the Chair.

The PCF will report to the PLE as required to alert, assure or advice on matters of relevance.

The PCF will meet the reporting requirements of the Better Care Fund to the Health & wellbeing Board.

Any matters that are within the remit of the PCF that should be sighted in the public domain will be reported by the PLE to the ICB Partnership Executive.

This Planning and Commissioning Forum will receive for information the minutes of other meetings which are captured in the Committee's work plan e.g. minutes of its working groups.

18. Conduct of the committee

All members and attendees will operate within the ICB Constitution, the Council Standing Orders, standing financial instructions, other financial procedures, and policies.

All members and attendees will operate in accordance with the Strategic Partnering Agreement (SPA), the section 75 agreement, the better care fund and any other relevant policies or documents

agreed by Bradford Metropolitan District Council and the BD&C Health and Care Partnership (West Yorkshire ICB).

All Members and Attendees will attend and complete any training required by the Chair or the Partnership Board.

Members and attendees will have due regard to the equality and diversity implications of decisions they make and consider whether any new advice or recommended approach achieves positive change around inclusion, equality and diversity.

Members and Attendees will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

The requirements listed above in relation to conduct of members and attendees shall also apply to members of any working groups or task and finish groups reporting to this Planning and Commissioning Forum.

The Partnership Leadership Executive may remove an individual member from this Planning and Commissioning Forum if:

- That individual fails to comply with these terms of reference
- That individual has behaved in a way, or is threatening to behave in a way, that is likely to bring this Planning and Commissioning Forum, the Partnership Board and/or the ICB into disrepute
- That individual has attended less than [75%] of the meetings of this Planning and Commissioning Forum in any [12 months] period
- The individual no longer meets the relevant membership requirement set out at paragraph **Error! Reference source not found.**, for example because they no longer hold a particular post or work for a particular organisation or
- They qualify for membership of this Planning and Commissioning Forum through their host organisation and that host organisation leaves the Place Partnership

19. Amendments

This Planning and Commissioning Forum may propose changes to its terms of reference to the Partnership Leadership Executive.
Any changes to these terms of reference must be approved by the Partnership Leadership Executive.

20. Review date

These terms of reference shall be reviewed annually.

21. Implementation

These terms of reference come into effect on 1st April 2025.

SCHEDULE 3 JOINT WORKING OBLIGATIONS

LEAD COMMISSIONER OBLIGATIONS

Terminology used in this Schedule shall have the meaning attributed to it in the NHS Standard Form Contract save where this Agreement or the context requires otherwise.

Save *where this Agreement or the context requires otherwise.*

8 The Lead Commissioner shall notify either

- *Helen Hart (Safeguarding) - Helen.Hart@bradford.nhs.uk; or*
- *John Hartley (Quality) - John.Hartley@bradford.nhs.uk*

if it receives or serves:

8.1 a Change in Control Notice;

8.2 a Notice of an Event of Force Majeure;

8.3 a Contract Query;

8.4 Exception Reports

and provide copies of the same (where there is an impact for the other Partner).

9. The Lead Commissioner shall provide the other Partners with copies of any and all:

9.1 Monthly Activity Reports;

9.2 Review Records;

9.3 Remedial Action Plans;

9.4 Service Quality Performance Report;

10. The Lead Commissioner shall consult with the other Partners before attending:

10.1 Contract Management Meeting;

10.2 Review Meeting;

and, to the extent the Service Contract permits, raise issues reasonably requested by a Partner at those meetings.

11. The Lead Commissioner shall not:

11.1 permanently or temporarily withhold or retain monies pursuant to the Withholding and Retaining of Payment Provisions;

11.2 vary any Provider Plans (excluding Remedial Action Plans);

11.3 agree (or vary) the terms of a Joint Investigation or a Joint Action Plan;

11.4 give any approvals under the Service Contract;

11.5 agree to or propose any variation to the Service Contract (including any Schedule or Appendices);

11.6 suspend all or part of the Services (save where required to do so, having made the other Partner aware, under the Serious Concerns process);

11.7 serve any notice to terminate the Service Contract (in whole or in part);

11.8 serve any notice (save where required to do so due to nature of the severity/risk);

11.9 agree (or vary) the terms of a Succession Plan;

without the prior approval of the other Partners such approval not to be unreasonably withheld or delayed.

11.10 The Lead Commissioner shall advise the other Partners of any matter which has been referred for dispute and agree what (if any) matters will require the prior approval of one or more of the other Partners as part of that process.

11.11 The Lead Commissioner shall notify the other Partners of the outcome of any Dispute that is agreed or determined by Dispute Resolution

11.2 The Lead Commissioner shall share copies of any reports submitted by the Service Provider to the Lead Commissioner pursuant to the Service Contract (including audit reports)

OBLIGATIONS OF THE OTHER PARTNER

Terminology used in this Schedule shall have the meaning attributed to it:

- in the NHS Standard Form Contract where services are commissioned on the terms and conditions of the NHS Standard Form Contract; or
- in the relevant commissioning contract where the NHS Standard Form Contract is not used

save where this Agreement or the context requires otherwise.

15 Each Partner shall (at its own cost) provide such cooperation, assistance and support to the Lead Commissioner (including the provision of data and other information) as is reasonably necessary to enable the Lead Commissioner to:

15.1 resolve disputes pursuant to a Service Contract;

15.2 comply with its obligations pursuant to a Service Contract and this Agreement;

15.3 ensure continuity and a smooth transfer of any Services that have been suspended, expired or terminated pursuant to the terms of the relevant Service Contract;

16 No Partner shall unreasonably withhold or delay consent requested by the Lead Commissioner.

17 Each Partner (other than the Lead Commissioner) shall:

17.1 comply with the requirements imposed on the Lead Commissioner pursuant to the relevant Service Contract in relation to any information disclosed to the other Partners;

17.2 notify the Lead Commissioner of any matters that might prevent the Lead Commissioner from giving any of the warranties set out in a Services Contract or which might cause the Lead Commissioner to be in breach of warranty

SCHEDULE 4 POLICY FOR THE MANAGEMENT OF CONFLICTS OF INTEREST

The Partners will follow the conflict of interest policy as per the agreed SPA (as amended from time to time). Please see link below.

ICB Conflicts of Interest

SCHEDULE 5 INFORMATION GOVERNANCE PROTOCOL

All parties will follow their own information governance protocols as follows:

The ICB

Information Governance Policies Book

The Council

Third Party IT Access Policy

IT Acceptable Use Policy

Information Security Position Statement

IT Security Policies Glossary

Information Security Policy Index

SCHEDULE 6 DECISION FLOWCHARTS

The Partners will work together and make decisions on the following basis:

Committee Structure

Planning and Commissioning Forum Decision Flowchart

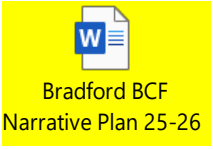
Planning and Commissioning Forum Decision Flowchart Section 75 example

Planning and Commissioning Forum Decision Flowchart - Section 75 Example

SCHEDULE 7 INTEGRATION AND BETTER CARE FUND NARRATIVE PLAN 2025-26

To view the plan, follow the link below:

Better Care Fund Narrative Plan 2025-26



Bradford District and Craven Health and Care Partnership ACTasONE

NHS West Yorkshire Integrated Care Board

Meeting name:	Bradford District and Craven Partnership Board
Meeting date:	14 November 2025
Item number:	12
Report title:	Risk Register (Cycle 3 2025/26)
Report presented by:	Asma Sacha, Risk Manager, WY ICB
Report approved by:	Sue Baxter, Head of Partnership Governance, WY ICB
Report prepared by:	Asma Sacha, Risk Manager, WY ICB

Purpose and Action:

Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☒ (review/consider/com-ment/discuss/escalate	Information ☐

Previous considerations:

BDC Executive Team Meeting – 8 October 2025
BDC System Quality Committee – 20 October 2025
BDC Partnership Finance and Performance Sub-Committee – 30 October 2025

Executive summary and points for discussion:

This report provides details of all risks on the BDC Place Risk Register at the end of the current risk cycle (Cycle 3 2025/26) in Appendix 1. The total number of place risks for consideration, the numbers of risks which are marked for closure, new, increasing or decreasing in score are set out in the report, along with the numbers of Critical and Serious Risks.

The paper includes the first draft of the Cycle 3 review of the Board Assurance Framework (BAF) which is attached at Appendix 3. The BAF provides the ICB with a method for the effective and focused management of the principal risks and assurances to meet its objectives. By using the BAF, the ICB can be confident that the systems, policies, and people in place are operating in a way that is effective in delivering objectives and minimising risks.

With which purpose(s) of an Integrated Care System does this report align?

☒ Improve healthcare outcomes for residents in their system
☒ Tackle inequalities in access, experience and outcomes
☒ Enhance productivity and value for money
☒ Support broader social and economic development

Recommendation(s):

The Bradford District and Craven (BDC) Partnership Board is asked to review the risks and:

1. **RECEIVE** and **NOTE** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in BDC.

2. **CONSIDER** whether it is assured in respect of the effective management of the risks and the controls and assurances in place.
3. **RECEIVE** and **NOTE** the Board Assurance Framework for Cycle 3 2025/26

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

The report provides details of all risks on the BDC Place Risk Register and an update of the Board Assurance Framework review. The various ICB Risk Registers support and underpin the BAF, and relevant links will be drawn between risks on each going forward.

Appendices:

Appendix 1: BDC Place Risk Register, Cycle 3 2025/26
Appendix 2: BDC Place Risks on a Page Report, Cycle 3 2025/26
Appendix 3: West Yorkshire ICB Board Assurance Framework, Cycle 3 2025/26

Acronyms and abbreviations explained:

- Static – 'x' archives – risk score has been unchanged for 'x' risk cycles.
- Static description – neither the risk score nor its description has changed since the previous cycle.
- Reached tolerance – current risk score has reduced to target score so risk may be closed.

What are the implications for:

Residents and Communities	Any implications relating to individual risks are outlined in the Risk Registers
Quality and Safety	Any implications relating to individual risks are outlined in the Risk Registers
Equality, Diversity and Inclusion	Any implications relating to individual risks are outlined in the Risk Registers
Finances and Use of Resources	Any implications relating to individual risks are outlined in the Risk Registers
Regulation and Legal Requirements	Any implications relating to individual risks are outlined in the Risk Registers
Conflicts of Interest	None identified.
Data Protection	Any implications relating to individual risks are outlined in the Risk Registers
Transformation and Innovation	Any implications relating to individual risks are outlined in the Risk Registers
Environmental and Climate Change	Any implications relating to individual risks are outlined in the Risk Registers
Future Decisions and Policy Making	Any implications relating to individual risks are outlined in the Risk Registers
Citizen and Stakeholder Engagement	Any implications relating to individual risks are outlined in the Risk Registers

1. Purpose of this report

1.1 The Bradford District and Craven (BCD) Partnership Board via the West Yorkshire Integrated Care Board (WY ICB – as a publicly accountable organisation), needs to take many informed, transparent and complex decisions and manage the risks associated with these decisions. As part of this risk management arrangement, the Committee therefore needs to engage with this overarching approach and thereby ensure that the Committee has a sound system of internal control.

1.2 Effective risk management processes are central to providing assurance that all required activities are taking place to ensure the delivery of the Partnership's priorities and compliance with all legislation, regulatory frameworks and risk management standards.

2. Context and Background information

2.1 The WY ICB risk management arrangements categorise risks as follows:

- Place – a risk that affects and is managed at Place.
- Common – common to more than one Place but not a corporate risk.
- Corporate – a risk that cannot be managed at Place and is managed centrally.

2.2 The West Yorkshire Risk Management Policy, Strategy and Framework details the risk management process including the risk scoring matrix.

2.3 All corporate risks, Place risks scoring 15 and above and common risks will be presented to the relevant WY ICB committee and to the WY ICB Board on the following dates:

- West Yorkshire ICB Finance, Investment and Performance Committee – 25 November 2025
- West Yorkshire ICB Quality Committee – 25 November 2025
- West Yorkshire ICB Board – 16 December 2025

2.4 The Cycle 2, 2025/26 Corporate Risk Register, the common risk mapping across the five places and the Cycle 2 Board Assurance Framework was presented to West Yorkshire Integrated Care Board on 23 September 2025.

3. Key Points

3.1 This report set out the key changes to the risk profile of the BDC Place risks during risk cycle 3 2025/26 which commenced on 24 September 2025 and will end after the WY ICB Board meeting on 16 December 2025.

3.2 The extract of the Risk Register (Appendix 1) provides further detail of all risks including the key controls and assurances for each risk. The 'Risk on a Page' report (Appendix 2) provides a summary of the key changes since the last review cycle.

3.3 There are 20 risks on the BDC Place risk register:

- Five risks are aligned to the System Quality Sub-Committee.
- Five risks are aligned to the Finance and Performance Sub-Committee.
- Ten risks are aligned to both the System Quality Sub-Committee and the Finance and Performance Sub-Committee.

The following changes have been made in cycle 3 2025/26:

- Nine high scoring risks (15+ in risk score).
- Two risks have reduced in risk score.

3.4 **High scoring risks**

There are nine high level risks (risk score 15+) in Cycle 3 2025/26:

Risk	**Sub-Committee Alignment**	**Cycle 3 2025/26**	**Update for Cycle 3 2025/26**
2527 - UNDERLYING FINANCIAL DEFICIT There is a risk that we do not maximise our opportunities to make effective use of our resources and achieve a sustainable recurrent financial position in 2025/26, due to the size of our underlying deficit, funding and cost pressures and competing aims around performance and quality. This may result in regulatory interventions, reputational damage and impacts on the range and quality of services and patient outcomes. This may also lead to smaller	Finance and Performance Sub-Committee	20 (I4xL5)	Risk cycle – static 2 cycles New governance arrangements established (PoE, Collaboration Board etc) including establishment of three Strategic Delivery Groups to drive forward system collaboration and efficiency in: acute collaboration; integrated neighbourhood care; corporate collaboration.

independent sectors, VCSE organisations and hospices to be disproportionately affected by reduced investment.			
2447 – Renal Services Capacity There is a risk that as the demand for hemodialysis (HD) at Bradford Teaching Hospitals NHS Foundation Trust renal dialysis units has reached the available capacity that it will not be possible to provide timely dialysis for some patients. Due to increasing demand within the local demographic and an aging and limited footprint, which has created a risk that any loss of capacity could lead to clinical harms for patients resulting from sub optimal dialysis provision as the only means of managing dialysis across the patient group. There is a high risk of increasing down time at the St Luke's site and the satellite unit at Skipton because of the aging infrastructure. Loss of either facility for an extended period would be unsustainable without seeking support from organisations both within and without the region.	Finance and Performance Sub-Committee/ Quality Sub-Committee	20 (I4xL5)	Risk cycle – static 5 cycles Skipton services expansion by four stations, estimated completion by end of financial year. Options for SLH facility expansion being considered.

2541 – There is a risk of increased waiting lists and financial pressure in the annual projected costs for children's and adult ADHD and Autism assessments this financial year 2025/26 for Right to Choose assessments (circa in excess of £2m all age cost) due to: Staffing levels, quality of referrals, excessive waiting times and a growing gap between capacity and demand for commissioned services; and Increases in Right to Choose requests for both ADHD and Autism assessments (including dual assessments) leading to a significant unbudgeted cost to the ICB.	Finance and Performance Sub-Committee/ Quality Sub-Committee	16 (I4xL4)	Risk cycle – static 1 cycle There is a gap for the adult learning disability population who are unable to access ADHD assessment from mainstream services. Work is being undertaken with SWYPFT and BDCFT to look at how to address this. Creating opportunities to evaluate and share learning (currently evaluating our Core20plus5 programme via three evaluation reports (first two completed and presented to strategic boards) and third, final evaluation report being written for October 2026.
2538 – There is a risk that initial health assessments for children in care, will not be completed within the statutory time frames. This is due to limited medical resource capacity, increased demand and the complexity of Place-based commissioning arrangements. This could result in health needs assessments of Children in Care being delayed and the health needs of these vulnerable children not being met, which could impact upon long term outcomes.	Quality	16 (I4xL4)	Risk cycle – static 1 cycle The risk remains, performance is monitored but remains below expected levels. Commissioners are exploring options in terms of funding model. A multi-agency weekly triage meeting ensures that barriers and risks are identified and responded to both within the system and for individual children.

2433 - IN-YEAR FINANCIAL PERFORMANCE There is a risk that the Bradford & Craven Place will not deliver the 2025/26 financial plan of a £31.7m deficit and contribute to the requirement for the ICS to break even (as submitted to NHS England on 27 March 2025). This is due to the significant level of risk contained within organisational plans (including a share of the £33.2m 'system risk' value, currently held within the ICB), and the fact that delivery is predicated on delivering efficiencies of £84.5m. Failure to deliver a break even position will result in: - reputational damage to the BDC Place, BTHT, AFT, BDCT and the ICB; also the impact on the wider ICS. - additional scrutiny from NHS England, - a requirement to make good deficits incurred in future year - likely implications on future access to capital (i.e. would be reduced). - potential detrimental impact on some patient facing services - potential detrimental impact to staff in the top down approach to cost cutting	Finance and Performance Sub-Committee	16 (I4xL4)	Risk cycle – static 2 cycles Review of financial principles continues, horizon scanning and monitoring of financial position via the West Yorkshire ICS Finance Forum as well as monitoring within each organisation. Regular reporting to the BDC system finance and performance committee.

2386 – There is a strong and increasing risk to the sustainability of the VCSE sector and the potential collapse of services which will impact on patients having to be transferred to a different pathway/service. This is due to Financial sustainability as system funding comes under increased pressure; Ability to recruit and retain staff (especially due to employment uncertainty and cost of living); and the decision to withdraw the VCSE infrastructure contract due to local authority budget pressures. This could result in a decrease in VCSE capacity to engage with the system and an increase in usage of statutory services and a reduction in proactive preventative work to tackle inequalities.	Finance and Performance Sub-Committee	16 (I4xL4)	Risk cycle – static 6 cycles No change reported in cycle 3.
2314 – RAAC (reinforced, autoclaved, aerated concrete) AT AIREDALE HOSPITAL There is a risk of long-term disruption of service provision at Airedale General Hospital due to building component failure, as the majority of the floors, ceilings and walls (83% of the building) are built of Reinforced Autoclave Aerated Concrete (RAAC) and linked infrastructure	Finance and Performance Sub-Committee/ Quality Sub-Committee	15 (I5xL3)	Risk cycle – Static 3 cycles NHS England funding for works for 2025/2026 now provided at £23.1m. Plans for funding for further years to be reviewed nationally.

including flow of supply of electricity and other utilities (known as daisy chain) throughout the site OR the emergency plan outlines circumstances which trigger an earlier date from which services at Airedale General Hospital may no longer operate beyond 2030. Deterioration of the RAAC and/or structural framework of the building could lead to catastrophic failure of the building with partial or full collapse, despite a comprehensive programme of remedial works. This could result in the closure of substantive or all hospital facilities at the Airedale General Hospital site and a transfer for the continuing provision of services without this facility for months or years. In the event of catastrophic failure of the AGH could result in damage to the partnership's reputation, legal proceedings, claims for compensation and regulatory intervention (implications for AFT and also the NHS WY ICB due to vicarious liability). This links to risk number 2312 (risk that AFT is unsuccessful in securing funding from the new hospitals programme).			

2312 - RAAC (reinforced, autoclaved, aerated concrete) AT AIREDALE HOSPITAL - Although Airedale NHS Foundation Trust has been successful in securing funding from the new hospitals programme to replace Airedale General Hospital by 2030, there is a risk that the funds do not flow as quickly as required, resulting in a failure to open the new hospital before the current one ceases to be viable (engineers estimate 2030) (or earlier if a significant RAAC incident occurs - see related risk number 2314).	Finance and Performance Sub-Committee	15 (I5xL3)	Risk cycle – static 4 cycles Refreshed Social Care and Health Strategy being submitted to New Hospital Programme (NHP) in November 2025 for Investment Committee review in early December 2025 supporting the overall national profile of investment across all Wave 1 NHP programmes. This is expected to provide greater clarity on investment and timelines.
2168 - SYSTEM PERFORMANCE AGAINST NATIONAL REQUIREMENTS There is a risk that poor performance against national requirements (key constitutional standards, operational planning targets and recovery) will impact upon our place-based contribution to the annual ICB performance assessment. This may lead to both financial and reputational impact alongside reduced patient care.	Finance and Performance Sub-Committee	15 (I3xL5)	Risk cycle – static 15 archives A dip in performance in August 2025 regarding elective targets and ANHSFT NEL metrics. May be further challenges into winter. Guidance still not published for next annual planning cycle and requirements of any H2 refresh.

3.5 **New risks**

None.

3.6 **Increase in risk score**

None.

3.7 **Decrease in risk score**

Two risks have decreased in risk score during Cycle 3, 2025/26:

Risk	Sub-Committee alignment	Cycle 2 2024/25	Cycle 3, 2025/26	Update for Cycle 3 2025/26
2173 - BMDC FINANCIAL POSITION There is a risk that the measures taken to control expenditure by BMDC and the Children's Trust will impact on other Place partners. This could adversely affect wider system finances, hospital discharges and the management of winter pressures.	Finance	16	12	Decreased The risk score has reduced from 16 to 12. The risk of council finances materially impacting on the wider health and care system is currently low (beyond our current plans/expectations) for 2025/26.
2544 – There is a risk that the ICB is unable to provide good quality CHC at an affordable cost due to: Increasing demand; CHC workforce capacity; and increasing placement costs This could lead to an inability to deliver all ICB statutory functions, a lack of high quality and cost effective care and an overspend against the ICB budget, individuals presenting with deterioration due to unmet needs and BDC Place financial targets not being met.	Finance/ Quality	12	6	Decreased The risk score has reduced from 12 to 6. Reviewing of existing care packages and commissioning care using the WY equality and choice policy has supported to reduce the risk of high-cost care been commissioned. There are currently no issues sourcing complex care and the team has not seen an increase in expenditure due to this. Reviews have shown there is no growth in 1-1 care being requested.

3.8 **Closed risks**

None.

4 Emerging risks

4.1 The following risks are being developed on the BDC risk register for Cycle 4 2025/26:

- There is a risk that risk that children and young people diagnosed with Autism and ADHD in Bradford will suffer harm due to lack of access to ADHD medication and treatment, increase in demand from independent provider, capacity issues and right to choose assessments and previous medication shortage. This may impact on the long-term health of vulnerable young people, health inequalities, education, social outcomes, pressure on adult Neurodevelopmental waiting list and secondary care mental health services.
- There is a risk that WY ICB will not meet its organisational and partnership safeguarding statutory requirements and safeguarding responsibilities at Bradford Place due to the Bradford Place safeguarding team being under resourced due the impact of sickness within the team and capacity resulting in reduced partnership working and access to safeguarding expertise, impacting upon the timely response to and learning from safeguarding incidents and concerns in Bradford, potentially putting children and adults at risk of harm.
- There is a risk of patient harm to the population of BDC and Leeds due to the operational challenges linked to the major Laboratory Information Management System (LIMS) transition in December 2024 and the physical relocation of the laboratory from Leeds General Infirmary to St James's University Hospital. This could have a detrimental impact on patient safety.

5 Board Assurance Framework (BAF) update for Cycle 3 2025/26

5.1 The BAF provides the ICB with a method for the effective and focused management of the principal risks and assurances to meet its objectives. By using the BAF, the ICB can be confident that the systems, policies, and people in Place are operating in a way that is effective in delivering objectives and minimising risks. These risks are owned by members of the Executive Management Team.

5.2 The BAF will be reviewed during **risk cycles 2 and 4** by Place risk owners following which the assurance will be provided to Place Committees and the

quarterly West Yorkshire Integrated Care Board meetings. The WY ICB Executive Management Team will review the BAF during **risk cycles 1 and 3.**

5.3 The Board Assurance Framework reviewed in Cycle 3 2025/26 by WY ICB Executive Directors is attached at Appendix 3 and draft changes are highlighted using blue font. EMT are currently undertaking the cycle 3 review, and the complete report will be presented to the West Yorkshire Integrated Care Board on 16 December 2025.

6 Next Steps

6.1 The risks will be carried forward to the next risk review cycle which will commence after the WY ICB Board meeting on 16 December 2025.

6.2 Subsequent to that meeting, any closed risks will be archived and open risks carried forward to the next risk review cycle.

7 Recommendations

The Bradford District and Craven (BDC) Partnership Board is asked to:

- **RECEIVE** and **NOTE** the High-Scoring Risk Report as a true reflection of the risk position in BDC.
- **CONSIDER** whether it is assured in respect of the effective management of the risks and the controls and assurances in place.
- **RECEIVE** and **NOTE** the Board Assurance Framework for Cycle 3 2025/26

Risk ID	Date Created	Risk Type	Strategic Objective	Risk Rating	Risk Score Components	Target Risk Rating	Target Score Components	Risk Owner	Senior Manager	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	Risk Status
2527	10/04/2025	Finance	Enhance productivity and value for money	20	(I4xL5)	9	(I3xL3)	Karen Parkin	Mike Woodhead	UNDERLYING FINANCIAL DEFICIT There is a risk that we do not maximise our opportunities to make effective use of our resources and achieve a sustainable recurrent financial position in 2025/26, due to the size of our underlying deficit, funding and cost pressures and competing aims around performance and quality. This may result in regulatory interventions, reputational damage and impacts on the range and quality of services and patient outcomes. This may also lead to smaller independant sectors, VCSE organisations and hospices to be disproportionately affected by reduced investment.	1. Joint planning process established across the Bradford District and Craven Place which is used to agree operational plan performance trajectories 2025/26 2. Closing the gap programme board and business case process to support shared decision making on the use of resources 2025/26 3. Established difficult decisions list containing short to long term transformation programmes which will now become the focus of 'closing the gap' 2025/26 4. Additional financial controls implemented across the NHS system in line with NHSE requirements. 5. Business Case Appraisal Panel established with a clear appraisal and scoring process for considering cases for investment/disinvestment 2025/26 6. New governance arrangements established (PoE, Collaboration Board etc) including establishment of 3 Strategic Delivery Groups to drive forward system collaboration and efficiency in: acute collaboration; integrated neighbourhood care; corporate collaboration.	1. Development of a medium to long term strategic financial plan to demonstrate the path to recurrent balance. 2. Continued development of 3-5 year plan in line with national timelines 3. New governance and business structure at BDC Place to take forward the requirements of the difficult decisions and the longer term plan 4. Control and monitoring structure to maintain pace and impact on implementing the difficult decisions list 5. In connection with the point above, clarity on the outcomes and financial impact of service transformation work being carried out by Place Priority Programmes to inform the development of the medium term financial plan. 6. Stronger links with BMDC in relation to forward plans to both drive better use of resources and to manage the system impact of decisions taken by Partners. 7. System wider review of allocative efficiency and value not yet completed. 8. Place based clinical/ services strategy	1. System Finance and Performance Committee oversight of Place operational and financial planning. 2. System commitees (F&P and Quality) jointly involved in business case review with recommendations to Partnership Leadership Executive. 3. System F&P Committee oversight of the effectiveness of transformation programmes. 4. Planning principles and financial framework agreed at ICS finance forum which set-out the approach to managing within current resources. 5. 3 SDGs feeding into Collaboration Committee and PoE.	See above	1. No longer term plans to demonstrate sustainability 2. No place based clinical / services strategy	Static - 2 Archive(s)
2447	25/07/2024	Both FPC and QC	Improve healthcare outcomes for residents	20	(I4xL5)	12	(I3xL4)	John Bolton	Phillipa Hubbard	Renal Services Capacity - Renal Services Capacity There is a risk that as the demand for hemodialysis (HD) at Bradford Teaching Hospitals NHS Foundation Trust renal dialysis units has reached the available capacity that it will not be possible to provide timely dialysis for some patients. Due to increasing demand within the local demographic and an aging and limited footprint, which has created a risk that any loss of capacity could lead to clinical harms for patients resulting from sub optimal dialysis provision as the only means of managing dialysis across the patient group. There is a high risk of increasing down time at the St Luke's site and the satellite unit at Skipton because of the aging infrastructure. Loss of either facility for an extended period would be unsustainable without seeking support from organisations both within and without the region.	1. Patients who cannot be dialysed in a timely way are monitored and clinically managed on a daily basis. 2. Patients who require urgent care through lack of timely dialysis can be brought to BTHFT for treatment as acute patients, however capacity to deliver this is very limited, and emergency/ reactive dialysis carries a high degree of risk of adverse outcomes and would place severe unsustainable stress our on call emergency dialysis service which should be reserved for acutely ill inpatients. 3. Specialist nurse staffing is augmented by TNR and agency staff. 4. Patients are encouraged to take up peritoneal dialysis where clinically appropriate and where possible with the restricted theatre availability. 5. Additional resource has been put into our home therapies services to maximise opportunities for home haemodialysis and PD. We have introduced a fluoroscopic PD catheter insertion service and are strongly promoting home-based renal replacement therapies, including renal transplantation. 6. Provision of an HD service requires specialist nursing skills which can be augmented by agency or TNR nurses. 7. Plans to extend twilight shifts at Skipton to 6 days per week with funding agreed. 8. Work continues to increase use of home therapies. 9. Update Q1 - 2025/26: Feasibility studies will be undertaken in Q1, 2025/26 to explore the potential to expand dialysis provision at SLH to provide resilience in the mid-term. 10. Updated Oct 2025: Skipton services expansion by 4 stations, estimated completion by end of financial year. Options for SLH	1. The additional capacity which has been created at Skipton by opening twilight sessions is predicted to be filled within 6 months. 2. Continue to build capacity in home therapies to decrease the rate of growth of the in-centre dialysis demand. 3. Developing options to expand dialysis capacity including at St Lukes by introducing Sunday dialysis shifts and exploring an increase in the number of chairs. 4. Skipton expansion plan also being worked up. 5. Additional money (£250K) from Spec Comm to explore expansion of Skipton footprint and capacity.	1. Reporting progress through System Quality Committee. 2. Reporting through Executive Team meetings and Quality and Patient Safety Academy at BTHFT.	1. Reporting progress through System Quality Committee. 2. Reporting through Executive Team meetings and Quality and Patient Safety Academy at BTHFT.	N/A	Static - 5 Archive(s)
2541	15/07/2025	Both FPC and QC	Improve healthcare outcomes for residents	16	(I4xL4)	9	(I3xL3)	Emma Hughes	Sasha Bhat	There is a risk of increased waiting lists and financial pressure in the annual projected costs for children's and adult ADHD and Autism assessments this financial year 2025/26 for Right to Choose assessments (circa in excess of £2m all age cost) due to: Staffing levels, quality of referrals, excessive waiting times and a growing gap between capacity and demand for commissioned services; and Increases in Right to Choose requests for both ADHD and Autism assessments (including dual assesments) leading to a significant unbudgeted cost to the ICB. This could result in inequitable access to services and delays in treatment for those who do not exercise Right to Choose and further deterioration in the statutory duty service offer for children waiting for assessment, diagnosis and immediate post diagnostic support (this results in non-compliance with the NICS (non-mandatory) standard for first appointment by three months from referral).	1. Increased use in right to choose. Procurement and new contracts have been issued to approved WY providers with associated activity across WY and agreement that longest waiters will be prioritised with this new capacity 2. WY deep dive continues, currently looking at shared tariffs across all providers. FAQs to help manage complaints, digital options and under 5s solutions. Clinical prioritisation across WY. 3. BDCFT have allocated additional non-recurrent financial resource to increase BAND5 ADHD capacity. Uncertainty as to whether the funding will continue. Further conversations will be taking place whether further funding is available for BDCFT 2025/26 - Bands review has taken place and will be fed back to Chief Operating Officer at BDCT on 14 October 2025 4. All provider maintaining a waiting list and wellbeing check completed. ND care navigator to support with offering families support who are on the waiting list. Ongoing support. 5. Commissioned Bradford Early Advice Team (BEAT) via aware to provide support while waiting - in place and ongoing 2025/26. Additional resource was provided in Apr 2025 to support with more sessions.	1. Furthering health inequalities by not being transparent to the population's constitutional Right to Choose and making sure this route is accessible to all. A letter has been developed and is awaiting system sign off but this is likely to increase right to choose referrals. 2. Shared care agreements between private providers and GPs remain problematic and inconsistent and quality assurance from private providers around assesment is an issue, leading to duplication in some cases. The quality framework for independent providers will support with this.There is a new shared care agreement between Bradford GPs and the ICB. 3. There is a gap for the adult learning disability population who are unable to access ADHD assessment from mainstream services. Work has taken place with SWYPFT and BDCFT to look at how to address this.	1.Setting the strategic vision, via your role in reducing inequalities publications & events (we have and are inputting to local strategic plans including the Bradford District and Craven Health and Wellbeing strategy, District plan and emerging Integrated Neighbourhood health programme) 2.Building confidence and skills in our workforce (we have priorities and continue our workforce programme via a dedicated series of inequalities workshops, regular newsletter and publishing key support material on our RIA website) 3. Supporting best practice (we have develop an economic accelerator programme at place working across the NHS, Council and VCSE and interventions are now running to support people back to work with long term conditions) 4.Creating opportunities to evaluate and share learning (we are evaluating our Core20plus5 programme via 3 evaluation report (first 2 completed and presented to strategic boards) and third final evaluation report being written (for October 2026).	See above	1. Still work to be done on producing key performance indicators and metrics that measure, report and assure on inequalities for the new ICB board structure at place, and will be led by WY wide approach also.	Static - 1 Archive(s)
2538	08/07/2025	Quality	Improve healthcare outcomes for residents	16	(I4xL4)	6	(I3xL2)	Belinda Sharratt	Phillipa Hubbard	There is a risk that initial health assessments for children in care, will not be completed within the statutory time frames. This is due to limited medical resource capacity, increased demand and the complexity of Place-based commissioning arrangements. This could result in health needs assessments of Children in Care being delayed and the health needs of these vulnerable children not being met, which could impact upon long term outcomes.	1. Risk also reviewed on WY risk corporate risk register 2. Standing Operating Procedures (SOP's) across West Yorkshire to be standardised (2025/26) 3. Risk escalated to children's commissioners at Place where appropriate. 4. Risk communicated to Place based Corporate Parenting Boards. 5. Demand and capacity assessment to be undertaken across WY to look at improving resources (2025/26). 6. There is an increased reliance on other services to inform of health issues and signpost accordingly.	1. Review of the commissioning arrangements (review ongoing - 2025) 2. Long term staff absence and recruitment issues. 3. Combined Designated nurse role for Safeguarding and Children looked after does not provide the strategic oversight required. 4. Extent of influence over commissioning and provision of sufficient medical capacity.	1. Designated Nurse working with Named Nurse and Doctor to monitor performance and escalate issues. 2. The West Yorkshire CiC Group is: • Looking at a standardised approach to reduce unwarranted variation • Connecting with relevant Regional and National Groups • Seeking to influence and ensure that robust processes and procedures are in place. • Review Performance Monitoring is undertaken at each place on a monthly basis and overall performance is shared at the WY CiC group for oversight. • Ensure regular review of the WY ICB corporate risk at the bi-monthly WY CiC group meeting. • Ensure regular reporting into place provider Safeguarding Committees, Corporate Parenting Boards and WY ICB Safeguarding Oversight and Assurance Partnership for oversight. Written Statement Of Action in response to SEND inspection and improvements to date (BDC). Bradford Place position presented to the Healthy Children and Families Board Weekly multiagency triage meeting held to understand and respond to barriers and identify any risks to individual children	1. WY Safeguarding Oversight and Assurance Partnership	1. Health Data and LA data are not consistent to demonstrate an accurate picture of the issues.	Static - 1 Archive(s)
2433	29/04/2024	Finance	Enhance productivity and value for money	16	(I4xL4)	12	(I4xL3)	Karen Parkin	Mike Woodhead	IN-YEAR FINANCIAL PERFORMANCE There is a risk that the Bradford & Craven Place will not deliver the 2025/26 financial plan of a £31.7m deficit and contribute to the requirement for the ICS to break even (as submitted to NHS England on 27 March 2025). This is due to the significant level of risk contained within organisational plans (including a share of the £33.2m 'system risk' value, currently held within the ICB), and the fact that delivery is predicated on delivering efficiencies of £84.5m. Failure to deliver a break even position will result in: - reputational damage to the BDC Place, BTHT, AFT, BDCT and the ICB; also the impact on the wider ICS. - additional scrutiny from NHS England, - a requirement to make good deficits incurred in future year - likely implications on future access to capital (i.e. would be reduced). - potential detrimental impact on some patient facing services - potential detrimental impact to staff in the top down approach to cost cutting	1. Agreement of West Yorkshire ICS Financial Framework by all NHS organisations setting out arrangements in place to manage financial risk 2. Delegation of resource from WY to BDC to enable more robust budget setting at place through the planning process. 3. Review of financial principles, horizon scanning and monitoring of financial position via the West Yorkshire ICS Finance Forum as well as monitoring within each organisation. Regular reporting to the BDC system finance and performance committee and key messages to BDC PoE. 4. Implemented additional controls to manage recruitment and non pay expenditure. Other 'grip and control' measures implemented at organisation level. 5. Use of 3 Priority Programme boards and business case approvals panel to focus on key strategic and system efficiency opportunities. Clear appraisal and scoring process in place. (NB: governance is under review) 6. Monthly budgetary control procedures and reporting including close monitoring of efficiency saving plans	1. Saving schemes not fully identified to achieve efficiency target 2. Deficit plans in 2 providers with no longer term solution 3. Absence of a contingency in financial plans to mitigate against unplanned expenditure or efficiency delivery shortfall 4. Lack of robust plans to deal with the BDC share of the stretch control targets - share of the system risk (total of £33.2m in 25/26) between the ICB and providers; and decision of AGH Board to not accept a share. 5. Difficult decisions lists established, some decisions/actions taken but a coordinated system approach is required. Need to identify a programme/project lead for every scheme and implement a process for monitoring, unblocking, holding to account, delivery etc 6. Governance and business framework required to manage the above - newly formed, but needs bedding in. 7. Some gaps identified in the PWC review of controls - need re-visiting to ensure implemented and followed.	1. Overview of financial performance and risk in BDC SF&P committee with key messages to PoE. 2. SDGs, Priority Programme boards and business case approvals panel receives regular updates. 3. Organisational checkpoint and system oversight meetings. 4. Deep dives as part of financial planning process with further in-year ones when necessary 5. NHS England review of financial position on a monthly basis 6. NOF framework and additional DoF led scrutiny of specific provider organisations 7. Outputs of PwC assurance work and associated action plan	1. BDC Place plans approved by SF&P committee with a PLE development session to ensure knowledge and understanding by senior execs. 2. Financial planning assumptions were subject to peer review and challenge across the WY ICS, particularly for those organisations in deficit.	1. Further review of risks and mitigations leading to additional unmitigated risk with no formal route to address 2. No formal requirement to achieve any further control total (linked to approach for distribution of £33.2m system risk) 3. Formal assurance structure surrounding the system difficult decisions and how this is managed N/A	Static - 2 Archive(s)
2386	09/10/2023	Both FPC and QC	Improve healthcare outcomes for residents	16	(I4xL4)	12	(I4xL3)	Sam Keighley	Sam Keighley	There is a strong and increasing risk to the sustainability of the VCSE sector and the potential collapse of services which will impact on patients having to be transferred to a different pathway/service. This is due to Financial sustainability as system funding comes under increased pressure; Ability to recruit and retain staff (especially due to employment uncertainty and cost of living); and the decision to withdraw the VCSE infrastructure contract due to local authority budget pressures. This could result in a decrease in VCSE capacity to engage with the system and an increase in usage of statutory services and a reduction in proactive preventative work to tackle inequalities.	1. VCSE voices in key decision making arenas and partnerships. This is being strengthened through the Activation Contract. 2. VCSE system lead post holder involved in Wellbeing Board, priority boards, ICB, PLE, PLT and other key decision making bodies. 3. The VCSE and commissioner forum which has a remit to develop conversations in place about shared approaches to commissioning is currently on hold. 4. VCSE Representation on the 'Business Case Approval Panel' and 'Closing the Gap Programme', ensuring decisions consider the views and impact on all partners. 5. Through the Activation Contract MyCake diagnostic tool we are seeing potential weaknesses in VCSE organisations early and we are keeping a record of impact.	• An annual programme (4 – 6 days a year) of visits to VCSE organisations so public sector staff could better understand the value, pressures and circumstances of VCSE organisations across the BDC footprint (building on successful pilot) was established in 2024 but staff are struggling to find the time to attend. • System wide commissioning strategy (to be developed from or replacing adult social care one) is currently on hold. • System support to enable VCSE organisations delivering health and care services to ensure they have robust and effective IG systems is on hold. • There has been no active progress regarding priority workstreams shift mainstream funding to the VCSE (Modelling Healthy Minds) • Comprehensive forward plan of investment in the sector. • PLE Sponsor identified to champion / hold accountability for the early achievement of the 4 financial VCSE sustainability conditions agreed in December 2022. • PLE Sponsor identified to support / hold accountability for the acceleration of conversations about creating a system wide shared set of data to measure VCSE impact. • While controls are in place, the new Activation Contract will support VCSE organisations who are supporting our Health and Care Partnership, although the capacity to do this has significantly reduced. - Taking a system approach to the reduction of contracts output - there has been no	• Activation Contract monitoring and evaluation • Assurance activities at key system meetings (e.g. Reports from VCS system lead / advocates; deep dive events at ICB/PLE/PLT) • VSCE leaders network and associated network. This is resourced by VCSE infrastructure • Appointment of Insight and Impact Manager will support the oversight of the sustainability of the sector risk.	• The Activation Contract is now being delivered. VCS ISOs, Council and health commissioners are working collaboratively to deliver the best support within reduced resources.	• MyCake diagnostic tool resourced through the Activation Contract is providing real-time information about the sustainability of VCSE organisations supporting the health and care system. • The reduction in the Bradford infrastructure contract has impacted on the assurance activities and active involvement of the VCSE in all strategic meetings due to reduced financial and human resource.	Static - 6 Archive(s)

2314	05/06/2023	Both FPC and QC	Improve healthcare outcomes for residents	20	(5x4,L3)	6	(I3xL2)	Matt Sandford	Therese Patten	RAAC (reinforced, autoclaved, aerated concrete) AT AIREDALE HOSPITAL There is a risk of long-term disruption of service provision at Airedale General Hospital due to building component failure, as the majority of the floors, ceilings and walls (83% of the building) are built of Reinforced Autoclave Aerated Concrete (RAAC) and linked infrastructure including flow of supply of electricity and other utilities (known as daisy chain) throughout the site OR the emergency plan outlines circumstances which trigger an earlier date from which services at Airedale General Hospital may no longer operate beyond 2030. Deterioration of the RAAC and/or structural framework of the building could lead to catastrophic failure of the building with partial or full collapse, despite a comprehensive programme of remedial works. This could result in the closure of substantive or all hospital facilities at the Airedale General Hospital site and a transfer for the continuing provision of services without this facility for months or years. In the event of catastrophic failure of the AGH could result in damage to the partnership's reputation, legal proceedings, claims for compensation and regulatory intervention (implications for AFT and also the NHS WY ICB due to vicarious liability). This links to risk number 2312 (risk that AFT is unsuccessful in securing funding from the new hospitals programme).	Overall Programme SRO is Chief Executive. SRO for new hospital Director of Strategy, Planning & Partnerships; and SRO for Estates including RAAC Chief Operating Officer. Management groups established: - Securing the future committee; Security the future Programme Board; and Securing the future delivery group with responsibility for the planning and co-ordination building the new hospital and management of RAAC remedial works. External groups: - Seven trusts with RAAC related issues - peer support and shared learning. - Regional RAAC programme board (monthly) - report progress against plan and share risks (all of the North of England). - National structure support group - national shared learning group from all RAAC hospitals. Other controls: 1. Remedial works funding with NHSE approval for £18.6m in 2024/25 to address structural works. 2. ANHSFT has built two modular wards so that patients can be decanted out of RAAC areas while repair work takes place. Modular wards can also be used if areas need to be evacuated. 3. Business continuity plan has been developed which describes the transfer of activity to other trusts in WYH to maintain patient safety and services. Patient safety plans developed via EPRR to transfer activity to other WYAAT Trusts. 4. Process in place for monitoring the prevalence of deterioration over time and reporting to NHSE 5. Process in place for escalating new risks relating to deterioration and call-off contract with structural engineers to seek advice on most appropriate structural solutions. 6. Active participation in the regional RAAC Quality and Risk Summits to identify themes and trends over time and escalate as required. 7. Regular Site Inspections 8. Building Information System (BIS) collates RAAC data for more efficient reporting as of 2025 the following control measures have been added: 9. Operations Director for RAAC (this role also interfaces with new hospital programme) and Director of Estates appointed. 10. Protocols in place for the identification and management of RAAC and associated structural risks including regular inspections, emergency response plans and continuous improvement efforts 11. Multi-year structural works remediation programme planned. Multi-disciplinary design team to identify and mitigate risks associated with the programme of works. 12. Full programme governance mobilised and embedded at both AGH Solutions and within the Trust's programme. 13. Extensive contractor procurement and relationship management approaches in place . 14.Member of the national RAAC Structure Support Group, national RAAC Research Programme and RAAC EPRR programme sharing learning and best practice to inform the planning of RAAC structural works. 15.Regional EPRR response plans in place with receive hospitals and plans tested throuch multi-aeenc events.	1. Identification of medium term (potentially years) of continuity of service provision plan. How to provide the service without viable estate at the AGH site. 2. Structural engineers have advised that the hospital needs to be replaced no later than 2030. 3. The multi-agency RAAC emergency evacuation response protocol has been approved by the WY Resilience Forum and the Local Health Resilience Partnership. 4. The draft NEY Regional Hospital Evacuation Framework has been shared for comment in Feb 2024 and this will be used to inform the development of the WY hospital evacuation plan and so the date fot that WY plan to be completed has been extended beyond Q4 2023/24. 5. Situation extends beyond RAAC panels as deterioration in structural frame, corbels. This is now a routine process. 6. Business case process for national funding beyond 2024/25 for remedial work and maintenance of RAAC has not yet been notified 7.2025/2026 inability to fully decant all affected wards to increase the pace of structural works within identified areas due to lack of non-RAAC affected decant space and demand for inpatient care.	- RAAC at AGH (AFT) is registered on the NHS WY ICB risk register and included in the WY BAF and is routinely reported through WY and BDC HCP governance arrangements. RAAC is a known risk for the WY Association of Acute Trusts (WYAAT). - Emergency planning exercise held on the multi-agency RAAC protocol (6 June 2023). A further exercise to be scheduled, but date not yet agreed. - Protocol for the identification and management of RAAC which is approved by independent engineers. - Independent assurance undertaken as low as reasonably practicable (ALARP) assessment on current building - workshop 1 and another workshop planned. - Internal audit review of governance and assurance 2021/22 focused on the organisation and function of the programme's RAAC maintenance and new hospitals programme. - Reports to Securing the Future Programme meetings - Risk summit discussions - Meeting with NHS England national RAAC team - Ferro scanning of all building - emerging industry scanning available - Update - November 23 - emerging industry scanning available - moved from Gaps to Assurances - Update Nov 23 - guidance on degregation of panels published. We are compliant - RAAC at AGH (AFT) has been replicated back onto the BDC HCP risk register and is routinely reported through the WY and BDC HCP governance arrangements.	Emergency planning exercise held on the multi-agency RAAC protocol (6 June 2023). Independent assurance undertaken as low as reasonably practicable (ALARP) assessment on current building - workshop 1 and another workshop planned. Internal audit review of governance and assurance 2021/22 focused on the organisation and function of the programme's RAAC maintenance and new hospitals programme. Latest national research programme guidance was published in the spring of 2023 and AFT are applying the learning from this guidance. Deterioration in line with previous baseline 2021/22 comparison with 2022/23 5/7% deterioration with 37% of planks with defect. Internal Audit undertaken in decmeber 2024 and action plan in place by April 2025, Legal advice sought in June 2025 and action plan in place and annual ALARP review conducted in Jan 2025 with action plan in place Memorandum of Understanding (MOU) aligned to business cases 2025/2026 NHS England funding for works for 2025/2026 now provided at £23.1m.	For 2024/25 is the final year of funding allocation and there is uncertainty beyond March 2025 with the expectation of a need for further bids. Output of the ALARP will be a report on the management of the RAAC risk and to what extent these are being mitigated as low as reasonably practicable. Plans for funding for further years to be reviewed nationally	Static - 3 Archive(s)
2312	05/06/2023	Finance	Improve healthcare outcomes for residents	20	(5x4,L3)	10	(I5x1,L2)	Lesley Tillotson	Matt Sandford	RAAC (reinforced, autoclaved, aerated concrete) AT AIREDALE HOSPITAL - Although Airedale NHS Foundation Trust has been succesful in securing funding from the new hospitals programme to replace Airedale General Hospital by 2030, there is a risk that the funds do not flow as quickly as required, resulting in a failure to open the new hospital before the current one ceases to be viable (engineers estimate 2030) (or earlier if a significant RAAC incident occurs - see related risk number 2314). In September 2024, Airedale NHS Foundation Trust received permission from the Government to proceed with the New Hospital project, despite an ongoing review into the wider New Hospital Programme - with confirmation that the project would proceed at pace due to the substantive safety risks associated with the RAAC issue. However the risk remains that the commitment to replace before 2030 overruns, or that a significant RAAC incident could occur	1. Programme team has secured a place on the New Hospital Programme (NHP) with the NHP committing to prioritise RAAC Trusts in line with the Governments direction and so focus on completing the Airedale project by 2030. 2. Securing the Future Committee, Programme Board, Delivery Group and Workstreams in place to oversee New Hospital Programme and remedial RAAC works established from November 2023 3. Securing The Future Programme Director for new hospital has been appointed in April 2024 (umbrella title for both RAAC and NHP) 4. Securing The Future Programme developed 5. Liaison with National NHP 6. Refreshed SOC being submitted to NHP in November for Investment Committee review in early December supporting the overall national profile of investment across all Wave 1 NHP programmes. This is expected to provide greater clarity on investment and timelines. 7.Work on the more detailed OBC remains ongoing with an expected submission around 2026/2027, aligned to Government/NHP indicative construction start dates of 2027/2028.	1. Structural engineers have advised that the hospital needs to be replaced no later than 2030. 2. Long term programme approach to be developed 3. Clarity on exact funding settlement 4. Clarity on full Hospital 2.0 requirements	1. RAAC at AGH (AFT) is registered on the NHS WY ICB risk register and the WY ICB BAF includes RAAC and is routinely reported through WY and BDC HCP governance arrangements. RAAC is a known risk for the WYATT collaborative. 2. Place on NHP 3. Programme support funding and Enabling Works submission show programme is progressing forward 4. Securing the Future board reports to programme board and committee 5. Execs RAAC reports 6. ANHSFT BAF links to risk register to provide assurance	Internal Audit review of governance and assurance 2021/22 focused on the organisation and function of the programme's RAAC maintenance and the New Hospital Programme. Following Government review of the national programme, Airedale confirmed as a Wave 1 scheme	N/A	Static - 4 Archive(s)
2168	17/10/2022	Finance	Improve healthcare outcomes for residents	20	(I3x1,L5)	4	(I2x1,L2)	Kerry Weir	Sohail Abbas	SYSTEM PERFORMANCE AGAINST NATIONAL REQUIREMENTS There is a risk that poor performance against national requirements (key constitutional standards, operational planning targets and recovery) will impact upon our place based contribution to the annual ICB performance assessment. This may lead to both financial and reputational impact alongside reduced patient care.	System F&P Committee meets bi-monthly and planning now undertaken on a system footprint. System performance and recovery dashboards in place Transformation programme's supported to monitor delivery and impact upon performance Recovery plans submitted as part of 2023/24 operational planning process. Delivery will be monitored via SF&P Recovery plans being built into SF&P dashboard. 16.04.24: The system dashboard has been aligned to each of the priority programmes to demonstrate delivery of programme objectives and contribution towards national targets. July 2024 - Operational plan for 202425 finalised and signed off at the end of May 2024. Oct 2024 - H2 plans are being reviewed as part of winter planning. Apr 2025 - 2025/26 operational plans developed and deliver performance improvements set out in the planning guidance	Approach for monitoring and evaluation of service improvements/business cases needs agreeing Data quality issues have some impact on robust reporting and assurance. National targets/plans not yet necessarily 'owned' by all system partners/AaO programmes. Not clear if ability to review performance at a place based system level via national data/reporting mechanisms will continue in the medium to long term once ICBs are full established.	Provider performance monitoring via Trust performance groups Monitoring of system performance at SFPC Monitoring of provider quality performance at SQC Monitoring of transformation programme work/outcomes at Health & Care Partnerships A detailed quality metrics dashboard is being developed for the system	Recovery plans submitted Dashboard showing good progress against plans July 2024 - Additional CDC diagnostics capacity now available which will improve wait times performance. Co-located UTC in operation at ANHSFT from the 25th July to support improvement in A&E waiting times. Oct 2024 - Improvements being seen in some areas (ANHSFT cancer targets, diagnostic performance) but in general performance remains below national standards. Apr 2025 - Ongoing improvement r.e. elective recovery, but some challenges still remain e.g. ANHSFT 4-hour A&E performance	Impact of Covid moving forwards is unclear. Still some impact on activity and workforce. Significant backlogs remain in terms of waiting lists/times for services. The current financial position and plans to close the financial gap will impact on the delivery of national targets July 2024 - risk score remains unchanged as whilst recovery plans are in the main on track, performance is below key NHS constitution standards in some areas. Potential adverse performance impact if GP industrial action proceeds (separate risk to cross reference to). The ICB organisational change process will have an impact on staff capacity to develop programmes and deliver targets	Static - 15 Archive(s)
2543	15/07/2025	Quality	Improve healthcare outcomes for residents	12	(4x4,L3)	6	(I3x1,L2)	Andrew Milner	Phillipa Hubbard	WORKFORCE SUSTAINABILITY There is a risk that the future health & care workforce will be insufficient to meet the increasing demands of BDC patients, service users and populations due to: Insufficient resource to deliver workforce transformation pending the refresh of the NHS Long Term Workforce Plan (expected summer 2025); Misalignment between education programmes (both in quantity and nature) and anticipated demand across all clinical professions; Capacity to host clinical placements across all professions is insufficient to train the numbers of healthcare professionals required, particularly outside of acute settings; Gaps in wider workforce data (primary care, VCSE and social care) inhibit the identification of areas of pressing need, compromising the targeting of partnership level interventions; and Traditional workforce models and pathways are not sufficiently innovative to create a sustainable workforce pipeline or efficient pathways to meet the needs of populations. This could lead to an inability to provide high quality care to all patients and service users and meet the broader objectives of the health and care partnership.	1. Development of a data driven approach to identifying areas of most acute risk, meaning resource can be directed accordingly. 2. Utilisation of system workforce for a including People Priority to develop shared approach to international recruitment. 3. Engagement with WYICB and national partners. 4. Programme to build placement capacity actss BDC system in order to develop pipeline for future registered workforce. 5. Place based approach to operational workforce planning, completed with performance against plan monitored through system finance and performance committee. 6. West Yorkshire ICB Workforce Working Group focusing on innovative workforce development has been formed, with BDC system representation. 7. Establishment of programme within BDC People Priority to focus upon non-medical clinical placements and quality of clinical education. 8. Engagement mechanisms with sectors to ensure suitability of graduates for roles within the system, with primary care an area of focus. 9. Engagement across the BDC Partnership (including through priority programmes, PLE and broader governance structure) to identify areas of pressing need so available resource can be directed accordingly. 10. System approach to review and increase workforce transformation and OD capacity through BDC Quality and Safety and Finance Committee. Along side the workforce Programme Board. 11. Alignment with system wide 'closing the gap' process to ensure that sufficient capacity is in place for all transformation initiatives, including those related to workforce 12. West Yorkshire ICB Workforce Transformation Steering Group focusing on innovative workforce development has been formed, with BDC system representation. Specific streams on innovation and workforce supply will contribute to workforce innovation. 13. Reporting of workforce data via a dashboard to System Finance and Performance Committee, with bi-annual deep dive. 14. Ongoing dialogue with external partners including NHS England, Skills for Care and WYICB on data availability. 15. System approach to issue identification through BDC Workforce Priority. 16. Ongoing dialogue with internal partners including social care leads, primary care leads and VCS leads to ascertain qualitative information regarding workforce. 17. Establishment of programme within BDC People Priority to focus upon non-medical clinical placements and quality of clinical education. 18. Establishment and refinement of placements working group with emphasis on priority professions. 19. Agreement of place wide work plan for placement activity.	1. Inaccurate workforce data around social care sector means assessing demand is challenging 2. Detail of implications of three Darzi Shifts still emerging, with detail likely to be included within refreshed LTWP 3. Lack of clarity of national funding arrangements for workforce transformation 4. Quantitative information around proportion of graduates deemed unsuitable for employment. 5. Whilst improving, system based mechanisms for identification of need remain limited. Funding to support double running of workforce transformation schemes and increase of transformation and OD resource not currently possible. 6. Mechanisms for identifying and agreeing capacity to support workforce and service transformation are also limited. 7. Impact of operational planning guidance and wider NHS structural and capacity changes (at both provider and ICB level) means the likelihood of this risk has increased through a reduction in headcount in transformation on administrative functions coupled with focus on structural changes. 8. Qualitative data is valuable alternative to consistent data sets, however it is unlikely to give full summation of workforce. This increases scope for inconsistent interpretation of areas of concern 9. System wide placement programme under review following completion of secondment for placements lead and inability to extend post. Reduced capacity has required streamlining of programme.	1. Data quality issues mean that ability to identify most acute areas of workforce need remains limited. 2. Regular reports from placements programme on level of risk into workforce programme board (with escalation to exec team and Partnership Board). 3. Reporting at sectoral groups including BDC and WY primary care workforce fora. 4. Qualitative feedback from system leads (including DoN and lead AHP) on issues within specific professions 5. Utilisation of integrated workforce data report to identify areas for prioritisation 6. Place based Workforce Planning Group to identify priority areas 7. Interaction with BDC Priority Programmes to identify areas of pressing need 8. West Yorkshire ICB Board Assurance Framework (BAF) – BdC contribution to workforce objective through West Yorkshire People Board. 9. Reporting of workforce data via a dashboard to System Finance and Performance Committee, with bi-annual deep dive. 10. Regular reporting through Partnership Leadership Team/PLE with other priority programme boards 11. Highlight reports and project plans from each of the prioritised projects in the workforce programme.	1. Programme restructure agreed to ensure alignment with revised NHS Operating Model based on engagement from across partnership including social care, primary care, VCS, FE and HEI sectors has been excellent. 2. Programme priorities agreed with full workplan established. 3. WYICB engaged to ensure place based work is aligned with work undertaken at a West Yorkshire level. 4. Ongoing dialogue between education providers and employing bodies to resolve any issues arising 5. Operational plans for 2025/26 developed and reflected in identified transformation priorities of integrated back office functions, integrated acute care and integrated neighbourhood care with strategy delivery boards established for each Workforce leads engaged with each programme. 6. High level of engagement across sector through BDC Workforce Priority to date. 7. Development and publication of BDC Health and Care Strategy will help identify areas of pressing need. 8. High level of engagement across sector through People Committee and BDC Workforce Priority to date. 9. Agreement at Finance and Performance committee that workforce data will form a part of regular (quarterly) performance report, ensuring impact is evaluated alongside activity and finance. 10. High level workforce data against plans now included in system dashboard. 11. WY ICB figures for 2024/25 academic year show placement diversity (in terms of setting) greater in BDC than in any other place. 12. WY ICB engaged to ensure place based work is aligned with work undertaken at a West Yorkshire level. 13. Workshop health in April identified recruitment and temporary staffing as system wide priorities based upon submitted plans.	1. Data quality issues mean that ability to identify most acute areas of workforce need remains limited. 2. Placement lead secondment due to end August 2025 necessitating cessation of programme. 3. Availability of data to create consistent narrative and buy-in to programme of work across the partnership. 4. Awaiting Long Term Workforce Plan which is likely to offer detail on funding support and national workforce priorities.	Static - 1 Archive(s)
2542	15/07/2025	Both FPC and QC	Improve healthcare outcomes for residents	12	(I4x1,L3)	4	(I2xL2)	Jane Wood	Iain MacBeath	CARE HOME MARKET SUSTAINABILITY There is a risk to the sustainability of the current care home market due to: Insufficient social care workforce to deliver safe and quality care services due to a lack of interest/supply from potential domestic workforce; Care sector terms and conditions, pay and progression; and Insufficient funding being available to fund the changes to the national insurance contributions. This could lead to care and nursing home closure, displaced service users, reduced choice for service users, impact on quality of care and delays to patient flow from hospital to community settings and create pressures on the wider health and social care system.	1. Robust data to monitor impact of the immigration changes in terms of reduction in numbers and increasing % of care vacancies as a result. 2. Support in place via International Recruitment Hub to support ethical and sustainable recruitment of overseas workers including bursaries, information guidance and support. 3. Collaborative approach to fee uplifts between the BCA, Council and the NHS 4. Govt has provided new financial policy statements indicating funding for adult social care 5. Joint working arrangements between the ICB and Council to manage provider closures 6. Strong contract arrangements and contract managers with individual named care homes	1. Data quality for social care sector can be variable, meaning oversight is based on incomplete data and anecdotal evidence including UKVI figures. 2. Time lag from data available from Skills for Care ASC-WDS prevents us giving real time picture. 3. Inability to significantly improve terms and conditions to attract more domestic workforce. 4. Awareness of NHS funds in the sector around 30% of totality	1. Quality assurance are monitored by system quality committee. 2. Joint commissioning arrangements between the council and ICB which means we are monitoring quality for ICB. 3. Collaborative finance forum (BCA, Council, ICB) monthly 4. Departmental management meetings 5. Meetings with finance/ department (council) 6. Joint planning and commissioning forum (finance working group) 7. Chief executive of Bradford care association is on the executive of Bradford PLE 8. Membership from North Yorkshire Council in the PLE – Head of Quality and Assurance 9. People workforce was sited on recruitment and retention of staff in the care sector	1. Partnership working	1. Further reviews will take place to identify any gaps.	Static - 1 Archive(s)
2486	24/01/2025	Both FPC and QC	Improve healthcare outcomes for residents	12	(I3x1,4)	6	(I2x1,L3)	Collette Brauns	Matt Sandford	There is a risk of physical and psychological harm and longer waiting times for patients in Bradford and Craven place who require a Tier 3 weight management service due to the closure of the service at the previous provider due to capacity issues in March 2024. This may result in an increase in referrals though the Right to Choose patient choice pathways with an increase in expenditure, an increase in referrals to Tier 4 bariatric services therefore impacting on longer wait times and it could have a detrimental impact on the quality and suitability of services for our local population in Bradford and Craven.	1. Regular discussions at Executive level to ensure awareness of the risk and oversight of the development of a replacement service. 2. Regular communications with primary care to advise patients of the position if they raise concerns 3. Ongoing work to develop new model of delivery 4. Regular communications to the public so patients understand that access to the new medications will be prioritised to those who need it the most. 5. Right to Choose referral monitoring (monthly)	1. Current financial position will result in us being restricted in the service we can commission. 2. Not all practices will read the communications issued or share these updates with patients. 3. Awaiting guidance from NHSE 4. Wider media influence and public demand 5. Lack of ability to mitigate any referrals to Right To Choose providers. 6. Limited control over the quality of the service for our patients as our local WYICB does not hold a direct contract with the provider. 7. Additional private providers may become available for referrals. 8. Each place has different arrangements in place regarding pathways and providers.	1. Developing a new weight management pathway in Primary Care for the roll out of Tirzepatide following the NICE TA. Worked with Bradford Care Alliance to design a new draft pathway and costings for the service and staffing. This was updated at the Clinical Advisory Board in September and a PCN leads session has been arranged for 23rd October 2025 2. Developed a set of principles with WY obesity leads and the 4 places for the new GP services and will have a common service specification. 3. WY Transformation Committee agreed new criteria for specialist weight management services on the 5th July 2025 to align with the NICE TA for Tirzepatide. 4. Meeting with Right To Choose provider to confirm the new criteria and discuss waiting list arrangements. 5. Worked with Bradford Care Alliance and GP practices to offer support to patients who were on the previous tier 3 specialist service waiting list. 6. Raised the issue at PLT a number of times in 2024 to ensure that strategic leaders are sighted. Will provide a further update in November 2025. 7. Fixed agenda item at the fortnightly Weight Management Steering Group.	See above	1. Now received signed data processing agreements from every GP practice to meet IG requirements. 2. Changes happening nationally with new medications means that it is a challenging time to design and implement new service models. We have received new national NHS Commissioning Guidance which will inform how we start to develop a new service in Primary Care settings 3. The Closing the Gap programme is looking to make reductions rather than investments into new services. 4. No agreement yet of a consistent approach. 5. National changes to ICB budgets and staffing mean that there are challenges in developing a new service in this current climate.	Static - 3 Archive(s)

2482	14/01/2025	Quality	Improve healthcare outcomes for residents	12	(I3xL4)	6	(I3xL2)	Leanne Cooper	Justin Tuggey	EPR (Electronic Patient Record) There is a risk of an increase in clinical risk and workload and across system partners including primary care due to the transitioning of electronic patient records from SystmOne to Millenium use across the majority of acute services Airedale NHST Foundation Trust. This could lead to potential delays to referrals being actioned, a delay in the receipt and sharing of key discharge information from Airedale NHST Foundation Trust to external stakeholders including primary care colleagues which could impact patient outcome, experience and appropriate follow up intervention.	1. Securing sufficient digital capital funding by October 2025 2. Capacity of shared domain due other partners requirements (C&H and BTH). Confirmed in detail plan no later than June 2025. 3. Ensuring good data insight and intelligent practice exists across system partners - ongoing 4. Strategic delivery partner appointed (PWC) to support the Trust with subject matter expertise to deliver the programme effectively - ongoing 5. Oracle Health Gateway process	1. Ability to secure skills and expertise on site in the timescales available. Confirmed in detail plan in September 2025. 2. Securing sufficient digital capital funding by October 2025	1. A clear programme plan in place that reflects the immediate and long-term strategic goals of EPR deployment. 2. There is a robust governance and reporting architecture to support effective delivery, oversight, and assurance of the programme plan.	1st line : (Programme) Clinical Risk management process Revised Governance & PMO infrastructure Delivery partner key stakeholder in TAG from July 2025. 2nd line (Organisation Oversight) EPR Transformation Assurance Group Revised reporting line to FPDC Quarterly reporting to Trust Board via Delivery Partner commencing in July 2025. 3rd line (external / regulator) Independent external review by PwC commissioned and completed External assurance to be provided by NHSE at appropriate time intervals Oracle Health Gateway process NHSE Digital assurance process	1. Provision of external capital funding yet to be confirmed 2. Sufficient skills and expertise on site within EPR programme Teams - expected to commence as part of re-planning with strategic partner who will be joining the Trust in June-25	Static - 3 Archive(s)
2221	26/01/2023	Quality	Tackle inequalities in access, experience, outcome	12	(I4xL3)	8	(I4xL2)	Duncan Cooper	Sohail Abbas	There is a risk of failure to reduce health inequalities of the population in BDC by coordinated action at scale across organisations and programmes in Bradford District and Craven partnership, due to lack of: [1] engagement and buy-in from key system partners [2] recognised performance and financial drivers to reduce inequalities [3] action at scale to address known health inequalities [4] translation of local intelligence, research and evaluation into new models of care and transformation. This could result in widening of health inequalities.	Reducing Inequalities Alliance established under 4 programmes 1.Setting the strategic vision, via Your role in reducing inequalities publications & events 2.Building confidence and skills in our workforce 3. Supporting best practice 4.Creating opportunities to evaluate and share learning Establishment of the Well-Being collaborative under the wellbeing board (from RIA and other system enablers, Living Well, EDI, Health Determinants Research Collaborative)	1. Strong working relationships between the WellBeing collaborative & WB board partnerships (to strengthen health inequalities narrative outside health and social care). This is currently restricted by a wellbeing board partnership review (as development of the District plan / Wellbeing strategy is on hold until this review in completed). Initial work has been done to identify priorities from the ICB Joint Forward Plan to form the health inequalities section of the district plan (to which the wellbeing collaborative will contribute). 2. Agreement of BDC partnership priority board key metrics (stratified by inequalities and linked to specific actions/priorities): this remains a challenge. 3. Update Cycle 1 2025/26 - This has currently been restricted by a wellbeing board partnership review (as development of the District plan / Wellbeing strategy is on hold until this review was completed).	1. Core20PLUS5 place based programme, and Health and Work accelerator reporting to BDC Executive Leadership Team and support for BDC Integrated Neighbourhood Health programme (and the Public Health Leadership team, HDRC board of Bradford Council)) 2. RIA associate director working within place closing the gap programme. 3. A range of guidance documents summarising key actions and interventions for the NHS and its partners to reduce inequalities has been published and promoted.	- Current RIA core team in new BDC partnership operating model to support system wide action to reduce inequalities. Assurance under 4 Reducing Inequalities Alliance 4 programmes (recent work below) - 1.Setting the strategic vision: High impact areas to reduce inequalities report and Actions for local NHS organisations to reduce health inequalities published and distributed 2024 q2 and q3 (with separate poverty briefing) . Impact/evaluation of Core20+5 programme is in the interim stage with a dashboard for monitoring of key metrics. (board sessions with BHHFT and BDCT Trusts during Q2/3 24 to increase trust strategic intent and planning to reduce inequalities). Population health (with inequalities focus) used for chapter 1 to set direction of travel for needs based approach for new BDChealth and well being strategy (2025) 2.Build confidence and skills in our workforce. Via Equity Fellow Scheme (working with West Yorkshire ICS), and generalist training programme locally for health professionals (inequalities trainiong under Enhance programme . Inequalities bitesize sessions programme commenced to support staff capability to reduce inequalities and spread good practice and inequalities bitesize series held with monthly webinars. Co hosted national population health conference in Bradford. 3. Supporting best practice. Supporting social value in procurement work with ICB teams, JSNA and intelligence packs for WB board partnership events. Core20PLUS5 health inequalities funding (hyper local commissioning of 62 interventions across 13 Community Partnership community for clinical priorities and "plus" groups) . Developed community health model taking NHS Health Check to community venues. Developed maximising social value and reducing inequalities via procurement guide (shared with W Yorkshire colleagues for standard WYHCS templates). Leading the Work and Health Acclerator for Bradford Place with an inequalities focus, involving community organisations 4.Creating opportunities to evaluate and share learning: Evaluated RIC services moved to business as usual or de-commissioned. Work and Health Accelerator (Bradford District and Craven) - funded national accelerator pilot in BDC to reduce health related economic inactivity (starts April 1st 2025) with strong VCSE input and inequalities focus. Supporting place Closing the Gap programme (to meet financial challenge): Co-leading on population segmentation, PHM, major health conditions needs assessment, and prioritisation approach to mitigate impact of efficiency savings and inform system review.	1. Inequalities and community budgets have made efficiencies due to financial challenges. 2. The RIA core team (within BDC partnership) has lost 4 posts and are not able to recruit , reducing ability to influence the system wide approach to reducing inequalities (and further risk due to March announcement of 50% cuts to ICB). 3. Still work to be done on producing key performance indicators and metrics that measure, report and assure on inequalities in the new BDC governance structure.	Static - 13 Archive(s)
2215	13/01/2023	Both FPC and QC	Tackle inequalities in access, experience, outcome	12	(I4xL3)	2	(I2xL1)	Shane Embleton	Mike Woodhead	LYNFIELD MOUNT HOSPITAL - There is a risk of delivering poor quality health care with a negative impact on patient safety including infection prevention and control, service user experience including privacy and dignity, additional costs for out of area bed usage and negative impact on staff wellbeing, recruitment and retention and on the organisation's reputation. This is due to the deteriorating and failing physical condition of Lynfield Mount Hospital building with £68m backlog maintenance as well being an estate requiring redevelopment this out-of-date estate has insufficient therapeutic space, large ward sizes and a lack of ensuite bathrooms. This is resulting in poor quality environment of care, issues with sewage flooding, heating systems, escalating maintenance costs and impacts on recovery leading to an increased average LOS consistently 60 days which is double than the national average of 30 days.	1. Outline BC completed and submitted 01/01/25, approved 13/02/25 (with conditions) - allowing commencement of activities to progress Full Business Case (FBC) development. 2. BDCT Project Board established with Governance Programme and key delivery team appointments made. 3. Project Delivery Group established delivering the outputs required for the full business case 4. Enabling works completed (£1.275m draw down for early works from NHSE) - revised spend profile being established for subsequent years. 5. Planning submission (reserved matters) approved in Oct 2025. 11. Early modular/MMC contractor engagement with a PSCA resulted in a higher cost than forecast of up to £15m. Additional £15m support agreed with WY ICS. 12. Detailed design (RIBA 4) & value engineering completed and architectural layout sign off including derogations have been agreed at Project Board. 13. Progress reported through Project Board monthly and Finance & Performance Committee. 14. Procurement process underway to inform the FBC. 15. Case Leads and Workstream Leads established for completion of FBC - submission expected November 2025. 16. JIC approval expected in January 2026, with contract award scheduled for March 2026 and works commencing April 2026.	See above	1. Ward to board quality assurance and oversight structures in place to identify, manage and action any emerging issues relating to quality and safety within inpatient services. Daily Lean Management, oversight of incident trend and themes, feedback from service users and staff, all triangulated with audit and quality visits. GO see framework and reports up into Quality Safety Committee and Board. 2. Maintenance work funded through revenue and capital budgets. 3. Oversight of occupancy and bed numbers in relation to safer staffing levels available, ability to deliver safe care maintained on a daily basis. Agreement in 2019 to reduce beds on Ashbrook from 25 to 21 to mitigate ward size and impacts upon quality, safety and recruitment and retention agreed and enacted. 4. Capital works undertaken to create cohorting space to support IPC on 3 wards. 5. Inpatient Clinical Risk Formulation Training and Ligature Risk Training delivered within real time clinical settings with staff teams. Content includes impacts that environment has upon the way risks within the setting presents and therefore the formulation and interventions. Assessment of the environment in the context of the persons clinical presentation and vice versa is dynamically considered and assessed to manage patient safety, privacy and dignity & experience. 6. Inpatient Services engaged in Quality Improvement Initiatives covering the following areas: *Sexual Safety; *Reducing restrictive practice; *Improving inpatient flow	1. Ward to board quality assurance and oversight structures in place to identify, manage and action any emerging issues relating to quality and safety within inpatient services. Daily Lean Management, oversight of incident trend and themes, feedback from service users and staff, all triangulated with audit and quality visits. GO see framework and reports up into Quality Safety Committee and Board. 2. Maintenance work funded through revenue and capital budgets. 3. Oversight of occupancy and bed numbers in relation to safer staffing levels available, ability to deliver safe care maintained on a daily basis. Agreement in 2019 to reduce beds on Ashbrook from 25 to 21 to mitigate ward size and impacts upon quality, safety and recruitment and retention agreed and enacted. 4. 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Key sign off dates planned for October & November for the submission of the full business case. 11. Comms & engagement strategy completed and approved by exec lead 12. Management case of FBC shared with regional NHSE in draft for comment. 13. Gateway 3 review planned for 1-5 December 2025	1. Ongoing increase in demand to access services, causing additional pressure that are unsustainable on workforce & assurance measures. 2. Increase in cost & maintenance demands causing additional pressures that are unsustainable (e.g. contributing >£10m p.a. in pressures re agency staff, OAPs and excess reactive maintenance costs; wasting a further c£3m p.a. (capital) on short-term planned maintenance solutions; and risking tens of £ms in further OAP costs if wards need to close). 3. Additional pressures that are unsustainable. 4. Additional pressures on workforce that are unsustainable.	Static - 4 Archive(s)
2173	17/10/2022	Finance	Enhance productivity and value for money	12	(I4xL3)	12	(I4xL3)	Mike Woodhead	Iain MacBeath	BMDC FINANCIAL POSITION There is a risk that the measures taken to control expenditure by BMDC and the Children's Trust will impact on other Place partners. This could adversely affect wider system finances, hospital discharges and the management of winter pressures.	1. Working with BMDC and the Children's Trust to understand the issues, options being considered and system impact. 2. Review of use of intermediate care capacity. 3. Partnership Leadership Executive oversight and consideration of options available to minimise impact. BMDC are in discussions with the Department for Levelling Up and Communities. 4. An independent Advisory Panel has been established in 2024 to oversee any major budget decisions and strategies and progress against the government best value notice. The Best Value Notice has now been lifted. 5. Exceptional Financial Support has been received from the government and remains in place for several years, preventing the need for a section 114 notice. Agreement on financial assistance from Department for Levelling Up and Communities has been received.	None at present	1. System Finance and Performance Committee review of options and system impact. 2. BDC HCP Partnership Board PLE and FPC have sight of position. 3. Internal governance processes within BMDC. 4. CIPFA external review 12 August 2024	1. Initial session held by system DoFs to understand BMDC position and options already considered to manage the position. Follow-up session was on 25th October 2024, oversight is now maintained. 2. Winter Plan was finalised to help manage system pressures. 3. Better Care Fund for 24/25 agreed between partners inclusive of the national discharge funding.	1. Meeting to commence to discuss financial interfaces between the NHS and Local Authority.	Decreasing
2544	15/07/2025	Both FPC and QC	Improve healthcare outcomes for residents	9	(I3xL2)	4	(I2xL2)	Vickie Milner	Grainne Eloi	There is a risk that the ICB is unable to provide good quality CHC at an affordable cost due to: Increasing demand; CHC workforce capacity; and increasing placement costs This could lead to an inability to deliver all ICB statutory functions, a lack of high quality and cost effective care and an overspend against the ICB budget, individuals presenting with deterioration due to unmet needs and BDC place financial targets not being met.	1. Work to be undertaken to understand capacity and demand across Place 2. Regular staff supervision and 1-1s in place to address any wellness/wellbeing issues 3. Support of organisation to recruit clinicians into post outside of workforce controls 4. developing list of individuals not reviewed in a timely manner 5. Market Management and Sustainability activity in place in collaboration with Local Council 6. Direct conversation with Independent Sector Providers relating to gaps in local provision and areas for development 7. Cost setting activity is consideration of National Living Wage, Consumer Price Index as well as increased costs related to needs of someone eligible for NHS CHC. 8. Implementation of standardised Commissioning Principles via the Choice and Equity Policy 9. working alongside local Council to align costs where appropriate.	1. Sickness absence due to work-related conditions 2. Inability nationally to recruit into clinical posts 3. Inability to retain all staff due to high workload demands, nature of interactions with patients/representatives as part of CHC process, or other patient representatives (external companies/legal firms) 4. Financial challenges of increasing the workforce in current operating model, even if the workforce is available. 5. Inability to undertake the reviews due to gaps in clinical workforce 6. Inability to monitor any changes made to care packages by Local Council for those jointly funded where this results in an unnecessary cost pressure 7. Inability to assure the ICB of the quality and value of the care commissioned 8. Lack of notification from LA when Provider request further uplifts in year, and LA agree them . 9. Inability to block contract reduces possibility of making cost effective commissioning decisions at Place 10. Spot Purchase costs are often higher than block contract arrangements 11.Gaps in local markets and closures of care homes 12. Out of area placements required for individuals with specialist needs - no ability to influence this market where at a distance from commissioner 13. Providers will identify alternative methods for income generation (i.e. 1-1 costs). 14. Embedding Commissioning Principles is a substantial piece of work and requires a new approach to patient conversations with registered nurses 15. Implementation of Commissioning Principles has a significant impact upon operational processes and can delay commissioning decisions or lead to complaints and challenges. 16. The poor financial position of Adult Social Care Independent Sector Providers is impacting upon making placements for CHC eligible individuals at standard rates due to higher complexity and intensity of needs for this cohort. 17. Challenging financial position of Local Councils resulting in increased referrals for AACC consideration. 18. Pressure in Acute Hospitals increases rates of individuals being Fast Tracked at full expense of ICB where Fast Track may not be appropriate.	1. Completion of staffing compliment and structures work 2. Data collections is now cleansed and correct 3. Regular staff training and supervision sessions in place to discuss implementation of Policy and Principles 4. Resource Allocations processes in place aligned to Standing Financial Instructions Scheme of Delegation 5. Capacity and Demand modelling will identify any potential areas of efficiency/inefficiency 6. Ability to consider economies of scale with development of WY wide functions 7. Reviews monitored on a monthly basis 8. Workforce is directed to priority area of need 9. Move to a WY ICB is supporting wider discussions regarding costs, uplifts and support block contracts in the WY area 10. Embedded credit control arrangements in place to monitor invoices against AACC financial commitment at a patient level 11. Informed and considered cost and budget setting in place to ensure correct budget in place. 12. Identified cash releasing efficiency schemes in place.	1. Regular monthly budget holder and finance meetings in place to address shifts in position 2. Reduction in leavers over the last 12 months. 3. Fast track reviews are completed timely 4. Case management activity ongoing 5. Developing standard specifications for AACC care contracts 6. Regular data cleansing activity in place to assure financial data 7. Staff aware of responsibilities in regard to Scheme of Delegation 8. PHB Audit and claw-back processes in place and in operation. 9. Packages of care to be delivered via PGH Direct payments are carefully considered in terms of statutory duties of the ICB to deliver	1. Significant staffing gaps remain, particularly clinical 2. AACC activity continues to be a consistently challenging environment for all staff, clinical and non-clinical due to the nature of the work and implications of decision making 3. Relationships at Place with Local Council can be strained at an operational and strategic level 4. Inability to manage workload with resource in place or configured in current form. 5. Gap in assurance of delivery of service where commissioned externally 6. Inappropriate referrals coming to the team resulting in workforce capacity being further reduced. 7. Requirement for a cost setting tool to support standardised cost setting for base fees for all care home providers 8. Risk of not accessing a placement for an individual if cost 'demands' are not met. 9. Risk of paying more for weekly fee via 1-1 support or other over commissioned package if inflationary uplifts do not meet requirements of the sector. 10. Spend on PHB Direct Payment budgets is subject to misuse and mis-management 11. Potential for inappropriate decisions made on PHB packages of care following historical agreements. 12. Overdue reviews lead to potential lack of up to date needs and care plan, or costs for care. 13. Local Councils responsible for agreeing uplifts and rates for non-eligible individuals, with differing level of assurance/authority to act/evidence of exceptional resulting in increased cost to the ICB through joint funding arrangements. 14. Lack of resource to support robust Case Management and therefore review of all fully funded packages and outcomes in a timely manner. 15. Unpredictability of the patient cohort mean significant increases in costs can occur at any time.	Decreasing
2528	10/04/2025	Both FPC and QC	Tackle inequalities in access, experience, outcome	9	(I3xL2)	2	(I2xL1)	Duncan Cooper	Sohail Abbas	There is an increased risk of data breach by some of our smaller VCSE providers (21Core20+5 project providers with funding of c£540K in 25/26) Due to the fact that they have not registered for and / or published a recent self-assessment against the NHS Data Security & Protection toolkit, which is a requirement of the NHS standard grant agreement Which could result in reputational damage for the ICB, as well as negative impact to relationships between the ICB and the local VCSE sector	1. Working with VCSE alliance BDC and WY Harnessing the power of community Team 2. Liaising with ICB contracting dept 3. Liaising with WY ICB Information Governance Lead 4. West Yorkshire wide work around contracting and procurement with the VCSE sector 5. Communicating with providers to remind them of their grant agreement requirements (Apr 2025)	1. Some smaller organisations do not have the funding, capacity, resources and skills to comply with the DSPT on a timely basis	Issue being raised at - Healthy Communities Team Meeting Reducing Inequalities Alliance Meeting Extended Management Team Meeting	1. Update from VCS Alliance (24th September 2025) is that: How many organisations from the original list are now – • Complete - 17 (68%) • Working towards - 8 (32%)	To add when identified	Static - 2 Archive(s)

2047	12/07/2022	Both FPC and QC	Tackle inequalities in access, experience, outcome		(5x1,1)	1	(1x1,1)	Vickie Milner	Grainne Eloi	DOLS in PCD FUNDED CASES There is a risk of legal challenge against the HCP and potential harm to patients due to unauthorised Deprivation of Liberty (DoL) in PCD funded community cases resulting in reputational and financial damage. Where people are deprived of their liberty in their own homes as a result of PCD funded packages of care, we are responsible for seeking authorisation from the court, however the court has a large backlog and these cases are outside the scope of the existing Deprivation of Liberty Safeguards (DoLS). This is a nationally recognised problem and Local Authorities and HCPs across the country are taking a risk management approach to prioritise only the most contested cases. The planned Liberty Protection Safeguards (LPS) aim to provide a statutory process for CCGs to authorise CHC funded cases, without the need for court proceedings, this activity has now been paused. Financial implication to WYICB each DOLS case cost on	The PCD use a risk management approach to identify cases where there are significant objections or unresolved areas of disagreement relating to the persons deprivation of liberty which are then prioritised for legal advice. Where necessary, an approach is made to the court of protection to authorise the deprivation of liberty. The PCD has a clinical lead in post and established systems for identifying potential DoL in CHC cases. Case numbers are monitored by the PCD. We have 80 outstanding DOL's for full assessment our Clinical Lead will be undertaking these assessments.	There is insufficient resource within the CHC team to progress all identified cases of DoL and to undertake preparatory work for the court of protection. There is also a lack of capacity within the Court of Protection nationally to deal with even the current number of cases raised by HCPs and LAs.	LPS National Guidance has been published and activity regarding the resourcing and identification of process is being led by Matt O'Connor. This is now paused Updated 01.04.2025 We have an dedicated MCA/COP lead in the CHC team who is leading DOL's however is still case managing some complex cases that need to be seen in the court arena. We use a prioritisation tool and we are looking at the screening tool in the new IEG4 system that is been used from 1.4.25	12/07/2022 Active monitoring of cases continues on a weekly basis and court activity occurs as necessary. 14/09/2022 No change in position with regard to monitoring and managing this caseload. Activity is occurring on an as necessary basis 29/11/2022 Court of Protection activity continues to occur on an as necessary basis when a Deprivation of Liberty or best interest decision is challenged 24/03/2023 No change in position with regard to monitoring and managing this caseload. Activity is occurring on an as necessary basis and we still await the national guidance on the changes to process/procedures 25/5/2023 Clinical lead has been released from CHC work to prioritise the Community DOL's, currently prioritising the cases and will undertake the DOL's assessment feeding back weekly to managers with caseload.	April 24: The joint arrangement and assurance under S75 described in the update in Feb 24 remains in place. 25/05/2023 Looking at training for nurses to undertake BIA assessor course to increase the resource within the team. 12/07/2022 PCD's ability to report remains unchanged whilst the team continue to transfer data across to it's new reporting system (adam) 14/09/2022 PCD are still progressing the data input into the new information system. reporting capability on this caseload remains unchanged and limited at present. 29/11/2022 All data has been added to the new information system and is currently being validated. A reporting process that captures all Court of Protection activity is being developed and once completed, this will allow reporting on all activity. 24/03/2023 Development of activity reporting continues and at present we wait for notice of any national reporting that may be required.	Static - 11 Archive(s)
2040	11/07/2022	Quality	Tackle inequalities in access, experience, outcome		(2x1,2)	3	(3x1,1)	Nagina Javaid	Matt Sandford	0-19 SERVICES: POTENTIAL NEGATIVE IMPACT ON OTHER HEALTH SERVICE DELIVERY There is a risk of negative impact on health services due to reduced capacity within redesigned health visitor, school nursing and oral health services resulting in inappropriate referrals to other services due to lack of early help and/intervention and increased waiting lists.	1. CBMDC Public Health services were subject to a WSOA in the Ofsted/CQC SEND inspection which took place in March 2022 which highlighted inconsistent delivery of 0 - 19 and school nursing services, along with ICB commissioned specialist nursing services. This resulted in the development of a response to the WSOA which outlines our planned service improvements and has the support of BDBC HCP. 2. Better Start Bradford and BDCFT Community Children's Services have worked together to ensure the legacy and continuation of the MECSH programme for Bradford families. This has resulted in a detailed roll out plan across all Localities as well as the introduction of the Infant to School Programme. 3. The Healthy Children and Families Board has gone through a significant refresh. There are now 3 principles: 1) Every child has the best start to life 2) every child thrives 3) Every child gets the support they need. 4. The work of the 0-19 connect to all 3 principles, particularly principle one, where there is a leadership team and working group set up which the focus, School Readiness, School Absence, ELSEC, MNVP, triangulation of data, talking Bradford, ready to relate etc. – all of which supports the 0-19 work. 5. Health visiting review has taken place (2025/26), the report will be produced by November 2025 - this will form a blueprint of the next phase of the 0-19 contract.	1. There was a possibility that despite additional funding demand continues to grow, however significant work has been done to understand demand v workforce capacity and needs. In addition, there is a strong principle 1 group, good leadership within HCFB and through Michelle Holgate and Susan Claydon as SROs for Principles One. Dawn Lee who leads on the 0-19 service has also been instrumental in understanding service, challenges, gaps and adapting to find solutions where there are gaps. The HV review has been helpful, its report will be a useful indication of a way forward, however we must ensure that through the open commissioning of the 0-19 service we do not destabilise the system.	1. Continued dialogue between partners about the principal risk and impact on Universal, Prevention and Early Help work and families. Alongside increasing demand on services. 2. key individuals from the 0-19 service are engaged and involved in wider service improvement conversations 3. The governance arrangements for the Healthy Children's and Families Programme Board has been refreshed and strengthened. 4. A Complex Support Needs Panel has been developed to include representation from Healthy Children's and Families, Healthy minds and Healthy Communities to better understand complexity of cases and how the system can respond.	1. DCFT Public Health Nursing performance is positive across KPIs / Metrics. 2. Principle one work (Universal, Prevention and Early Help) is progressing. 3. Through the work to respond to SEND WSOA3 the BDCFT 0 – 19 team have made significant improvements in the achievement of key performance indicators. 4. This has included the recruitment to roles, attendance at safeguarding meetings and the ability to review all families who are vulnerable the impact of transference to other services has significantly reduced and is fully operating to the requirements within the contract.	1. Conversations are ongoing with partners to understand the impact of the principal risk and possible mechanisms to mitigate or prevent the same from occurring. However it is not clear who is leading on this on behalf of the system - this has continued due to lost resources as a result of the ICB operating model changes. 2. The 0-19 contract is being re-negotiated.	Static - 7 Archive(s)

Risks Report Summary

CCG: Bradford District and Craven Health and Care Partn

Archive Deadline: 16/12/2025

New Risks: 0

Total Risks: 20

Old Risks: 20

Marked for Closure: 0

Bradford District and Craven Health and Care Partnership

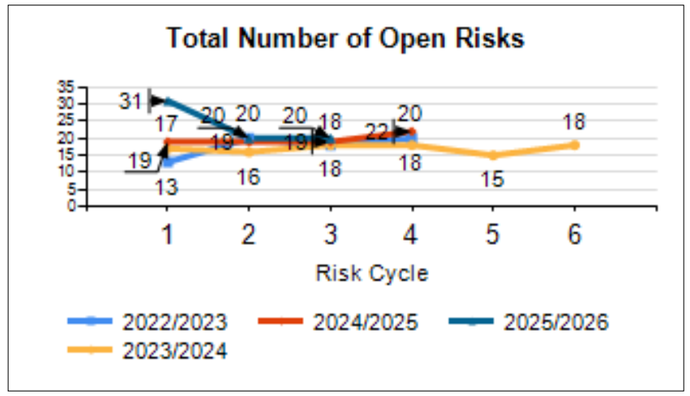
ACTasONE

Bradford District and Craven place, Risk on a Page Report Cycle 3, 2025/26

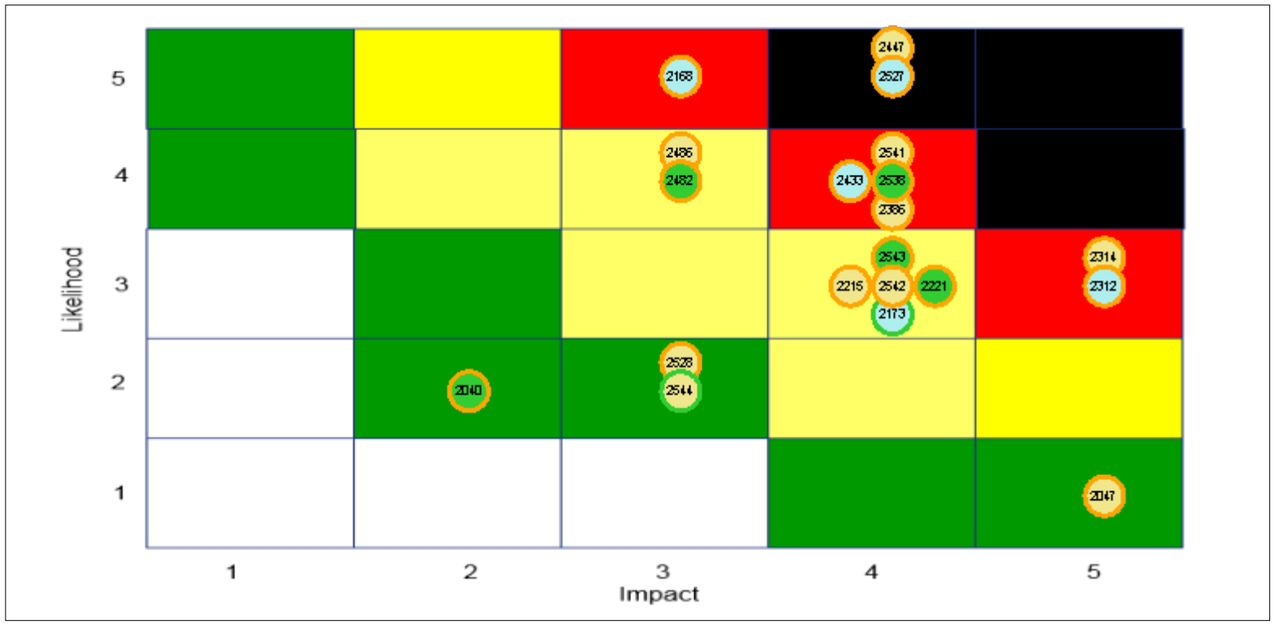
NHS West Yorkshire Integrated Care Board

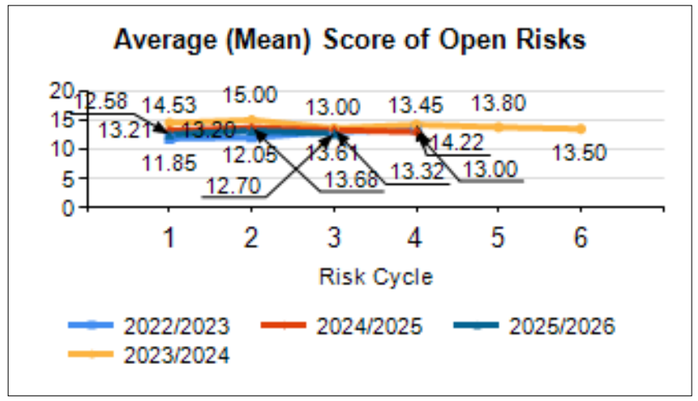
Total Place Risks	20
Finance & Performance	5
Quality	5
Finance and Quality	10

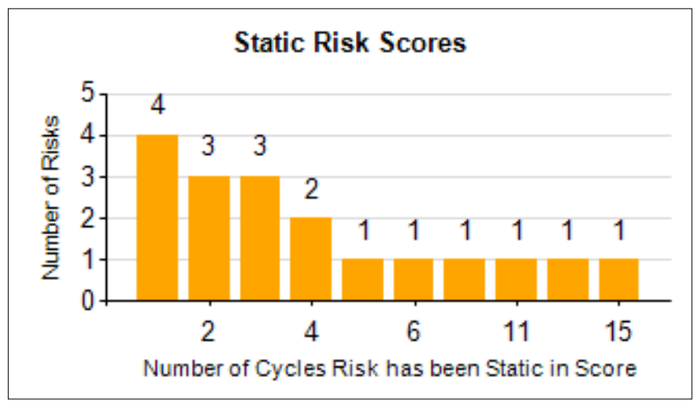
Movement of Risks		Risk Score Increasing	0
New	0	Risk Score Decreasing	2
Marked for Closure	0	Risk Score Static	18



Risk Overview (BDC place)







Key

- Quality
- Finance
- Both FPC and QC

- New Risk
- Closed Risk
- Risk Score Increasing
- Risk Score Decreasing
- Risk Score Static

Score	Risk Level
1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-16	Serious risk
20-25	Critical risk

West Yorkshire Integrated Care Board - Board Assurance Framework - Guidance notes for completion *(version 12, Sept 2025)*

The following information is taken from the WYICB's *Risk Management Policy and Framework (v1.0)* to provide guidance to those completing the Board Assurance Framework (BAF) on behalf of the ICB and place partnerships. The full document can be accessed here:

https://www.wypartnership.co.uk/application/files/7017/5395/3821/Risk_Management_Framework_v4.0.pdf

The ICB operates the principle of subsidiarity. As the statutory body, the ICB is accountable for delivery of its priorities, but delegates responsibility for delivery to the five places (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield). Risks associated with delivery at Place will be managed at Place unless it is agreed to manage centrally.

Currently, fifteen strategic risks, linked with the mission of the ICB, have been identified following a series of development sessions held during summer 2022. These were ratified at the meeting of the ICB Board held on 20 September 2022.

The **Board Assurance Framework** summarises how the Board knows that the controls it has in place are effectively managing the principal (strategic) risks, together with references to documentary evidence/assurances and current mitigation action plans. The ICB and the Place Partnership Committee of each of the five places will maintain an Assurance Framework and Corporate Risk Register through which risk management activities are prioritised and managed.

Risk appetite refers to the level of risk that an organisation is willing to tolerate or expose itself to when controlling risks as they arise or when embarking on new projects. An organisation may accept different levels of risk appetite for different types of risk, or in relation to different projects. The organisation's risk appetite ensures that risks are considered in terms of both opportunities and threats. Risk appetite *(which is a description, not a score)* informs the risk tolerance levels, which are considered for individual risks. Based on the risk appetite, a target risk score is set for individual risks. This is the level to which the risk is to be managed.

PLEASE NOTE: The worksheets titled 'Summary' and 'Heat map' will be completed by the ICB governance team. The worksheets 1.1 to 4.3 inclusive should be completed by the ICB lead director / board lead (blue section) and all the worksheets **except** 3.4 and 4.3 should be completed by the Place leads (or their nominees) as follows: Bradford District and Craven (peach section); Calderdale (orange section); Kirklees (green section); Leeds (purple section); Wakefield (pink section). Please do not change any formatting within this document.

Controls describe the available systems and processes *(the specific things we are doing)* which help to minimise and/or manage the risk.
Assurance is the *(source)* information used to ascertain whether the controls are effective.
Mitigating actions describe what else we are doing to control the risk and/or provide additional assurance.

ICB and Place leads are asked to describe three key controls - each requiring linked assurance(s) - relevant to the strategic risk.

A risk score is obtained, using a 5 x 5 matrix, (impact x likelihood), which determines whether the risk is ranked as low, moderate, high, serious or critical. The following tables are provided to inform the target and current risk scores.

Definitions of impact:

Risk impact	Insignificant	Minor	Moderate	Major	Catastrophic
	1	2	3	4	5
Purpose					
Achievement of the ICB mission	A decision affecting contracts finance, collaborations, quality or governance has no impact on the ICB mission.	A decision affecting contracts finance, collaborations, quality or governance does not support the ICB mission.	A decision affecting contracts finance, collaborations, quality or governance delays the achievement of the ICB mission.	A decision affecting contracts finance, collaborations, quality or governance impedes or significantly delays the achievement of the ICB mission.	A decision affecting contracts finance, collaborations, quality or governance majorly impedes and/or delays the achievement of the ICB mission.
Health outcomes and life	Marginal reduction to health	Minor reduction to health	Moderate reduction in health	Significant reduction in health	

Health outcomes and life expectancy	outcomes and/or life expectancy for >5% of a given population.	outcomes and/or life expectancy for >15% of a given population.	outcomes and/or life expectancy for >30% of a given population.	outcomes and/or life expectancy for > 50% of a given population.	Major reduction in health outcomes and/or life expectancy for >75% of a given population.
Health inequalities	Marginal increase in the health inequality gap in up to all six of most deprived Local Care/Community Partnerships (PCNs)	Minor increase in the health inequality gap in up to all of the six most deprived Local Care/Community Partnerships (PCNs) and / or a minor increase in the number of deprived Local Care/Community Partnerships (PCNs)	Moderate increase in the health inequality gap in up to all of the six most deprived Local Care/Community Partnerships (PCNs) and / or a moderate increase in the number of deprived Local Care/Community Partnerships (PCNs)	Significant increase in the health inequality gap in up to all of the six most deprived Local Care/Community Partnerships (PCNs) and / or a significant increase in the number of deprived Local Care/Community Partnerships (PCNs)	Major increase in the health inequality gap in up to all of the six most deprived Local Care/Community Partnerships (PCNs) and / or a major increase in the number of deprived Local Care/Community Partnerships (PCNs)
Service quality and performance (includes patient experience, safety and clinical effectiveness)	Informal complaint	Formal complaint Local resolution	Investigation by Health Service Ombudsman Minor out-of-court settlement	Multiple complaints Judicial review Litigation expected Civil action – no defence	Litigation certain Criminal prosecution
	Negligible effect on quality of clinical care	Noticeable effect on quality of care Single failure to meet internal standards Minor implications for patient safety if unresolved	Significant effect on quality of care / significantly reduced effectiveness Repeated failure to meet internal standards Major patient safety implications of findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment / service Gross failure of patient safety if findings not acted on Gross failure to meet national standards
	Commissioned local or national targets not achievable – single episode	Commissioned local or national targets not achievable – 1-3 episodes	Repeated failure to meet commissioned local or national targets > 3 episodes	Commissioned national targets not achieved resulting in involvement of external bodies / regulator	Commissioned national targets not achieved resulting in special measures
Financial efficiency	Small loss	Loss of 0.1–0.25 per cent of budget	Loss of 0.25–0.5 per cent of budget	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget	Non-delivery of key objective/ Loss of >1 per cent of budget
Capability					
Compliance (includes H&S and other legal or governance factors such as procurement, information governance etc.)	Negligible injury or ill health requiring no absence from work. Negligible damage to equipment or property. No or minimal impact or breach of guidance / statutory duty.	Minor injury or ill health requiring up to 2 days absence from work. Minor damage to equipment or property. Breach of statutory legislation Reduced performance rating if unresolved	Moderate injury or illness resulting in the submission of a RIDDOR report. Moderate damage to equipment or property. Single breach in statutory duty Challenging external recommendations / improvement notice	Single fatality. HSE improvement notice received. Major damage to property Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple fatalities HSE or police investigation resulting in imprisonment of Chief Executive or other implicated staff Multiple breaches in statutory duty Prosecution Complete system s change required Zero performance rating Severely critical report

Descriptors for risk likelihood:

Level	Descriptor	Description / suggested frequency
1	Rare	The event may occur only in exceptional circumstances
2	Unlikely	The event could occur at some time
3	Possible	The event may occur at some time
4	Likely	The event will probably occur in most circumstances
5	Almost certain	The event is expected to occur

Overall risk matrix scoring (= impact x likelihood):

Impact	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost certain 5
Insignificant 1	1	2	3	4	5
Minor 2	2	4	6	8	10
Moderate 3	3	6	9	12	15
Major 4	4	8	12	16	20
Catastrophic 5	5	10	15	20	25

West Yorkshire Integrated Care Board - Board Assurance Framework - Summary						Version: 12	Date: Sept 2025
Mission		**Strategic risk**	**Risk appetite**	**Target WY score**	**Current WY score**	**Lead director(s) / board lead**	**Lead committee / board**
(1) Reduce inequalities	1.1	There is a risk that our local priorities to narrow inequalities are not delivered due to the impact of wider economic social and political factors.	Bold	16	20	Ian Holmes	ICB Board
	1.2	There is a risk that operational pressures and priorities impact on our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.	Open	9	16	Ian Holmes / Jonathan Webb	Finance, Investment and Performance Committee
	1.3	There is a risk that we fail to join up services in our communities which means that we do not improve outcomes and reduce health inequalities.	Open	8	12	Ian Holmes	ICB Board
(2) Manage unwarranted variation in care	2.1	There is a risk that our inability to collectively recruit and retain staff across health and care impacts on the quality and safety of services.	Open	8	16	Kate Sims	Transformation Committee
	2.2	There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.	Open	6	8	James Thomas	Quality Committee
	2.3	There is a risk that we are unable to measure and assess performance across the system in a timely and meaningful way, which impacts on our ability to respond quickly as issues arise.	Open	6	9	Lou Auger	Finance, Investment and Performance Committee
	2.4	There is a risk that our infrastructure (estates, facilities, digital) hinders our ability to deliver consistently high quality care.	Open	9	16	Jonathan Webb / Shaukat Ali Khan	Finance, Investment and Performance Committee.Transformation Committee for Digital
	2.5	There is a risk of an inability to deliver routine health and care services due to the emergence of a future pandemic leading to substantial loss of life and failure to deliver key functions and responsibilities.	Averse	16	16	Lou Auger	ICB Board
(3) Use our collective resources wisely	3.1	There is a risk that we do not invest resources in a way which prioritises community, primary and prevention programmes and so doesn't maximise value for money.	Open	6	12	Jonathan Webb	Finance, Investment and Performance Committee
	3.2	There is a risk that we don't operate within our available system and organisational resources (revenue and capital) and so breach our statutory duties.	Cautious	9	20	Jonathan Webb	Finance, Investment and Performance Committee
	3.3	There is a risk that ICB capacity and infrastructure is not sufficient nor targeted effectively towards key priorities.	Open	9	12	Rob Webster	ICB Board
(4) Secure benefits of investing in health and care	4.1	There is a risk that partnership working on wider societal issues is deprioritised in order to meet current operational pressures.	Open	8	12	Ian Holmes	ICB Board
	4.2	There is a risk that we are unable to achieve our ambitions on equality diversity and inclusion due to ingrained attitudes that persist in society and across our health and care organisations.	Bold	8	12	Ian Holmes	Quality Committee
	4.3	There is a risk that threats to our people and physical and digital infrastructure, e.g. from cyber-attacks, terrorism and other major incidents, prevents us from delivering our key functions and responsibilities.	Averse	9	12	Lou Auger / Shaukat Ali Khan	Transformation Committee
	4.4	Due to climate change, there is a risk of increased demand for health and care services and disruption to the provision of services. This will result in health and care services that cannot effectively meet population needs.	Open	12	16	Ian Holmes	Transformation Committee

West Yorkshire Integrated Care Board - Board Assurance Framework - Heat map			Version 12												Sep-25	
Mission		Strategic risk	WYICB and 5 Places	West Yorkshire		Bradford District and Craven		Calderdale		Kirklees		Leeds		Wakefield	
			Risk appetite (All)	Target score (WYICB)	Current score (WYICB)	Target score (BD&C)	Current score (BD&C)	Target score (Cald'e)	Current score (Cald'e)	Target score (Kirk's)	Current score (Kirk's)	Target score (Leeds)	Current score (Leeds)	Target score (Wake'd)	Current score (Wake'd)
Reduce inequalities	1.1	There is a risk that our local priorities to narrow inequalities are not delivered due to the impact of wider economic social and political factors.	Bold	16	20	16	20	16	20	16	20	16	20	16	20
	1.2	There is a risk that operational pressures and priorities impact on our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.	Open	9	16	9	12	6	9	6	12	9	16	9	16
	1.3	There is a risk that we fail to join up services in our communities which means that we do not improve outcomes and reduce health inequalities.	Open	8	12	8	12	8	12	8	12	8	12	8	12
Manage unwarranted variation in care	2.1	There is a risk that our inability to collectively recruit and retain staff across health and care impacts on the quality and safety of services.	Open	8	16	8	16	8	12	8	16	9	12	8	12
	2.2	There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.	Open	6	8	4	9	4	6	4	8	4	12	4	12
	2.3	There is a risk that we are unable to measure and assess performance across the system in a timely and meaningful way, which impacts on our ability to respond quickly as issues arise.	Open	6	9	2	4	2	6	2	8	2	6	2	6
	2.4	There is a risk that our infrastructure (estates, facilities, digital) hinders our ability to deliver consistently high quality care.	Open	9	16	9	16	9	16	9	16	9	16	9	12
	2.5	There is a risk of an inability to deliver routine health and care services due to the emergence of a future pandemic leading to substantial loss of life and failure to deliver key functions and responsibilities.	Averse	16	16	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required
Use our collective resources wisely	3.1	There is a risk that we do not invest resources in a way which prioritises community, primary and prevention programmes and so doesn't maximise value for money.	Open	6	12	4	12	4	12	4	12	4	9	4	12
	3.2	There is a risk that we don't operate within our available system and organisational resources (revenue and capital) and so breach our statutory duties.	Cautious	9	20	9	20	9	20	9	20	9	20	9	20
	3.3	There is a risk that ICB capacity and infrastructure is not sufficient nor targeted effectively towards key priorities.	Open	9	12	4	12	4	16	4	12	4	16	4	12
Secure benefits of investing in health and care	4.1	There is a risk that partnership working on wider societal issues is deprioritised in order to meet current operational pressures.	Open	8	12	8	8	8	8	8	12	8	12	8	8
	4.2	There is a risk that we are unable to achieve our ambitions on equality diversity and inclusion due to ingrained attitudes that persist in society and across our health and care organisations.	Bold	8	12	8	12	8	12	8	12	6	9	8	12
	4.3	There is a risk that threats to our people and physical and digital infrastructure, e.g. from cyber-attacks, terrorism and other major incidents, prevents us from delivering our key functions and responsibilities.	Averse	9	12	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required
	4.4	Due to climate change, there is a risk of increased demand for health and care services and disruption to the provision of services. This will result in health and care services that cannot effectively meet population needs	Open	12	16	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required

WYICB - Board Assurance Framework - ICB and places							Version: 12	6 October 2025
Mission 1	Failure to manage strategic risk could result in a failure to **REDUCE INEQUALITIES**						**Lead director(s) / board lead**	Ian Holmes
Strategic risk 1.1	There is a risk that our local priorities to narrow inequalities are not delivered due to the impact of wider economic social and political factors.						**Lead committee / board**	ICB Board (linked to place committees)
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			Inequalities have widened in recent years due to broader social and economic factors. Our health and care partnership will make a positive contribution on these issues, there are a range of factors outside of our control that are likely to make narrowing inequalities more challenging. No change to risk score.	
BOLD	**Likelihood**	**4**	**16**	**Likelihood**	**5**	**20**		
	Impact	**4**		**Impact**	**4**			

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	ICS Five Year Strategy, including the 10 Big Ambitions, focusing on health inequalities and wider economic, social and political factors.	(1) Development of granularity of data to have full insight across different inequalities and impact across different populations. This is aimed for completion by the end of 2025/26.
2	Health Inequalities Steering Group oversees spend of funding on specific initiatives to address inequalities.	
3	An MOU with WYCA setting out shared priorities, working and governance arrangements.	
4	Team working across health inequalities, with an in-house ICB team together with shared posts with WYCA.	
5	As part of the organisational change programme the ICB is establishing a strategic commissioning function, this function will establish capabilities to understand and respond to inequalities	
	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to ICB risk register** *(Reference numbers/brief description)*
1	Integrated Care Partnership Board - agenda items, discussions, evidenced by minutes	**2120** - reduction/loss of VCSE services; **2402** - access GP services; **2106** - Cancer health inequalities; **2308** - Neurodivergent population **2503** - maternity
2	ICB Board - four deep dives into health inequalities during 2024/25 - agenda and minutes	
3	ICB Board - six monthly performance dashboard metrics against 10 Big Ambitions - agenda and minutes	
4	System Oversight and Assurance Group - rolling programme of metrics reported - agenda and minutes	
5	WYCA / ICB Quarterly Leadership Team meeting to oversee MOU	
6	Internal Audit review of Health Inequalities Partnering Arrangements - Significant Assurance (June 2024)	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Sohail Abbas (26.06.25)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			We agree with WYICB assessment and score the same for the BDC HCP with the following rationale: Inequalities occur due to health and wider determinants. We are working closely with health and social partners within BDC HCP. There are a range of factors where we have more limited control with regards to narrowing inequalities, e.g. around poverty, housing, skills. With the financial deficit in the ICB there is a risk of losing funding streams aimed at reducing health inequalities for example Core20Plus5.
BOLD	**Likelihood**	**4**	**16**	**Likelihood**	**4**	**20**	
	Impact	**4**		**Impact**	**5**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions***(What more are we/should we be doing at place by when?)*
1	BDC HCP (place) Population Health Management structure implemented and Business Intelligence team aligned to transformation priorities, enablers, Community Partnerships / Primary Care Networks	1. Health and Wellbeing Board Strategy - work is ongoing to finalise the district plan for 2025/2035 with a clear focus on improving economic activity and reducing wider inequalities. 2. EDI work and anti-racism strategy development in Bradford District and Craven (2025 ongoing). 3. The economic accelerator programme has started from April 2025, work ongoing (2025/26) 4. Core20Plus5 intial evaluation is complete, we are now working on the economic evaluation of the programme (2025/26) 5. BDC Health and Care Strategy is in development and underpinned by the work of Population Health Management and reducing inequalities teams on assessing our population health and care needs (2025/26) 6. Bradford District Council growth plans (including city of culture 2025) are in development and will have an impact on the overall healthcare of our population.
2	Wellbeing Board (Bradford District) and Health and Wellbeing Board (North Yorkshire)	
3	Health and Wellbeing Board Strategy	
4	Reducing Inequalities in Communities (RIC) work plan for the Reducing Inequalities Alliance sets out work on local priorities to address wider determinants; local Core20PLUS5 implementation group; Reducing Inequalities Alliance (cross partnership membership).	
5	The alliance has a work plan to deliver the Core20PLUS5 programme locally (with hyper local commissioning at community partnership level, and for CYP interventions to reduce inequalities).	
6	We are ensuring that our work to reduce inequalities runs as a golden thread through all that we do in the Act as One partnership and have published our Call to Action to reduce inequalities locally (and launched the Inequalities campaign and events with our workforce)	
7	The Core20Plus5 and health inequalities premium dashboards are established	
8	We are supporting West Yorkshire Health Equity fellowship scheme and mentoring local fellows across a range of work areas. Our Reducing Inequalities in Communities programme has 20 different projects covering health, wider determinants of health and community settings and we have extended many of these initiatives and embedded into business as usual where appropriate.	
	Sources of assurance *(Where is the evidence that the controls work?)*	
1	Reducing inequalities alliance - regular meetings - Papers and Mins	
2	Health and Wellbeing Board - Papers and Mins	
3	The Core20Plus5 and health inequalities premium dashboards	
4	Outcomes focused performance report for HCP Board capturing health inequalities	**Links to Place Risk Register**
		2317, 2386, 2477, 2418, 2221

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**Neil Smurthwaite (17.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			As WYICB outlines above. The CCPB focuses regularly on health inequalities. Presentation due in September 2025 Committee on latest intelligence and how we will using linked data sets to provide greater insight into the Integrated Neighbourhood Health work.
BOLD	**Likelihood**	**4**	**16**	**Likelihood**	**5**	**20**	
	Impact	**4**		**Impact**	**4**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	We have a shared set of priorities set by Calderdale Health and Wellbeing Board - local plan feeds into ICB / ICP 5-year strategy forward plan	1. Calderdale council run a cost of living programme (2022 - ongoing) 2. Public have produced population data packs for each PCN and Integrated Neighbourhood health team.
2	Reducing inequalities is a key ambition of the partnership	
3	Council Director of Public Health is lead for health inequalities work across Calderdale	
	Sources of assurance *(Where is the evidence that the controls work?)*	
1	Progress against the ICB metrics on inequalities is reviewed regular by HWBB and CCPB	
2	Local JSNA	
3	Council Director of Public Health- attends Partnership Board	**Links to Place Risk Register;** 2224, 2476, 2149, 1998, 1493, 62, 2469, 2484,

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**Steve Brennan (27.06.2025)**

ICB risk appetite	**Place risk scores**	**Rationale for current place score**

ICB risk appetite	Target (Kirklees)			Current (Kirklees)		
BOLD	Likelihood	4	16	Likelihood	5	20
	Impact	4		Impact	4	

Recognise that addressing inequalities will take time and there are factors beyond our control, however the partners are committed to addressing this through the work that they do.

	Key controls *(What helps us mitigate the risk?)*
1	Kirklees Health and Wellbeing strategy
2	Health and Wellbeing Plan
3	Kirklees Economic, Environment and Inclusive Communities Strategies.

	Sources of assurance *(Where is the evidence that the controls work?)*
1	Regular reports to Health and Wellbeing Board
2	Regular reports to Partnership Forum / ICB committee/ and other place governance
3	Project reports

Mitigating actions

1. Progressing on the work of the inclusive community framework (one of top tier partnership strategy) Power of one, power of many, working other for equity and fairness linked to the inclusive communities framework (2025/26)
2. The Kirklees ICB committee committed to continue with their work and actions were agreed as part of this work (November 2025)
3. Focus on addressing inequalities is key to how we deliver the Kirklees Healthy Working Life programme (for example the VCSE sector has a prominent role in helping to deliver this) 2025/26

Links to place risk register:
2475, 2240, 2445

Leeds — **Place lead:** Tim Ryley — **Nominated lead for this risk:** Nick Earl 27.06.25

ICB risk appetite	Place risk scores: Target (Leeds)			Current (Leeds)		
BOLD	Likelihood	4	16	Likelihood	5	20
	Impact	4		Impact	4	

Rationale for current place score

Inequalities continue to widen in Leeds due to wider social and economic factors. LHCP has a strong and continued focus to address these disparities through our operating framework. Risk score remains the same.

	Key controls *(What helps us mitigate the risk?)*
1	Partnership Leadership Team and Health and Wellbeing Board meetings in Leeds - allow influence of wider
2	The Delivery and Inequalities Sub-Committee - highlighting impact of wider factors
3	Marmot City Programme - provides joint working mechanism to address wider determinants
4	Ongoing contracting with the third sector - provide additional resource flow into local economy and areas of need

	Sources of assurance *(Where is the evidence that the controls work?)*
1	Minutes from PLT / HWB meetings, particularly sessions with a wider strategic focus
2	Minutes from Delivery and Inequalities Sub-Committee
3	Programme reports from the Marmot city programme
4	Financial accounts recording proportion of spend in this area

Mitigating actions *(What more are we/should we be doing at place?)*

1. Continued participation and support for Leeds City Council's Marmot City ambition
2. Leveraging ICB's role at place as a (small) anchor institution, and influence over other (larger) anchor institutions (NB this may not take place during vacancy freeze/restructure)

Links to place risk register:
2415, 2354, 2301, 2018

Wakefield — **Place lead:** Mel Brown — **Nominated lead for this risk:** Ruth Unwin, Amrit Reyat (14.07.25)

ICB risk appetite	Place risk scores: Target (Wakefield)			Current (Wakefield)		
BOLD	Likelihood	4	16	Likelihood	5	20
	Impact	4		Impact	4	

Rationale for current place score

Local position reflects the WYICB position. Current likelihood is high due to significant pressures in the system.

	Key controls *(What helps us mitigate the risk?)*
1	Healthy Standard of Living for All is one of the four priorities in the Health and Wellbeing Strategy
2	Economic Strategy is in place led by the local authority. Elements that impact on health inequalities are reported to Health and Wellbeing Board
3	Joint post working across health and the Local Authority addressing inequalities is in place
4	Joint Steering Group established
5	We are now established as a enabler programme in our transformation and delivery collaborative
6	Community of Practice event being took place in May 2025
7	Some of our uncommitted core spend for 2025/26 will be focusing on COPD
8	The economic accelerator programme is now established.
9	Development of a district plan

	Sources of assurance *(Where is the evidence that the controls work?)*
1	Regular reports such as Bi-monthly public health profiles addressing inequalities are presented to the Health and Wellbeing Board and to the Wakefield District Health and Care Partnership
2	Wakefield Joint Strategic Needs Assessment
4	Report to WDHCP Committee in November 2024 on the evaluation and principles of allocation of resource for CORE20PLUS

Mitigating actions *(What more are we/should we be doing at place?)*

1. A further community of practice event has been planned for November 2025
2. The work to develop the place response to reducing economic inactivity is currently taking shape (2025/26)
3. Wakefield is working with funding from Health Determinants Research Collaborative (HDRC) to establish research capacity around health inequalities (2025/26)
4. The development of our integrated neighbourhood health model (2025/26)

Link to Place Risk Register

2481

WYICB - Board Assurance Framework - ICB and places							Version 12	7 October 2025
Mission 1	Failure to manage strategic risk could result in a failure to **REDUCE INEQUALITIES**						**Lead director(s) / board lead**	Ian Holmes / Jonathan Webb
Strategic risk 1.2	There is a risk that operational pressures and priorities impact our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.						**Lead committee / board**	Finance, Investment and Performance Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			Significant financial and operational pressure continues to impact on our ability to deliver wider ambitions. The organisational change process and capacity will impact on the operational pressure.	
OPEN	**Likelihood**	**3**	**9**	**Likelihood**	**4**	**16**		
	Impact	**3**		**Impact**	**4**			

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Clear, agreed plans that deploys £10.75m Health Inequalities funding across all Core 20PLUS5 priorities - specific workstream headed by Improving Population Health (IPH) Board with remit to recommend allocation of specific funding across the ICS	1. EQIA process on any proposed service change and commissioning policy change (2025/26). 2. As part of developing the ICB operating model we are building a strategic commissioning function that will help ensure that the organisation has the right focus on reducing health inequalities and improving outcome, 2025/26 3. Our approach to integrated neighbourhood healthcare is predicated on population health management principles which ensure there is the right focus on communities with the greatest need. 4. As part of the economic accelerator programme we are focusing on improving economic participation in communities where inequalities and poor outcomes are highest.
2	The first 3 ambitions in our Strategic Plan relate to inequalities. Plans for these are set out in the Joint Forward Plan which provides the foundation to prioritisation by the ICB Board. The Plan has a refreshed set of metrics to ensure that a difference can be made and measured.	
3	Measurement of inequalities relating to key operational priorities - such as elective recovery and ambulance waiting times.	
4	Board approved WY ICS Finance Strategy confirms importance of health inequalities as key element of how deploy resources.	
5	Committee overview of commissioning policies and quality impact by the Transformation Committee and Quality Committee respectively.	
6	Inclusion Health Unit, whose focus is on the sustainability of inclusion health services, supporting the system to improve the health of population groups.	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to ICB risk register** *(Reference numbers/brief description)*
1	Partnership Board focus on 10 big ambitions	**Risk 2309** - demand for CYP mental health services; **2451** - Delays in gender identity specialist services; **2525** - delays in health assessments of CiC; **2479** - children's hospice care
2	ICB Board - performance dashboard and deep dives into health inequalities	
3	SOAG updates against 10 big ambitions	
4	ICB Annual Report summarises work on improving outcomes and reducing inequalities	
5	Internal Audit 'Health Inequalities Partnership Working' review - Significant Assurance - June 2024	
6	Integrated neighbourhood health board	
7	Health and wellbeing boards (sign off integrated neighbourhood healthcare plans)	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Sohail Abbas (26.06.25)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			There are higher levels of inequality in BDC as compared to other places. The organisational changes and wider environments makes it difficult to reduce inequalities. The risk score remains the same for this cycle.
OPEN	**Likelihood**	**3**	**9**	**Likelihood**	**3**	**12**	
	Impact	**3**		**Impact**	**4**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	QEIA assessments in routine use	1. Work is ongoing on population needs assessment and using population health management principles to identify population cohorts for targetting interventions (2025/26) 2. We are in the process of developing our health and care strategies in place together with our partners which will meet our ambitions around improving outcome and reducing inequalities. This work is being led by the Director of partnership and place (2025/26) 3. Alongside the strategy development we are developing our intent around neighbourhood health and have events in the diary both with practices but also as part of our Listen In engagement schedule across our communities to ensure we are developing services in partnership (2025/26) 4. QEIA assessments in routine use (process being refined and reviewed 2025) to ensure that the impact of proposed decisions does not move resource away from critical areas of health inequality (2025/26) 5. Economic evaluation of our health inequalities programme is undergoing which will help us deliver financial case for reducing inequalities (2025/26)
2	Prioritising action plans to address the main causes of death, inequalities and poor health across BDC HCP (place) within the new Closing the Gap programme. Leadership group has been set up for implementing Core20PLUS5 for the ICS and BDC HCP (place). Targeting reduction of health inequalities by working closely with PCNs and Community Partnerships (and with Local Authority Area teams)	
3	Closing the gap programme has segmented the population and examines trends on health needs against expenditure, and high impact evidence based interventions to reduce inequalities and address pressure points locally.	
4	Inequalities toolkits have been used by our 13 Community Partnerships to guide commissioning (with guidance and separate intelligence packs itemising outliers). Primary care practice priorities have been aligned to Core20 priorities via the health inequality practice premium.	
5	Priority boards maintain a key focus on inequalities through their programmes of work	
6	Developing a System approach to reducing inequalities via improved collaboration between Inequalities, EDI, Research and Prevention programmes (included board readiness toolkit & development sessions to embed work to reduce inequalities through the governance structure).	

	Sources of assurance *(Where is the evidence that the controls work?)*
1	BDC Partnership Board and Exec receive full papers and briefings on progress within the Priorities and Enablers alongside system based committees which provide oversight and assurance on our outcomes.
2	Inequalities are embedded into our transformation work with Population Health Management (PHM) data identifying key areas of focus for priority. Priority Boards providing ownership of transforming services across all place based partners
3	Outcomes focused performance report for HCP Board capturing health inequalities

Links to Place Risk Register
2386, 2227, 2039, 2221

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**Neil Smurthwaite (17.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			Risk score reflects operational performance on NHS targets. There are pressures in the system but it's not impacting on our ability to deliver Core 20+5. There is a significant risk on future finances and the overall change programme announced in March 25 could result in inequalities being impacted. Score will be continually monitored. Reviewed target score and reduced this from 9 to 6, due to a OPEN risk appetite.
OPEN	**Likelihood**	**2**	**6**	**Likelihood**	**3**	**9**	
	Impact	**3**		**Impact**	**3**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Clear plan for place share of £12m led by DPH, reports to HWBB.	1. The data model is being developed to help analyse the use of urgent care to help address and ensure that out-of-hospital services do not create health inequalities - Population health tool is being developed - local drop in sessions will take place with discussion at Board level in 2025-26. 2. Financial pressures continue to be monitored and savings identified recurrently to ensure undelrying position does not deteriorate. 3. Change programme and new ICB operating model will impact on this risk and will be monitored.
2	Tackling inequalities is a core requirement of all papers to comment upon, particularly contract awards / service improvement.	
3	Measurement of health inequalities for elective recovery has been key component for CHFT and its delivery of its waiting lists.	

	Sources of assurance *(Where is the evidence that the controls work?)*
1	Regular report to HWBB (as above) and CCPB.
2	Joint Forward Plan will include health inequalities.

3 Transformation delivery plan signed off by Board on 5 September 2024, one of the key ambitions in reduction in health inequalities	**Links to Place Risk Register:** 2224, 1338, 2476, 2149, 1998, 1493, 62, 2092

Kirklees — **Place lead:** Vicky Dutchburn — **Nominated lead for this risk:** Vicky Dutchburn (25.06.2025)

ICB risk appetite	Place risk scores	Target (Kirklees)		Current (Kirklees)		
OPEN	Likelihood	2	6	Likelihood	3	12
	Impact	3		Impact	4	

Rationale for current place score

Outcomes Framework, indicators and proxy indicators, establish network, align core 20 plus 5 , strengthen reporting through PMO and align approaches to VCSE investment and Inclusive communities framework. The elective performances is included in the bi-monthly performance committee. There have been deep dive reports and discussions with our health and care partnership board specifically on child and adult mental health and neurodiversity assessment, there is an action plan. The core 20+5 schemes have been reviewed and built in as business as usual as an outcome of that review. The rigour of internal processes with regards to prioritisation and reviews of all contracts which are due to expire March 2026 - the governance timeline complete until the end of October 2025.

Key controls *(What helps us mitigate the risk?)*

1. Health and Wellbeing Strategy
2. Health and Wellbeing Plan
3. Outcomes Framework
4. Deep dive reports on high risk areas e.g. child & adult mental health, neurodiversity assessments.
5. Completed review of the children and young people's mental health model (Kirklees Keeping In Mind) implementation commenced April 2025.

Sources of assurance *(Where is the evidence that the controls work?)*

1. Regular reporting into Health and Wellbeing Board
2. Regular reporting into place governance such as the Kirklees Quality Committee
3. PMO reports on projects
4. Reports and action plans to Transformation Committee

Mitigating actions *(What more are we/should we be doing at place?)*

1. Agreed that Kirklees place will develop an action plan on children and young people's neurodiversity to sign off by April 2025 - action plan has been completed and submitted as part of the SEND review - June 2025.
2. Expecting final SEND report end of August 2025 and implementing review actions from Q3, 2025/26
3. Establishment of transformation dashboard as per annual review recommendation (Q2, 2025/26)

Links to place risk register:
2240

Leeds — **Place lead:** Tim Ryley — **Nominated lead for this risk:** Nick Earl 27.06.2025

ICB risk appetite	Place risk scores	Target (Leeds)		Current (Leeds)		
OPEN	Likelihood	3	9	Likelihood	4	16
	Impact	3		Impact	4	

Rationale for current place score

Current reduction in ICB resources and associated restructure will be presenting notable challenges to driving work in this area (alongside existing operational pressures - particularly during Winter). Reviewed target risk score in light of a open risk appetite (willing to take reasonable risks and is tolerant to some uncertainty), agreed to reduce the target risk score from 12 to 9.

Key controls *(What helps us mitigate the risk?)*

1. Local strategy with a focus on health inequalities (Healthy Leeds Plan), with key data cut by IMD and other relevant HI metrics.
2. Local governance structures with a focus on inequalities - Delivery and Inequalities sub-committee, Health Inequalities Oversight Group and specific sessions at Partnership Leadership Team
3. Leeds financial planning process includes mechanisms to minimise impact on inequalities as well as QEIA assessments in routine use (and published)
4. All delivery plans have a clear focus on addressing inequalities within existing resources.
5. Inequalities / Core20+5 / transformation funding as part of general practice incentive scheme (GPOP)

Sources of assurance *(Where is the evidence that the controls work?)*

1. HLP document and access to PowerBI reporting
2. Minutes and terms of reference for Delivery Sub-Committee, HIOG and PLT
3. Online QEIA resource
4. Business reporting to Leeds Director Team
5. GPOP scheme documents

Mitigating actions *(What more are we/should we be doing at place?)*

1. Partnership focus in 25/26 on programme benefits quantification should support greater assessment of potential HI impact (2025/26)
2. Review approach to incentives in line with strategic commissioning role towards the end of this financial year (March 2026)
3. Provide both challenge and support to emerging HealthCare Inequalities Oversight Group, which has a partnership focus across providers (2025/26)

Links to place risk register:
2354, 2301, 2480

Wakefield — **Place lead:** Mel Brown — **Nominated lead for this risk:** Ruth Unwin, Amrit Reyat (14.07.25)

ICB risk appetite	Place risk scores	Target (Wakefield)		Current (Wakefield)		
OPEN	Likelihood	3	9	Likelihood	4	16
	Impact	3		Impact	4	

Rationale for current place score

Reflects the Integrated Care Board position. Local places have limited powers to reduce likelihood.

Key controls *(What helps us mitigate the risk?)*

1. Allocation of CORE20plus5 monies
2. Healthy Sustainable Communities Oversight Group established for CORE20plus5 and reports through the governance structure
3. Place Outcomes Framework currently in development
4. Tackling inequalities is a priority of the Health and Wellbeing Board and associated work programmes
5. Established CORE20plus5 strategic group which oversees the evaluation of funded programmes. Developed a evaluation framework which will support targeted interventions

Sources of assurance *(Where is the evidence that the controls work?)*

1. Health and Wellbeing Board Outcomes Framework - reports to the Health & Wellbeing Board - annually
2. Performance Report to Integrated Assurance Committee - bi-monthly
3. Performance Report to Wakefield District Health and Care Partnership - quarterly

Mitigating actions *(What more are we/should we be doing at place?)*

1. Working with the data team to do more deeper evaluation of our CORE20plus funded programmes (2025/26)
2. Working through the investment panel process to secure funding (2025/26)

Link to Place Risk Register

2128

WYICB - Board Assurance Framework - ICB and places							Version: 12	6 October 2025
Mission 1	Failure to manage strategic risk could result in a failure to **REDUCE INEQUALITIES**						**Lead director(s) / board lead**	Ian Holmes
Strategic risk 1.3 (previously 1.4)	There is a risk that we fail to join up services in our communities which means that we do not improve outcomes and reduce health inequalities.						**Lead committee / board**	ICB Board *(linked to place committees)*
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			Integrated care in communities is fundamental to our strategy for improving outcomes and tackling inequalities and a priority for all places. We have made good progress in some areas, but progress has been variable and there is still significant work to be done.	
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**		
	Impact	**4**		**Impact**	**4**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	ICS and HWB strategies, together with the Joint Forward Plan set out a clear and aligned vision and plans for integrating services in communities, in line with the Fuller recommendations and the medium term strategy.	1. There are three pilot programmes running across WY (Leeds, BDC and Wakefield) the learning from these pilots will be shared with other areas and nationally (Approved 2025, work ongoing from 2025/26).
2	ICB medium term financial plan supports a differential investment towards primary and community care.	
3	All places are developing integrated neighbourhood healthcare plans which will respond to the ICB blueprint and describe and quantify the improvements that will be made locally. These plans will be signed off by the health and wellbeing boards.	
4	Quality Committee and ICB Board receive Integrated Performance Dashboard which reflects progress made towards integrating services and neighbourhoods.	
5	In line with the future strategic commissioning responsibilities the ICB is developing commissioning intentions and contractual mechanisms to enable and incentivise integrated models of healthcare.	
6	Places continue to develop their models of collaboration with a view to implementationin shadow form from Apr 2026.	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** (Reference numbers/brief description)
1	Published ICB strategy and local neighbourhood health plans	**2120 -** risk of a widening of health inequalities and poorer health outcomes due to the reduction or loss of VCSE services and aggregated impact of disinvestment in the VCSE
2	Delivery of the neighbourhood delivery model health plan (minutes and actions)	
3	Metrics within the Integrated Performance Dashboard, discussion evidenced through minutes of Quality Committee and ICB Board	
4	Internal Audit review - Primary Medical Services Commissioning (significant assurance)	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Sohail Abbas (26.06.25)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**	
	Target (BD&C)			**Current (BD&C)**			Key priority with significant work required across our PCNs, CPs and localities. Challenges are capacity to deliver and maturity of multi-sector provider collaboration. We are prioritising based on areas PHM data is highlighting.	
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**		
	Impact	**4**		**Impact**	**4**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Development of our Primary Care Networks and Community Partnerships (CPs) that together support integrated neighbourhood health service models - and which can be flexible to the specific needs of local communities across BDC.	1. Continuing to expand use population health management data and analysis to drive our commissioning intentions and decisions on service transformation and provision - and empower service change at the neighbourhood level (2025/26) 2. Reducing Inequalities Alliance are working with our Community Partnerships (CPs) in relation to on-going roll out of Core20+5 initiatives. CPs are grouped by LA wards, have linked PCNs and also have strong input from the VCSE, to further facilitate opportunities for neighbourhood co-production on integrating care and tackling inequalities (2025/26) 3. BDC health and care strategy and national 10 Year Plan will inform continued evolution of local integrated neighbourhood health models (2025/26) 4. Long term conditions and multi-morbidity needs assessment and development of a holistic model of care, with focus on those at high/rising risk and high intensity users of health services (2025/26) 5. Work underway to develop our integrated neighbourhood team model (2025/26)
2	Reduce Inequalities Alliance (RIA) built around 4 themes: to set the strategic vision; support best practice; build leadership capacity; and facilitate and share learning. This is also enabling embedding of Core20Plus5 approaches at the neighbourhood level.	
3	Strategic commissioning intent and development of our health and care strategy is underway.	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to Place Risk Register**
1	Place priorities for system transformation, including integrated neighbourhood health services development, report to Partnership Leadership Executive and to the BDC HCP Partnership Board	2221, 2486
2	Reducing Inequalities Alliance reporting to Exec and BDC HCP Partnership Board	
3	Development of our health and care strategy; co-production with Bradford LA on the district plan (delivery oversight by the Health and Wellbeing Board); ongoing work with NY LA via our localities	

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**Neil Smurthwaite (17.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**	
	Target (Calderdale)			**Current (Calderdale)**			Integrated care in communities is fundamental to our strategy for improving outcomes and tackling inequalities and a priority for Calderdale.	
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**		
	Impact	**4**		**Impact**	**4**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Calderdale Cares Community Programme Board is in place for integrating services and community.	1. Looking to utilise data over coming year to ensure efficiency and effectiveness of services to ensure out of hospital care reduces inequalities, there is a programme of work ongoing (Quality group) 2025/26 2 Place Partnership Review (led by Anthony Kealy) and ICB letter March 25 regarding Provider Collaboration will support further development of Place model including provider collaboratives and integration in Places. The ICB's response to the running cost reduction will need to consider the findings of this review in the context of significantly reduced capacity. 3. National focus on integrated neighbourhood health as part of the new Government's 10 year plan create greater focus. This will influence ICB planning for 2025/26 and beyond. The ICB has identified integrated neighbourhood health as a key priority lead by Places. 4. Consideration made for national programme for Integrated Neighbourhood Health, however due to uncertain times first phase application not proceeded with. Further strengthening of data and resource needed for future waves **Links to Place risk register:** 2476, 2163, 1493, 62, 1977, 2469, 2484, 2092
2	Tranformation deliver plan has integrated neighbourhood team as key objective for the partnership board	
3	Calderdale Community Collaborative Programme board in placed led by PCN Directors.	
4	Senior leadership meeting in July 2024, discussion on integrated neighbourhood teams	
5	There are variety of governor forums and enabler groups that bring partners across the health and care partnership together to address issues relating to issues in a joined up way	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	A year end report will be presented to the partnership board on the tranformation delivery plan for which integrated neighbourhood is the key priority
2	Joint Forward Plan being developed.
3	Calderdale Community Collaborative Programme board in place led by PCN Directors. Terms of Reference and mins.

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**Catherine Wormstone (30.06.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**	
	Target (Kirklees)			**Current (Kirklees)**			While a strategy is in place, there is a need to focus on the delivery of transformation and improvements across all nine integrated neighbourhood teams and to ensure adequate capacity is freed up by system partners. Risk score remains the same.	
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**		
	Impact	**4**		**Impact**	**4**			

Key controls *(What helps us mitigate the risk?)*	
1	Core20+5 is being lead by the Public Health team on behalf of the Partnership
2	Addressing inequalities is and will continue to be written into the scope and terms of reference for all place based work areas, to ensure that the focus on inequalities is a common theme to all our work
3	INT data packs developed and data sharing agreements in place
4	A number of services including VCSE already aligned around communities

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Published Health and Wellbeing Strategy
2	The local Health and Care Plan follows directly on from the Health and Wellbeing Strategy
3	Extensive engagement (lead by Healthwatch) with local people to inform strategy and plans to ensure they meet the needs of the local population
4	ICB Committee meetings - notes
5	Delivery collaborative - notes
6	PCN meetings - notes
7	Data available at PCN level is already driving the delivery plans of PCNs working in partnership with statutory and VCSE partners in each footprint to support change and integration on the ground.
8	WY INH Board in place

Mitigating actions *(What more are we/should we be doing at place?)*

1. Programme plan in place to fully implement integrated neighbourhood teams and improve integrated neighbourhood health in line with 2025/26 planning guidance
2. Business case developed for accessing West Yorkshire SDF funds (non-recurrent) to assist with accelerating pace of implementation
3. Identified accelerator site to commence first INT on 2 July 2025, system partners are ready to facilitate engagement and support for accelerator site.
4. Regular fortnightly call in place with SROs for 6 core components of integrated neighbourhood health
5. Workshop held on 27 June 2025 to co-design OD support for system leaders and integrated neighbourhood teams. Next steps will be to share draft programme with stakeholders (2025/26)
6.Planned refresh of the objective within the health and care plan (2025/26)
7. Neighbourhood level data being extracted from primary care and supported by linked data sets to facilitate a population health management approach. Next steps to share with accelerator site and other INTs (2025/26)

Links to place risk register

2475

Leeds — **Place lead:** Tim Ryley — **Nominated lead for this risk:** Helen Lewis (23.06.25)

ICB risk appetite	Place risk scores					
	Target (Leeds)			Current (Leeds)		
OPEN	Likelihood	2	8	Likelihood	3	12
	Impact	4		Impact	4	

Rationale for current place score

Strong work plans already within the Leeds Health and Care Partnership, within LCP areas and in key areas such as frailty, mental health and transfer of care. More to do, and the impacts of getting it wrong for individuals remain high but good progress.

Key controls *(What helps us mitigate the risk?)*	
1	Strong LCPs and PCNs.
2	All relevant data displayed by IMD and other key variables linked to inequalities.
3	Population and care delivery board structures in place, with increasing access to data that enables analysis of issues at very local levels, add neighbourhood health is one of the partnership leadership priorities and programme is reviewed regularly and overseen by partnership leadership team

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Access to Leeds data model/power BI platforms, and RAIDR to review data sets.
2	Notes of LCP/PCN meetings.
3	All LHCP programmes pay due attention to joining up services, demonstrated via minutes.

Mitigating actions *(What more are we/should we be doing at place?)*

1. Developing integrated neighbourhood clinics are in place and considering further developments (2025/26)
2. LCH and GP confederation looking at neighbourhood integration opportunities as part of the system neighbourhood health model (2025/26)
3. LCH and Leeds City Council rolling out their active recovery offer to improve integration (2025/26)
4. Community mental health programme engaging all relevant partners to improve service integration and focus on those people most at risk (new contract with VCSE 2025/26)

Link to place Risk Register

2415

Wakefield — **Place lead:** Mel Brown — **Nominated lead for this risk:** Ruth Unwin, Amrit Reyat (14.07.25)

ICB risk appetite	Place risk scores					
	Target (Wakefield)			Current (Wakefield)		
OPEN	Likelihood	2	8	Likelihood	3	12
	Impact	4		Impact	4	

Rationale for current place score

There is limited opportunity for place to influence the impact of inequalities but reducing inequalities is a priority for the Health and Wellbeing Board and the Wakefield District Health and Care Partnership.

Key controls *(What helps us mitigate the risk?)*	
1	Wakefield Transformation and Delivery Collaborative established supported by a network of Provider Alliances with responsibility for joining up services and addressing inequalities
2	Core Senior Leadership team established across Wakefield place with distributed leadership responsibilities
3	Action plan to address the gaps following the publication of the Fuller report
4	This work is connected to the work to develop a neighbourhood model

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Transformation and Delivery Collaborative Chair's report to Wakefield District Health and Care Partnership highlights key discussions - bi monthly
2	Provider Alliance deep dive regarding progress against priorities reported to Transformation and Delivery Collaborative - monthly
3	Medical Director for Integrated Community Services attends Fuller Board

Mitigating actions *(What more are we/should we be doing at place?)*

1. The development of a neighbourhood model enables a targeted and more planned approach to care (2025/26)
2. The reducing healthcare inequalities steering group is connected into the VCSE collaborative which is taking forward the development of the VCSE strategy for the district (2025/26)
3. The work to develop the place response to reducing economic inactivity is currently taking shape (2025/26)

Links to Place Risk Register

2397, 2429

WYICB - Board Assurance Framework - ICB and places							Version: 12	31-Oct-25
Mission 2	Failure to manage the strategic risk could result in a failure to **MANAGE UNWARRANTED VARIATION IN CARE**						**Lead director(s) / board lead**	Kate Sims
Strategic risk 2.1	There is a risk that our inability to collectively recruit and retain staff across health and care impacts on the quality and safety of services.						**Lead committee / board**	Transformation Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			Workforce recruitment and retention remains a challenge across the system. The current workforce reduction programmes within both the ICB and provider Trusts will impact on the ability to attract and retain staff across the workforce. In addition, the system awaits further detail in relation to any potential growth as part of the NHS long term workforce plan, currently undergoing calls for evidence, and Adult Social Care workforce strategy.	
OPEN	**Likelihood**	**4**	**8**	**Likelihood**	**4**	**16**		
	Impact	**2**		**Impact**	**4**			

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	WY People Board (multi-sector) oversight of priority programmes, The ICB EMT organisational change programme board - a system wide overview of the responses to the workforce challenges under the West Yorkshire People Plan	1. WY People Strategy is being refreshed during 2025. Draft revised People Strategy will be presented to the WY People Board on 26 November 2025.
2	WY Mental Health and Well Being Hub - a system wide offer to all staff across the WY partnership to ensure that access to Mental Health Wellbeing is available to all - with regular reporting into People Board.	2. Workforce Strategy and Planning Team - primary agenda is aligned with Strategic Workforce Transformation Forum, and as this develops they will provide a level of workforce transformation capacity 2025/26
3	WY Strategic Workforce Transformation Forum established (system wide) to have strategic overview to ensure readiness against long term workforce plan and adult social care workforce strategy	3. One of the agreed terms of reference for the Strategic Workforce Transformation Forum centres on influencing regionally and nationally. The Forum has now agreed its core 4 priorities with delivery groups established to respond to each - 2025/26 - work is ongoing.
4	Workforce Place Leads and place-based plans (for further details, see Place BAF below)	4. The ICB has commenced a review of its operating model (Apr 2025) in response to the further targetted reduction of 50% of costs. There will be a large scale organisational change programme to deliver the required response to this announcement. This is currently paused and awaiting further national guidance.
5	Creating Global partnerships for the supply of International recruits into challenged areas - to ensure ethical and sustainable international recruitment, education pathway and to offer system support. Dedicated global team working directly with NHS England. International recruitment is currently very low.	5. NHS providers across West Yorkshire are also required to review their growth in corporate service costs since 2019/2020 and reduce these by 50%. This is in addition to the workforce reductions indicated within the operating planning submission. ICB to monitor the impact of this - 2025-27.
6	Active leadership on workforce part of annual operating plan cycle, with ongoing assurance through Finance Investment and Performance Committee, Transformation Committee and ICB Board.	6. ICB workforce strategy team responding to national call for evidence, which is part of the process to refresh the NHS Workforce Plan (2025/2026)
7	The ICB received detail from each NHS provider of their current workforce planning and control mechanisms. These will be used to help NHSE monitor each Trusts workforce position against its operating planning submission (2025/26)	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to ICB risk register** *(Reference numbers/brief description)*
1	Transformation Committee; Strategic Workforce Forum; People Board - agenda, papers and minutes	**2296** - YAS workforce; **2108** - cancer workforce; **2402** - general practice workforce; **2557** - ICB workforce, **2535** - ICB workforce **2537** - ICB workforce
2	Place leads meet with local NHS providers to ensure progress is monitored across WY against the operating planning submission. WY People Team actively attend Place workforce committees. Director of People is a member of Yorkshire and Humber Workforce Steering Group for adult social care.	
3	NHS sickness absence and turnover is reported to ICB Board via Integrated Performance Report.	
4	Active data flow across wider People agenda, which is presented to the People Board and Strategic Workforce Transformation Forum.	
5	(NHS specific) Staff Survey annual results	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Andrew Milner 27.06.2025**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			The workforce challenges remain across both health and social care within the public and independent sector. Additionally, there are similar challenges within the voluntary, community and social enterprise sector where issues around living wage and competition from larger employers is cited as a particular challenge. Within health, retention remains a signficant challenge. Current financial and organisational circumstances mean recruitment across healthcare organisations is extremely limited. Risk score increased from 12 to 16. Discussed target score as the appetite is currently cautious, agreed to increase the target risk score from 6 to 8 due to limited tolerance.
CAUTIOUS	**Likelihood**	**4**	**8**	**Likelihood**	**4**	**16**	
	Impact	**2**		**Impact**	**4**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	BDC HCP System Finance and Performance Committee (System FPC) – led by an independent NED chair who champions the agenda at the BDC Partnership Board. Broad based senior participation including care sector and primary care. Quarterly review of the detailed workforce dashboard with a view to identifying workforce risks and issues.	1 We have made progress in supporting the social care workforce with initiatives to help retain staff. As a part of the health and work accelerator programme multiple interventions including the provision of mental health and physiotherapy support are being commissioned to support the social care workforce. This builds upon learning from successful employee assistance programmes operating within our NHS provider organisations. We are building on this by working with the Bradford Care Association.
2	BDC HCP People Plan has been refined to ensure alignment with the priorities of partner organisations and the partnership more broadly. As a part of this, particular focus has been placed upon capacity and ability to deliver.	2. Delivery of the workforce priority programme at place with emphasis on building recruitment pipelines for health and social care staff specifically through the development of a consolidated entry level recruitment programme run via Skills House within Bradford Metropolitan District Council (Ongoing 2025/26)
3	'People' is one of five strategic priorities for BDC HCP which means that additional focus and resource applied to delivery of the People Plan. Reported on at Partnership Leadership Executive and Partnership Board. With CEO lead Foluke Ajayi in place.	3. Working across the system within partners including Higher Education Institutions to develop a pipeline for registered health and care roles (Ongoing 2025/26)

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to Place Risk Register**
1	Triple A report from SFPC to Partnership Board	
2	Highlight reports from the People Programme through a Programme Board	
3		2386, 2227, 2477, 2434, 2422, 2420, 2418, 2417, 2215, 2421,

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**Neil Smurthwaite (17.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			The workforce challenges remain across social care both within the public and independent sector, together with the voluntary, community and social enterprise sector, with challenges of living wage and competition from larger employers cited as a particular challenge. Within health, retention of staff is seen as a priority alongside recruitment.
CAUTIOUS	**Likelihood**	**4**	**8**	**Likelihood**	**4**	**12**	
	Impact	**2**		**Impact**	**3**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	West Yorkshire plans reflected at place.	1. Provider workforce plans led by Acute and Primary Care leads 2025/26
2	Operating model is in place	2. Local group looks at recruitment and development 2025/26

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to Place Risk Register;**
1	Update to the partnership board	2224, 1338, 2149, 1493, 62, 1977, 2092

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**Steve Brennan (25.06.2025)**

ICB risk appetite	**Place risk scores**		**Rationale for current place score**
	Target (Kirklees)	**Current (Kirklees)**	Whilst workforce data shows that generally the workforce is increasing at a modest rate, it is not

CAUTIOUS	Likelihood	4	8	Likelihood	4	16	in line with growth targets and therefore workforce challenges still remain across all sectors of Health and Social Care. The workforce controls around the 2025/26 planning round makes this challenging. Some of the challenges are structural [such as rates of pay within social care and potential changes for international staff particularly in the independant care sector and recent NI changes] and therefore are difficult to address in the short term. Current ongoing changes to where the responsibility for strategic workforce planning sits within the NHS make this more challenging. The workforce challenges with Kirklees are in line with those across West Yorkshire as a whole, and therefore our risk scores are in line with those for the wider West Yorkshire ICB. Risk score increased from 12 to 16 in line with WY ICB.
	Impact	2		Impact	4		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Kirklees actively engaged in West Yorkshire arrangements.	1 We have made progress in supporting the social care workforce with initiatives to help recruit staff. We are building on this by working with the Kirklees and Calderdale Care Association, for example, to support staff wellbeing within care homes roadshow which took place in May 2025. Compassionate cultures conference took place in June 2025, supporting staff with health and wellbeing. However, this is an area where we continue on supporting staff health and wellbeing. 2 We want to develop approaches to building training capacity in non-acute settings, but this will take time. Working as part of the WY placement expansion work with a focus on placements in care home settings (2025/26) 3 We also want to build more on the opportunities created by working with the University of Huddersfield, particularly around the new Health Innovation Campus, Health and Wellbeing Academy, and Leadership Development. Recently established a partnership board to oversee this work (2025/26) for example the development of new Radiography course.
2	Workforce arrangements well established within Kirklees for working with health and care providers and sectors including the VCSE and social care. We have an agreed integrated workforce approach with Calderdale which focuses on 3 pillars (1. Looking after our people, 2. Recruiting and retaining our people, and 3. Developing our people together). We have a system Senior Responsible Officer in place and a joint Workforce Steering Group which is supported by a Working Group for each of the 3 pillars.	
3	Placement work on pharmacy is now complete, the placement arrangements and systems will continue 2025/26	
Sources of assurance *(Where is the evidence that the controls work?)*		**Link to place risk register:**
1	Evidence on the impact of projects and initiatives is monitored within the appropriate Working Group for each of the pillars.	2498
2	Each of the 3 Working Groups reports into our Joint Workforce Steering Group to present evidence of impact of their projects and initiatives.	
3	Regular updates on the Joint Workforce Programme are reported into the Kirklees Partnership Forum, which is part of our overall place governance arrangements. Updates are also presented to other governance forums when required such as the Kirklees Transformation sub-committee.	

Leeds	**Place lead:**	**Tim Ryley**	**Nominated lead for this risk:**	**Kate O'Connell (02/07/2025)**

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			
CAUTIOUS	Likelihood	3	9	Likelihood	4	12	The current risk score reflects the scale of unfilled vacancies across the vast majority of employers in the context of a tight labour market. Although targeted activity has reduced some vacancies, the financial pressures have created recruitment controls and so notable risk remains. There has been a shift in focus from recruitment to retention. Current pressures on services and the cost of living increase creates significant risk of retention, particularly for the lowest paid staff, many of whom are in the third sector. Existing mitigations are unlikely to resolve the scale and nature of these challenges in the short term.
	Impact	3		Impact	3		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	The Leeds One Workforce Strategy has been refreshed, continuing to providing a cohesive, prioritised approach for the city's health and care partners and a clearly defined programme of work.	1. Continue to identify and secure diverse funding which supports collaborative recruitment and retention. The Leeds Health and Care Academy leads this on behalf of the city and income is assessed annually. The last review took place on April 2025. The next review will take place in April 2026. 2. Continue to increase and diversify student placement opportunities and experience, and support transition from education to employment. This is a priorty strategic project in the Leeds One Workforce Programme due for review in November 2025. 3. Health and growth accelerator programme providing additional support to retain staff in work (2025/26)
2	Leeds City Resourcing Group (LCRG) guide and monitor the collective impact of workforce recruitment and retention activity across Leeds Health and Care Partnership.	
3	Leeds H&W Community of Practice (CoP) collaborates on city-wide funding and services for H&SC staff.	
Sources of assurance *(Where is the evidence that the controls work?)*		**Link to place risk register:**
1	Minutes from Leeds One Workforce Strategic Board (LOWSB), LCRG and Leeds H&W CoP	None.
2	Academy Steering Group quarterly reports	
3	Leeds One Workforce City Risk profile	

Wakefield	**Place lead:**	**Mel Brown**	**Nominated lead for this risk:**	**Dominic Blaydon/ Philip Marshall 01.07.25**

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			
CAUTIOUS	Likelihood	4	8	Likelihood	4	12	The current likelihood and impact scores recognise the work underway as part of the implementation and delivery of The Wakefield People Plan. The Plan consists of 6 Pillars, all aligned to supporting staff health and wellbeing, retention and recruitment included in Pillar 1 'Looking after our People' and Pillar 5 'Growing and Developing Our Workforce. These programmes will support partnership and collaborative initiatives. It also includes commitment to the Memorandum of Understanding (MoU) and Operational Template to support the deployment of staff between organisations. This MoU will mitigate any future impact of operational and process challenges with recruitment and retention of staff at an organisational level. Currently there is a significant risk to the workforce as a result of the 50% reduction in ICB funding however, in Wakefield we are to some extent protected from this because of the way the PMO is currently funded. There is still residual risks to the social care workforce associated with a lack of the national strategy and funding arrangements.
	Impact	2		Impact	3		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Wakefield People Alliance oversight of priority programmes - a system wide overview of the responses to the workforce challenges under the Wakefield People Plan	The Wakefield People Alliance's Pillar 5 Programme adopts a comprehensive approach to tackling workforce risks through strategic recruitment initiatives. These initaitives mitigate workforce risks associated with recruitment and retention of staff across the health and care system. Initiatives include: (timescale - 2025/26) 1. Hyperlocal Recruitment Programme, which focuses on attracting talent from within the local community. By partnering with local organisations and offering tailored recruitment opportunities, this programme supports the development of a diverse workforce that is connected to local communities. 2. School Engagement Programme, which fosters early career awareness by engaging students and raising the profile of the full range of careers available in our sector. This initiative not only encourages the pursuit of healthcare careers but also strengthens the pipeline of future professionals. 3. The Student Placement Framework further enhances workforce sustainability by providing students with hands-on experience within the Wakefield health and care sectors, helping to
2	Mental Health and Well Being Hub - a system wide offer to all staff across the West Yorkshire partnership to ensure that access to Mental Health Wellbeing is available to all.	
3	The Wakefield People Plan has 6 Pillars within it, each with two Pillar Leads, supported by a Programme Manager to plan, lead the delivery of each Programme	
4	Wakefield Workforce Project Management Office established across the Wakefield system	
Sources of assurance *(Where is the evidence that the controls work?)*		
1	Access and analysis of workforce sector data to inform the development of a Workforce Plan dashboard to be reported through to Integrated Assurance Committee.	
2	Wakefield has been supported via system-wide funding/workstreams including staff training and support, coaching and mentoring, money buddies, physical health checks.	

	Positive Assurance The current Programme within the Wakefield People Plan focuses on the following priorities: - Community Career Events co-designed by the Community delivered by all health and social care providers across Place and hosted in Community Anchors. Hyper local recruitment in place with job interviews on the day and roles offered to community members. This is an evolving programme which will be delivered across all localities. - System approach to the pooling of the apprenticeship levy and developing resources specifically for young people to increase the number of apprenticeships in the system and grow our own from the future generation - Working with the social care independent sector to support their key challenges identified and co-design solutions, which include system offers on training, well-being and local recruitment. - Strong place-based governance arrangements are in place to support the delivery of the programmes, including a well-developed People Alliance, dedicated System Workforce Programme Management Office and Wakefield Health and District Partnership People Hub. - Recently launched economic accelerator programme that supports people in the current workforce who are at risk of becoming economically inactive. Commissioned a range of services to support this cohort.	bridge the gap between academic learning and real-world application. The Wakefield People Alliance addresses retention through its Pillars 1-3 Programmes. Initiatives include: (timescale - 2025/26) 1. The Wakefield Health and Care Learning Portal supports continuous development by offering accessible training and development resources for current staff, promoting career growth within the sector. 2. The Compassionate Leadership Programme cultivates empathetic leadership to create supportive working environments, while The Leading Wakefield Together training builds collaborative leadership skills across the workforce. 3. Coaching and Mentoring Hubs provide personalised support to staff, helping them navigate career challenges and fostering long-term engagement. Continues for 2025/26.
		Links to Place Risk Register
		2129

WYICB - Board Assurance Framework - ICB and places							Version: 12	30-Oct-25
Mission 2	Failure to manage the strategic risk could result in a failure to **MANAGE UNWARRANTED VARIATION IN CARE**						**Lead director(s) / board lead**	James Thomas
Strategic risk 2.2	There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.						**Lead committee / board**	Quality Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			Continued formal assurance is needed through Transformation Committee and Partnership Board. With the changes in Digital leadership, we are assured that there is maintained links between digital and innovation. Uncertainty around the implications of current changes with ICBs and the impact on the WY ICB research and innovation function, risk score remains the same in Cycle 3, 2025/26.	
OPEN	**Likelihood**	**2**	**6**	**Likelihood**	**2**	**8**		
	Impact	**3**		**Impact**	**4**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Clear governance around Quality with NHSE, providers and places working collaboratively to share learning and report via System Quality Group and ICB Quality Committee	1. Develop assurance mechanisms to Transformation Committee and Partnership Board. Continues in 2025/26 2. Annual review to bring additional rigour with lens on innovation and research (2025/26)
2	Research via Applied Research Collaborative (ARC)	
3	West Yorkshire Innovation Leadership Collaborative – joint chaired by Medical Director with Health Innovation Network Clinical lead	
4	West Yorkshire Health and Care Partnership Research Leadership Working Group (RLWG), chaired by Medical Director	
5	HIVE network brings together research and innovation networks	
6	Collaboration with Digital	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Agenda and minutes of meetings listed as controls	**2108** - Cancer workforce plan
2	SOAG oversight of innovation and research networks	
3	Clinical and Care Professional Forum	**See the separate Positive Assurance Log**

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Phillipa Hubbard (30.06.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			Recognise the requirement to implement the BDC HCP strategy and 'inverting the power to act' at locality level - this is ongoing through Healthy Communities and Living Well Programmes. Risk score increased from 6 to 9 due to work needing to be undertaken with regards to digital upgrade for systems and software. Business case approved but not implemented to date. Primary care impact is on new approach to shared care protocols/ agreement still to be signed off.
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**3**	**9**	
	Impact	**2**		**Impact**	**3**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Committee structure in place including BDC HCP System Quality Committee which oversees the process of mutual assurance of quality of care delivered by local providers, which identifies issues, and supports improvement. In addition we have Priority and Enabler Programme Boards that provide ownership to transforming services across all place based partners. The system quality insight and assurance group meets monthly to triangulate themes, intelligence and learning which then reports into the System and Quality Committee. The SQC reports quarterly into place partnership board and WY Quality Committee and Quality Group.	1.The Quality Team input into BDC priorities and transformation programmes and patient safety/ quality is taken into account when responding to financial pressures (Work ongoing 2024/25-2026) 2. Development of the dashboard to include patient outcomes to be used as a source of assurance operational is ongoing (2024/25 - 2026) 3. Work is progressing on the BDC clinical strategy to support and streamlining of clinical pathways which supports the work of the place based clinical forum. (September 2025) Governance system structures and alignment to support the wider collaborative have been revised including workstreams for integrated neighbourhood health.
2	The Innovation Hub working alongside the development of improves as one portal and accompanying process identifies proven best practice and supports local teams to adopt and adapt across the BDC HCP	
3	Model of Distributive leadership in place in Bd&C with HCP for Chief Nurse which provides opportunities to provide assurance and oversight, share best practice, learning and improvement opportunities between partner organisations	**Links to Bradford place risk register:**
4	Prioritisation framework and WY ICB wide QEIA process has been implemented alongside strategic principles that have been produced by the BDC System Strategy working group to try and narrow the gap	2419
5	Quality requirements are represented with all providers and monitored through the contract management process	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Assurance through Internal Audit of our transformation programmes and via ongoing reporting and challenge through individual Programme Boards, Partnership Board, Clinical Forum and SQC/SQG and ICB governance structures - through AAA updates from assurance and governance committees (combined F&PC SQC and meet monthly) and priority and enabler programmes.
2	Redeveloped model/way of working for the Place (Bd&C) System Quality Committee (SQC) including the provision of governance and assurance and sharing of best practice through the work of sub-groups and the reporting structure. Terms of Reference and Minutes.
3	The Innovation Hub networked to all other parts of our BDC governance structure, including whole system enabling strategy groups for population health management, workforce, digital, estates, and communication & engagement. Supported by shared system committees for Finance and Performance, Quality and Safety, and our Clinical Forum. The Hub maintains strong links with Bradford Institute of Health Research (BIHR), Yorkshire & Humber AHSN, Yorkshire and Humber Improvement Academy (IA) and the University of Bradford (UoB). Terms of Reference and Meeting Minutes.
4	Recommendations on investment / dis-investment take into account EQIAs/QEIAs, output from the prioritisation tool and demonstrate strategic fit.Equity, Quality Impact Assessment (EQIA) / Quality, Equality Impact Assessment (QEIA) embedded.

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**Neil Smurthwaite (17.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			Governance arrangements are continually reviewed locally. Development time dedicated at Partnership Board to discuss key issues as a system. Clear weakness in WY data/analytics for system overview. No significant resource locally to compare with other resource. Recognise work ongoing to produce consistent WY data.
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**2**	**6**	
	Impact	**2**		**Impact**	**3**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Place-based Quality Group established to ensure we continue to share lessons and good practice.	1. Calderdale lead on a number of WY elective recovery programmes, ensuring greater consistency in single contracts, to help avoid variation. Consistent Independant Sector waiting times recently agreed across WY.
2	Clinical and Professional Forum currently being reviewed with a aim to link the output of the forum to our transformation priorities and financial position	
3	Primary Care Strategy Group meets quarterly and reports to the partnership board.	

4	Urgent care model has been developed that will help UECB and Community programmes joined up impactful initiatives.

Sources of assurance *(Where is the evidence that the controls work?)*

1	Regular reporting to Calderdale Care Partnership Board.

Links to Place risk register;
1338, 2476, 2163, 2149, 1493, 62, 1977, 2092

Kirklees	Place lead:	Vicky Dutchburn	Nominated lead for this risk:	Vicky Dutchburn (25.06.2025)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Kirklees)			Current (Kirklees)			
OPEN	Likelihood	2	4	Likelihood	2	8	Kirklees place reflects the current WYICB wide score.
	Impact	2		Impact	4		

Key controls *(What helps us mitigate the risk?)*

1	Kirklees ICB Transformation Sub-Committee, supported by the Kirklees Delivery Collaborative as mechanism to enable shared learning across providers
2	Working across places and with WY programmes to share learning and experience, identify variation, and opportunities for improvement
3	Clear governance around Quality oversight in place with providers, working collaboratively to share learning and report via System Quality Group and ICB Quality Sub-Committee
4	Active participation in WY networks and programmes with evidence of having shared learning from Kirklees, and adopted it from elsewhere.

Sources of assurance *(Where is the evidence that the controls work?)*

1	Evidence of early adoption and innovation in place e.g. UCR, Lung Health Checks, approach to neighbourhood working.
2	Reports to Kirklees Sub-Committees demonstrating provider collaboration, examples of innovation and shared learning. Papers and Mins.
3	System Quality Group and ICB Quality Sub-Committee. Papers and Mins.

Mitigating actions *(What more are we/should we be doing at place?)*

1. Increase visibility and understanding of the West Yorkshire Innovation Leadership Collaborative and the interface between this network and place (Review 2025/26)
2. Establish clearer connections between the WY ICB and the West Yorkshire Innovation Leadership Collaborative (Review 2025/26)
3. Chief Digital and Information Officer attending Kirklees Board Development Session to share learning, next steps (Q2, 2025/26)

Link to place risk register:
2445

Leeds	Place lead:	Tim Ryley	Nominated lead for this risk:	Jason Broch (26.06.2025)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			
OPEN	Likelihood	2	4	Likelihood	3	12	Earlier in the year the Leeds governance arrangements were established with a wide range of stakeholders, these were relatively new and establishing a rhythm and recognition of function. Throughout the last Quarter of 2024/25 and into 2025/26 there is a continual improvement approach to the Leeds governance and priortisation. Our partnership governance arrangements have become more mature and we have identified some priority areas to collectively focus on as part of the Healthy Leeds plan. The biggest barriers to progress in these programmes tend to be digital and this is complex across competing providers with different needs as well as the Leeds digital infrastructure being a challenge when compared with the WY strategic approach.
	Impact	2		Impact	4		

Key controls *(What helps us mitigate the risk?)*

1	Clear governance arrangements in place to provide assurance to the Leeds Committee of the ICB. Place partners working collaboratively through the Assurance Sub-Committees (Quality & People's Experience and Finance & Best Value).
2	Regular contribution and representation at the ICB Quality Committee and System Quality Group
3	Regular contribution and representation at the WY ICB Safeguarding Oversight and Assurance Partnership
4	Leeds Academic Health Partnership membership with representation at Board and implementation levels.
5	As a partner with Leeds Academic health partnership identifying opportunities from health professionals,
6	The Clinical Professional Executive Group (CPEG) meet monthly and has been reviewing a system approach to risk and learnings from escalated cases to make sure there is a Leeds based approach to those learnings and that partners can better manage system risk collectively

Sources of assurance *(Where is the evidence that the controls work?)*

1	Regular arrangements to evaluate the effectiveness of the Sub-Committees.
2	Emerging system-wide networking between Quality Improvement leaders across the partnership.
3	WY ICB Safeguarding Oversight and Assurance Partnership. Papers and Mins
4	ICB Quality Committee and System Quality Group. Papers and Mins
5	West Yorkshire clinical and professional forum (monthly) - representation from Leeds
6	The Clinical Professional Executive Group (CPEG) meet monthly

Mitigating actions *(What more are we/should we be doing at place?)*

1. There has been a lot of progress amongst senior clinical leaders to understand the wide range of interface issues in the city and a programme has been established to try and manage some of these better (2025/26)
2. Leeds partnership has appointed a Lead Chief digital information officer (CDIO) from one of the partners to oversee partnership development work and facilitate integration. New governance around this is being developed to be in place by 2025/26. Although these governance arrangements are starting to become clearer they are also highlighting some of the competing ambitions between different partners. They are not yet in a clearer enough form for senior leaders to prioritise. There is a piece of work to look at developing provider collaborative in line with the direction the government is taking the NHS and in line with the ICB blue print which will hopefully address some of the digital issues.
3. All Leeds partnership across Leeds health and social care were working collaboratively with the University of Leeds to develop a research project (SEISMIC) to bring academic rigour to system improvements and integration for people with long term conditions and mental illness, facilitating the use of innovative technology. Unfortunately Leeds was unsuccessful in the bid but there is ongoing conversation to see how the partnership can capitalise on the work so far anyway.

Link to place risk register:
2480, 2487

Wakefield	Place lead:	Mel Brown	Nominated lead for this risk:	Penny McSorley (30.06.25)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			
OPEN	Likelihood	2	4	Likelihood	3	12	WDHCP governance arrangements are now well established and relationships strengthened. Examples of sharing and learning across key forums in the ICB and wider partners. Governance is in place with connection to West Yorkshire System Quality Group and WY Quality Committee. Risk score remains the same until the release of the 10 year plan.
	Impact	2		Impact	4		

Key controls *(What helps us mitigate the risk?)*

1	Clear governance around quality, safety and patient experience with regular reports through to Integrated Assurance Committee, Wakefield District Health and Care Partnership and People Panel
2	Experience of Care Network - sharing good practice following feedback from service users
3	Transformation and delivery committee established to which shares good practice and focus on improving services
4	Patient safety priorities, development of place quality priorities, and alignment with West Yorkshire quality priority areas in place
5	Shared quality frameworks in place

Sources of assurance *(Where is the evidence that the controls work?)*

1	Reports provided of quality across the WDHCP of areas of transformation and improvement
2	Minutes of meetings from multiple governance forums
3	Recommendations and action plans from Care Quality Commission inspections and quality visits
4	Local perfomance dashbords and improvement plans

Mitigating actions *(What more are we/should we be doing at place?)*

Timescale 2025/26:
1. District plan has been agreed
2. Clinical and professional engagement takes place and is collated and monitored.
3. Wakefield and district health and care partnership have commenced a neighbourhood health programme of work focusing on the 6 key elements of neighbourhood health in preparation for the 10 year plan (2025/26)

Links to Place Risk Register
None.

WYICB - Board Assurance Framework - ICB and places							Version: 12	29-Sep-25
Mission 2	Failure to manage the strategic risk could result in a failure to **MANAGE UNWARRANTED VARIATION IN CARE**						**Lead director(s) / board lead**	Lou Auger
Strategic risk 2.3	There is a risk that we cannot measure and assess performance across the system in a timely and meaningful way, which impacts our ability to respond quickly as issues arise.						**Lead committee / board**	Finance, Investment and Performance Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			The current likelihood is **possible,** given the limited business intelligence capacity in the ICB, limited access to near real-time performance data and lack of a comprehensive, shared performance dashboard. Failure to control this risk will lead to **moderate** impact on system performance. We could see a failure to meet national standards, a failure to address unwarranted variation, an inability to provide mutual aid in a timely way and regulatory breaches.	
OPEN	**Likelihood**	**2**	**6**	**Likelihood**	**3**	**9**		
	Impact	**3**		**Impact**	**3**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	A comprehensive performance dashboard and exception report shared by the Board and its committees	1. Development of Business intelligence (BI) capacity across the ICB (Q3, 2025/26). 2. High focus areas are published and shared in national and regional NHSE data packs so we all have the same information and can be used to improve performance (continuous, 2025/26) 3. As the federated data platform matures, oversight of performance will be enhanced (2025/26)
2	A system co-ordination centre is live to consolidate information and action on UEC pressures. The SCC meets the revised national specification.	
3	Securing access to, and review of, comprehensive, up-to-date management data	
4	System-wide meetings to share intelligence, review risk and agree mitigating actions	
5	UEC-Raidr app is active and continues to be developed	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Minutes of Board and committee meetings	None identified
2	Minutes and action logs of System Oversight and Assurance Group (SOAG), FIPC and other system groups	
3	Evidence of access by system leaders to UEC app and national data sources	
4	3 x daily SCC reports to NHSE Regional Team and shared with senior leaders	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Sohail Abbas and Kerry Weir (26.06.25)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			Good processes and systems in place to monitor performance and capacity across providers and BD&C place . Performance dashboards which are regularly taken to System committees and transformation programmes. Ability to pull out performance data quickly on an ad-hoc basis when required.
OPEN	**Likelihood**	**1**	**2**	**Likelihood**	**2**	**4**	
	Impact	**2**		**Impact**	**2**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	BDC HCP (place) governance assurance through sub-committees System Finance and Performance Committee to the Partnership Board	1. Reviewed governance arrangements, which will help to triangulate performance across the range of areas (2025/26)
2	BDC HCP (place) governance assurance through sub-committees System Quality Committee to the Partnership Board	
3	HCP programme boards	
4	Partnership Board level outcomes report has been developed and includes health and inequalities metrics	
5	Finance, performance and quality forum (inbetween the FIPC and QC quaterly meetings) performance reported monthly to the extended leadership team (ELT)	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to Place Risk Register**
1	Performance dashboard at System Finance and Performance Committee and robust processes in place to review performance (range of dashboards, reports to SF&P and HCP board)	2168, 2423
2	Sub Committee of Quality committee receives performance dashboard focussing on patient experience and outcomes and statutory requirements, issues discussed at Quality Committee	
3	Regular update on performance provided to WYICB to support development of SOAG report	
4	3 times weekly system resilience dashboard circulated across HCP partners	
5	Regular Performance reports to HCP programme boards and ICB executive meeting	
6	Core 20+5 and health inequality premium performance reporting	
7	Triple A reports from finance and quality committees to Health and Care Partnership Board	
8	Core 20+5 and health inequality premium performance reporting (assurance)	

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**Neil Smurthwaite (17.07.25)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			Established performance monitoring process across commissioners and providers. Recognise we have potential BI capacity issues but we are currently performing as expected.
OPEN	**Likelihood**	**1**	**2**	**Likelihood**	**2**	**6**	
	Impact	**2**		**Impact**	**3**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Oversight framework used as base of performance monitoring at CCPB.	(See WY response above regarding BI) 1. Calderdale has good oversight on the key national performance metrics and out perfoms in a number of areas. 2. Joint UECB across CHFT footprint monitoring urgent care performance, including winter, discharge and ambulance performance. **Links to Place Risk Register;** 2476, 2149, 62
2	Working with partners to provide singular view at WY and place level.	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Performance monitoring at CCPB. Papers and Minutes.

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**Vicky Dutchburn (25.06.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Kirklees)			**Current (Kirklees)**			Kirklees has processes in place that monitor the current performance with main providers and as a Kirklees position. This is reported to the Kirklees Finance and Performance Sub-Committee. A local framework for daily escalations and service capacity is in place and monitored through our CHFT/ MYTT silver escalations.
OPEN	**Likelihood**	**1**	**2**	**Likelihood**	**2**	**8**	
	Impact	**2**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Detailed performance reports presented to Kirklees Finance and Performance Sub-Committee and ICB	1. The local dashboard and indicators will transition into the new national RAIDR KPIs when signed off (2025/26) 2. Data sharing agreement across primary and secondary care with regards to integrated neighbourhood team development (100% by Q2, 2025/26)
2	Partnership processes for sharing timely data across the system partners	
3	Speciality level reports at Elective Care and Urgent Care Boards	
4	A Urgent and Emergency Care Board (UECB) has a system dashboard	
5	Community service and primary care performance indicators now in place in a local dashboard (reviewed daily)	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Minutes of Finance and Performance Sub-Committee and Kirklees Health and Care Partnership Board
2	Action logs and performance slide packs from Elective Boards

3	Minutes from system silver escalation calls
4	Review the UECB dashboard and agree actions
5	Data sharing agreement by the end of Q1, data flow is 80% and by the end of Q2, 100%

Link to place risk register:
None.

Leeds	Place lead:	Tim Ryley	Nominated lead for this risk:	Richard Irvine (23.06.2025)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			
OPEN	Likelihood	1	2	Likelihood	2	6	Reasonable oversight already of activity, capacity and performance via excellent place based relationships and working arrangements. Continues to be timely, automated and wide availability of data. Risk score remains.
	Impact	2		Impact	3		

Key controls *(What helps us mitigate the risk?)*

1	System Resilience Operational and Coordination groups in place, and daily pressures meeting.
2	Daily data shared via Opel System gives good oversight of volumes of attendances and pressures across sectors.
3	Regular feedback from Trust Boards about performance risks and issues feeding local dashboards and delivery groups.
4	The system visibility tool/ dashboard to support daily oversight of capacity and demand around system flow is in place and is mature
5	The Opel dashboard is also available across the Leeds system, harnessing data from UEC-RAIDR and supplementing it with data from Leeds City Council/ Adult Social Care. Across the Leeds system all partners have access to this data and alerts our providers where thresholds are exceeded

Mitigating actions *(What more are we/should we be doing at place?)*

1. There is a wider set of dashboards, metrics and indicators that have been developed and are used to track both operational and transformational activity across Leeds. All data that feed the various dashboards in Leeds have been automated and all dashboards are accessible to individuals across a range of organisations as per access controls. Individuals and organisations (including the Population and Care Delivery Boards) use these data to manage strategic risk of unwarranted variation of care.
2. During Q1 2025/26, the Opel dashboard has been improved and General Practice data flows are being included (2025/26). The audience has widened and this dashboard provides timely awareness of pressures right across Leeds. The dashboard has high use with almost 100 managers and service leaders across Leeds accessing this on a daily basis.

Sources of assurance *(Where is the evidence that the controls work?)*

1	Minutes of meetings.
2	Partner Board reports demonstrate tight tracking on behalf of the system via their IQPRs.
3	The use of data and insight (as evidence) is fast becoming central to a number of governance boards. For example, the Population and Care Delivery Boards have a compelling score card that describes performance for each population segment.

Link to place risk register:
None

Wakefield	Place lead:	Mel Brown	Nominated lead for this risk:	Natalie Tolson (14.07.25)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			
OPEN	Likelihood	1	2	Likelihood	2	6	Good processes and systems in place. Performance dashboards which are regularly taken to Integrated Assurance Committee. Responsive narrative on a monthly basis to central core team. Ability to pull out performance data quickly on an ad-hoc basis when required. Risk score remains the same in Cycle 2.
	Impact	2		Impact	3		

Key controls *(What helps us mitigate the risk?)*

1	Wakefield District and Health Care Partnership Committee, Integrated assurance committee and Transformation and Delivery Collaborative receives activity and performance report at each of its meetings
2	System Outcomes Framework in place and is being re-evaluated as part of a new District Plan.
3	Each transformation programme has it's own performance dashboard or a dashboard is in development which tracks performance, progress and supports evaulation
4	MYTT share daily sit-rep data (DSIT) with the ICB BI team so we are sighted on current performance
5	Investment in Business Intelligence, including the shared PowerBI tenancy with MYTT allows colleagues with easy access to performance information and 'live' performance information from within the Trust
6	Recently appointed Data & Analytic Business Partners to support collaberative performance reporting / analytics across the Wakefield system / MYTT

Mitigating actions *(What more are we/should we be doing at place?)*

1 Currently working on the flow of community data to extend the OPEL framework to incorporate community services (2025/26)
2 Continue to strengthen collaberative / joint working between ICB BI and MYTT BI to support the efficient sharing of performance information, single version of the truth, access to live data and removal of duplication. MYTT will migrate to PowerBI across 2025 which will improve the accessibility of live information across the system - supporting the ability to make rapid decision making based on live data and intelligence (by March 2026)
3. Mid Yorkshire Teaching Hospital are actively engaging with the national federated data platform, adopting a number of applications that suppport performance delivery and access to timely data to support daily decision making (OPTICA, shared Patient Treatment List) Ongoing development 2025/26

Sources of assurance *(Where is the evidence that the controls work?)*

1	Minutes and papers from the Wakefield District and Health Care Partnership Committee, Integrated assurance committee and Transformation and Delivery Collaborative
2	Tracking of key consitutional and local priority metrics through dashboards and reports - presented to Integrated Assurance Committee, Transformation Delivery Collaberative, Transformation programmes and Wakefield District Health and Care Partnership.
3	The system visibility of tools/reports to support daily oversight of capacity and demand around system flow is in place and is mature (one suite of reports shared across ICB/MYTT)
4	Use of RAIDR UEC Dahboard, OPEL information and feedback from System Meetings (to support on call and system command)
5	Through collaberative working / shared BI roles across ICB/MYTT, the ICB is kept informed of any upcoming or changes to risks to performance and reporting.

Link to Place Risk Register
None

WYICB - Board Assurance Framework - ICB and places		Version: 12	7 October 2025
Mission 2	Failure to manage the strategic risk could result in a failure to **MANAGE UNWARRANTED VARIATION IN CARE**	**Lead director(s) / board lead**	Jonathan Webb / Shaukat Ali Khan
Strategic risk 2.4	There is a risk that our infrastructure (estates, facilities, digital) hinders our ability to deliver consistently high quality care.	**Lead committee / board**	Finance, Investment and Performance. Transformation Committee - for Digital.

ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**
	Target (ICB)			**Current (ICB)**			This risk relates to two specific areas; - significant backlog maintenance, unsuitable and aged physical estate and medical equipment replacement delays. - the risk that ICB / organisational IT have insufficient capacity to implement ICB and regional solutions due to increasing demands for solutions and the prioritisation of local vs regional projects, resulting in delays to progression of regional solutions, impacting delivery of benefits or reduced opportunities to implement ICB / regional solutions at scale.
OPEN	**Likelihood**	**3**	**9**	**Likelihood**	**4**	**16**	
	Impact	**3**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Development and approval of ISC infrastucture strategy.	1.Continue to consider approaches to 'carve out' an element of operational capital to support schemes more strategic in nature (specifically including a currently assessed shortfall on the Calderdale Royal Hospital development). 2. Work with NHS England NEY and WY NHS Providers on the arrangements that will be put in place in 2026-27 in relation to management, decision making and oversight of all capital allocations and expenditure (as signalled in the model ICB blueprint) 3. Digital investments to be aligned with the model region and model ICB blueprints, and in addition to be increased to support the NHS 10 year plan. 4. (Digital) - evaluating the current operating model in alignment with the restructuring of digital, data and technology according to model region and model ICB blueprints. 5. Seeking more clarity from NHSE for overall structure of digital, data and technology in delivering the 10 year plan (2025/26)
2	Regular oversight and assurance from ICS infrastructure strategy oversight group.	
3	Digital Programme Board - oversight of digital strategies and risks	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Minutes from - ICS Infrastructure Strategy Oversight Group; ICS Finance Forum; Digital Programme Board	**2165** - There is a risk that place IT teams have insufficient capacity to implement regional solutions due to increasing demands for digital solutions and the prioritisation of local vs regional projects **2036 -** Airedale Hospital plan **2522** - NHS infrastructure investment
2	ICB / Regional digital projects are well planned with resources allocated. No milestone delays due to resource constraints.	
3	Initial feedback from NHSE national digital maturity assessment has shown considerable improvement from the previous year.	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for <u>this</u> risk:**	**Robert Maden (01.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			For digital, investment in AFT, BDCT will move us to a higher level of digital maturity over the next 18 months 2025/26. However, we have investment challenges in Primary Care persisting due to limited primary care capital. For estates, even allowing for investment in the Airedale Hospital development and Lynfield Mount, significant backlog maintenance remains an issue, both for the acute estate and the primary and community estate. Significant affordability issues remain in relation to primary care developments. The utilisation and modernisation fund for primary care has the potential to mitigate some of these issues, but funding for year 2 onwards remains to be confirmed, risk score will remain the same in this cycle.
OPEN	**Likelihood**	**3**	**9**	**Likelihood**	**4**	**16**	
	Impact	**3**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Programme Boards established to take forward the business cases for the new hospital at AFT and for the redevelopment of Lynfield Mount.	1. The existing WY digital strategy is undergoing review across the ICS. Each organisation will review and update its own digital strategy and plan alongside (2025/26) 2. Place health and wellbeing strategy has been developed which will shape the development of the new hospital at Airedale to support the shift of services into the community and deliver an affordable solution. This will also support the development of neighbourhood health services for BDC localities. 3. Initial Place Based Capital Infrastructure Strategy completed and will continue to be developed to ensure that our estate planning across health and care reflects changing service delivery models and supports safe and innovate service provision that is targeted at the areas of highest population need. Implementation will be overseen by the Strategic Estates Group on an ongoing basis. Ongoing. 4. More emphasis on the better use of our existing estate as opposed to looking at new build solutions, unless there is no alternative option (2025/26) 5. Access to the utilisation and modernisation fund for primary care has outlined in the planning guidance for 2025/26. This provides a specific funding for addressing primary care capacity issues.
2	Estates is an enabler in BDC HCP (place) operating model and is key to supporting the shift of services into the community.	
3	BDC HCP continues to be supported by the BDC Digital Programme Board and meets bi-monthly. It reports into BDC executive. Digital programme of work in place with formal workstreams identified, inclusive of partnership representation (Cyber Security, Work as One, Shared Care Records, workforce, Digital Inclusion). Additional subgroups focus on infrastructure and services, research and business intelligence linked to priority programmes.	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to Place Risk Register**
1	Programme Board minutes for the Airedale and Lynfield Mount developments and regular updates to PLE.	**2314, 2312, 2482, 2215**
2	Place Based Estates strategy being developed in support of the health and wellbeing strategy and regular updates to PLE.	
3	Minutes of the BDC Digital Programme Board.	

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for <u>this</u> risk:**	**Neil Smurthwaite (17.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			Our main mitigation is CHFT reconfiguration. Detailed work undertaken in primary care but biggest risk is capacity to bring partner plans together as a system.
OPEN	**Likelihood**	**3**	**9**	**Likelihood**	**4**	**16**	
	Impact	**3**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Regular round-table on financing of CHFT reconfiguration.	1. Need to be able to identify capacity and capability to support further estates and digital transformation - Operating Model clearly identified risks around estates and digital capacity gaps due to affordabililty. This hasn't been addressed fully. Local support purchased to enable invovlement in WY Infrastructure Strategy for primary care (2025/26) 2. Work still ongoing to identify local capacity for estates going forward (2025/26) 3. Digital need to be addressed by new Digital Director (2025/26) 4. Recruitment for CKW GP estates post hampered due to cost control (2025/26) and business case approved to use external company to support bids for national capital pot.
2	Calderdale is a member of: ICS Capital Infrastructure Board; Finance Forum; Digital Strategy Board	
3	General practice PCN estate strategies in plan with support procured from external organisation for national bids.	

Sources of assurance *(Where is the evidence that the controls work?)*		**Link to place risk register**
1	Reports to Committee	None

Kirklees	Place lead:	Vicky Dutchburn	Nominated lead for this risk:	Alison Needham (02.07.2025)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Kirklees)			Current (Kirklees)			
OPEN	Likelihood	3	9	Likelihood	4	16	Place is refreshing Estates and IT strategies to understand the infrastructure needs of the wider system. Currently, constraints in both funding and resources have resulted in lower investment into the Kirklees Estates, which will create unwarranted variation of services for the Kirklees place.
	Impact	3		Impact	4		

Key controls *(What helps us mitigate the risk?)*	
1	Estates Strategy
2	IT Strategy
3	Estates and IT leads
4	Kirklees - one public estates forum now established
5	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Estates Forums
2	IT and Digital Groups
3	Reports to Committee
4	Kirklees Estates Forum (partnership with providers) monthly
5	Meeting with senior leaders to discuss CHFT reconfiguration

Mitigating actions *(What more are we/should we be doing at place?)*

1. Estates lead continues to focus on key developments in estates within the place and wider ICB. However, potential estates operational support is currently provided by independant consultant. This contract has ended June 2025. Paper has gone to panel to extend this support (2025/26)
2. Support Primary Care to understand the need to develop and support services from an IT and an Estates perspective. Explore creative solutions with other public sector partners, particularly to develop primary care estate 2025/26.
3. Ensure funding available flows into the Kirklees place.
4. Work with partners and stakeholders to access capital resources to support development in primary care (2025/26)
5. On going round table meeting of senior leaders to support the ongoing development of the CHFT reconfiguration

Link to place risk register:
None.

Leeds	Place lead:	Tim Ryley	Nominated lead for this risk:	Tim Ryley 26.06.2025)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			
OPEN	Likelihood	3	9	Likelihood	4	16	The new hospitals scheme for Leeds General Infirmary rebuild is critical to the transformations in the Leeds Health and Care system. Currently we have only limited assurance that, despite all the processes completed to secure NHSE approval to proceed, the scheme will be allowed to finally proceed. Primary Care expansion of roles and the ambition for a neighbourhood health model is placing greater strain on estates in Primary Care with little access to capital. Risk score increased from 12 to 16 due to delayed funding for LTHT scheme.
	Impact	3		Impact	4		

Key controls *(What helps us mitigate the risk?)*	
1	Leeds City Strategic Estates Board and its Specific Programme Boards meet
2	City Wide Digital Resources are combined across Health and Social Care jointly
3	Providers have strong infrastructure to manage capital planning and building.

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Providers have strong infrastructure to manage capital planning and building.
2	Minutes of Strategic Estates and Programme Boards.

Mitigating actions *(What more are we/should we be doing at place?)*

1. LTHT working through medium term alternatives to the Leeds Way due to national delays until 2030 and beyond, this includes working with Leeds City Council to consider alternatives to the innovation hub.
2. Exploring innovative joint ventures/schemes and strenghten a one city estates strategy across NHS and Local Authority and cutting-edge digital solutions with detailed plans in place by March 2026
3. City Wide Digital and Estates Strategies linked to our wider H&WB plans (2025/26)

Link to place risk register:
2530

Wakefield	Place lead:	Mel Brown	Nominated lead for this risk:	Colin Speers (02.07.2025)

ICB risk appetite	Place risk scores						Rationale for current place score
				Current (Wakefield)			
OPEN	Likelihood	3	9	Likelihood	3	12	There is currently no process or forum for bringing together a total estates strategy across Wakefield Place. There is no identified capital resources for any estates across the sectors. The Digital Strategy is in delivery phase for place. The major programme of works is MYTT EPR procurement which is nationally and regionally assured, therefore there is no change to the risk score in Cycle 2.
	Impact	3		Impact	4		

Key controls *(What helps us mitigate the risk?)*	
1	Wakefield Place Digital Strategy in place and now being aligned across partners
2	Wakefield Place Finance Working Group linking into the West Yorkshire Integrated
3	Leads at Place that are fully involved in the Integrated Care Board strategy meetings

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Minutes from Digital Programme Board
2	Place nominated lead on West Yorkshire groups
3	Digital maturity assessments (annually) - national programme

Mitigating actions *(What more are we/should we be doing at place?)*

1. Place digital forum brings together all sector and it delivers on the place digital strategy (2025/26)
2. Both business as usual replacement and innovation investment.

Link to place risk register:
2481, 2440

WYICB - Board Assurance Framework - ICB (no requirement for places to complete)							Version: 12	29-Sep-25
Mission 2	Failure to manage the strategic risk could result in a failure to **MANAGE UNWARRANTED VARIATION IN CARE**						**Lead director(s) / board lead**	Lou Auger
Strategic risk 2.5	There is a risk of an inability to deliver routine health and care services due to the emergence of a future pandemic leading to substantial loss of life and failure to deliver key functions and responsibilities.						**Lead committee / board**	ICB Board
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			The likelihood of a future pandemic is certain; the scale, severity and impact is unknown. This risk is based on the potential impact of a serious pandemic, based on learning from Covid. The scoring mirrors the regional NHS England score of 16 (4Lx4I).	
AVERSE	**Likelihood**	**4**	**16**	**Likelihood**	**4**	**16**		
	Impact	**4**		**Impact**	**4**			

Key controls *(What helps us mitigate the risk?)*	
1	Surveillance systems
2	Pandemic Plan
3	Exercises
4	Business Continuity Plans
5	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	EPRR Core Standards and assurance process provide evidence that plans are in place and tested - this is reported to the ICB Board annually
2	Local Health Resilience Partnership meets quarterly to review learning from incidents and exercises.
3	Local Resilience Forum (multi agency) meets quarterly

Mitigating actions *(What more are we/should we be doing at ICB level?)*

1. Awaiting findings of the national Covid inquiry to incorporate learning into plans. Specific recommendations around the NHS continues.
2. Oversight of adherence to EPRR core standards and working with providers on their compliance

Links to ICB risk register *(Reference numbers/brief description)*

2456 - Health protection

WYICB - Board Assurance Framework - ICB and places							Version: 12	7 October 2025
Mission 3	Failure to manage the strategic risk could result in a failure to **USE OUR COLLECTIVE RESOURCES WISELY**						**Lead director(s) / board lead**	Jonathan Webb
Strategic risk 3.1	There is a risk that we do not invest resources in a way which prioritises community, primary & prevention programmes and so doesn't maximise value for money.						**Lead committee / board**	Finance, Investment and Performance Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			There has been a disproportionate increase of resource in recent years into acute hospital services in West Yorkshire and no clear plan to remedy this.	
OPEN	**Likelihood**	**2**	**6**	**Likelihood**	**4**	**12**		
	Impact	**3**		**Impact**	**3**			

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Board approved Finance Strategy which sets out intentions.	1. ICB Board to consider issuing direction to all Places that there should be a shift of investment from acute hospital services to community, primary and prevention programmes as part of 2026/27 and medium term plans (2025-27) 2. Place Committees and the emergent place provider collaboratives to develop plans in line with this intent (2026/27)
2	ICS Financial Plan	
3	ICB Medium Term Financial Plan and Annual Plan	
4	Local plans implemented through Health and Wellbeing Strategy, Health and Wellbeing Boards and Place Committees	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to ICB risk register** *(Reference numbers/brief description)*
1	Internal Audit Plan, Head of Internal Audit Opinion and individual internal audit reviews	None
2	External Audit VFM opinion	
3	Performance Report alongside Finance Report into Finance Investment and Performance Committee and ICB Board	
4	Mental Health Investment Standard independent review	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for <u>this</u> risk:**	**Karen Parkin (30.06.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			Agree with the WYICB scores and these are relevant for place too. Financial position of Bradford and Craven Health and Care partners may mean we are unable to mitigate impact on community services.
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**4**	**12**	
	Impact	**2**		**Impact**	**3**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Section 75 and Better Care Fund arrangements in place reporting to planning and commissioning forum which is embedded within our governance arrangements between NHS and Local Authority for Bradford district	1. Development of Better Care Fund benchmarking across West Yorkshire during 2025/26 subject to capacity. 2. Implemention of a integrated neighbourhood health West Yorkshire Board to oversee the distribution of £5m funding in order to accelerate integrated neighbourhood health teams. 3. Bradford District Care Trust are part of the community services review which is being led by an external partner. This wil enable better collection of activity information and a comparison across West Yorkshire and nationally. 4. There is now a new governance framework across BDC with three priority programmes, one is Airedale Bradford Collaboration of Acute Services (ABCAS), second is implementation of integrated neighbourhood health and the third is corporate services review and progressing with closing the gap. All of these have efficiency saving targets to meet.
2	A new established governance framework which includes relevant committees and business meetings. This has a clear reporting structure.	
3	All VCSE sector awarded 25/26 uplift factor to help with sustainability. In addition, hospice sector allocated an extra £2m funding.	

	Sources of assurance *(Where is the evidence that the controls work?)*	
1	Better Care Fund submission 2025/26 and monitoring overseen by the Planning and Commissioning Forum	
2	Much tighter monitoring arrangements for effiency savings, closing the gap and difficult decisions. All Bradford and Craven NHS organisations have robust monitoring frameworks in place.	
3	New priority programmes established and regular reports to those business meetings.	**<u>Link to Place risk register:</u>** 2447, 2386, 2227, 2486, 2040

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for <u>this</u> risk:**	**Neil Smurthwaite (17.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			Significantly pressured financial environment with acute hospital in deficit. This means lack of resources to move funds to invest in other areas or services. Current allocations suggest we are utilising more financial resource than we should, therefore not able to invest new money in additional areas to integrate services. Development of Provider collaboration in its infancy and with 10 year plan we should be able to develop strategies for more proportionate distribution of funding.
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**4**	**12**	
	Impact	**2**		**Impact**	**3**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Partnership Board in place has membership from all place organisations.	1. Financial strategy in development (2025/26) 2. Need to understand the place-based allocation process to clearly identify where we are using more resource than currently indicated (2025/26)
2	Joint Forward Plan has been signed off - which includes health, social care and fourth sector priorities.	
3	Ongoing review around sustainability of fourth sector and voluntary sector.	
4	New strategic finance group has been set up with an aim to develop a Calderdale financial strategy (2025/26) and medium to long term financial strategy.	

	Sources of assurance *(Where is the evidence that the controls work?)*	
1	Finance and performance a key component of partnership board meetings. Papers and Minutes.	**<u>Link to place risk register:</u>** 2163, 2469
2		
3		

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for <u>this</u> risk:**	**Alison Needham (02.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Kirklees)			**Current (Kirklees)**			The planning guidance and funding allocations does not allow for significant investment within primary care and the community. As stated in the WY narrative, funding is heavily weighted to the acute sector. Kirklees place whilst working collaboratively across the system, due to these challenges and the contractual form does not allow funding to flow around the system to allow services to align and increase investment in those areas. Review of target score against risk appetite, agreed to reduce the target risk score from 8 to 4 as the place is willing to take reasonable risks and tolerant of a certain amount of uncertainty.
OPEN	**Likelihood**	**2**	**4**	**Likelihood**	**3**	**12**	
	Impact	**2**		**Impact**	**4**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Place committees, which comprise of partner organisations to discuss utilisation of resources	1.Continue the development of the provider collaborative and the Wells agenda to allow the discussions to support more joined-up working - 2025/26 2. Priority setting across Kirklees partnership in relation to maximising the utilisation of resources (2025/26) 3. Using the financial strategy to break down the boundaries currently in place and allow the system to work to maximise resources of staff and funds, 2025/26
2	Financial Strategy has been developed to support how resources are utilised within the place, which links to the overarching West Yorkshire Strategy	
3	Development of PMO function to enable investment are review in order to ensure value for money and consideration of specific service impact.	

	Sources of assurance *(Where is the evidence that the controls work?)*	
1	Kirklees Finance Sub-Committee and Transformation Sub-Committee to agree on utilisation of resources. Papers and Minutes.	**<u>Link to place risk register:</u>** None.
2	All investments reviewed via a priority matrix	
3	PMO reports and financial review against Value for Money criteria	

Leeds	Place lead:	Tim Ryley	Nominated lead for this risk:	Nick Earl 27.06.2025 Cycle 3 review will be undertaken by Alex Crickmar

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			
OPEN	Likelihood	2	4	Likelihood	3	9	Despite progress for a more integrated approach to financial planning across LHCP there remain challenges based on organisational boundaries and ongoing financial pressures. Additional challenges in Q3 and Q4 anticipated given reduction in ICB resources and associated restructure.
	Impact	2		Impact	3		

	Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1	Integrated finance reports through LHCP governance - Leeds Finance and Best Value Committee oversees Leeds System Financial and Commissioning positions.	1. A programme of work is underway to continue to develop our joint approach to financial planning and decision-making to allow us to make the most value-driven decisions on resource allocation across the LHCP. To be actioned within the medium term financial plans (2025/26) 2. Increasing focus on quantifying impact for and transformational change for larger partnership programmes and release of benefits (alongside their quantification)
2	Analysis of spend through lens of populations and sub-groups as well as service lines.	
3	Strategic Finance Executive Group and Joint Planning Process across the partnership	
4	Finance sub-committee oversees financial planning and decisions.	
5	Regular attendance of DOFs at LHCP Partnership Exec Group and guiding priority programme ambition	

	Sources of assurance *(Where is the evidence that the controls work?)*	Links to Place Risk Register
1	Finance sub-committee receives financial planning and decisions. Papers and Minutes	2414
2	DOFs at LHCP Partnership Exec Group. Papers and Minutes	
3	Benefits realisation assessments for priority programmes	

Wakefield	Place lead:	Mel Brown	Nominated lead for this risk:	Jenny Davies (26.06.25)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			
OPEN	Likelihood	2	4	Likelihood	4	12	Continued development of the Wakefield Place working together, investment in services, greater understanding required of service join-up within Place in order to invest more wisely. Greater involvement of system partners in decision making, for example - voluntary sector. A requirement for more robust return on investment modelling within place. Risk score increased from 9 to 12 in line with WY ICB.
	Impact	2		Impact	3		

	Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1	Partnership Committee comprises of partner organisations and Integrated Assurance Committee looks in more detail at financial decision making	1. Within Wakefield place, there is Transforming Development Collaborative (TDC) whereby they engage with all parties to ensure there is investment in the right areas and in 2025/26 planning there will be a commitment to increase investment within primary care. A balanced financial plan was submitted, monitoring continues on a monthly basis (2025/26).
2	The Wakefield Place Finance Leaders meeting is now established, forming a wider financial strategy, including the voluntary sector and local authority.	
3	Each place finance lead closely connected with director of finance for Integrated Care Board therefore strategies aligned.	
4	Shared posts across partner organisations - link services together to make more informed decisions around	
5	A framework for investment decisions agreed and implemented	
6	Financial Plan in place	

	Sources of assurance *(Where is the evidence that the controls work?)*	Links to Place Risk Register
1	Minutes from meetings (TDS and Wakefield management meetings)	
2	Honorary contracts in place	
3	Regular reporting mechanisms for quality, performance and finance in place	
4	Monthly review at Wakefield Senior Leadership Team meeting	None.

WYICB - Board Assurance Framework - ICB and places							Version: 12	7 October 2025
Mission 3	Failure to manage the strategic risk could result in a failure to **USE OUR COLLECTIVE RESOURCES WISELY**						**Lead director(s) / board lead**	Jonathan Webb
Strategic risk 3.2	There is a risk that we don't operate within our available system and organisational resources (revenue and capital) and so breach our statutory duties.						**Lead committee / board**	Finance, Investment and Performance Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			Despite a number of years of strong performance as an ICS, the 2024/25 position and 2025/26 plan were only balanced after receipt of significant non-recurrent financial support from NHS England, and as such there is a challenging plan to deliver this year and risks are materialising.	
CAUTIOUS	**Likelihood**	**3**	**9**	**Likelihood**	**4**	**20**		
	Impact	**3**		**Impact**	**5**			

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Financial Framework document for 2025-26 agreed by FIPC	1. Continued Chief Executive, Chair and Director of Finance targeted meetings with any NHS provider showing significant risk of non delivery of plan (2025-27). 2. Joint process with NHS England for the mid year reviews scheduled for Oct 2025. 3. Development of a robust and credible medium term financial plan (2025-27)
2	All Plans are signed off by the organisational Boards	
3	Escalation and joint approach with NHS England for Trusts.	
4	Finance Forum, SOAG, FIPC, EMT and Board all have oversight	
5	Place Committees and their finance sub-committees have oversight and provide assurance upwards	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to ICB risk register** *(Reference numbers/brief description)*
1	Quarterly review meetings with NHS England and outcome letters	**2521** - Financial risk
2	Quarterly ICB led mutual accountability meetings with all five places and outcome letters	
3	Internal Audit and External Audit	
4	External review commissioned into Finance by WYAAT (July 2024) and across the ICS (November 2024).	
5	Agendas, reports and minutes of all meetings above	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Karen Parkin (30.06.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			Due to the current financial pressures there is a significant risk that Bradford and Craven will fail to operate within current resource envelopes. Target risk score increased from 6 to 9 due to cautious risk appetite.
CAUTIOUS	**Likelihood**	**3**	**9**	**Likelihood**	**4**	**20**	
	Impact	**3**		**Impact**	**5**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	System Finance & Performance Committee oversight of Place financial position	1. Implementation of closing the gap programme now included within the corporate services priority programme. 2. Difficult decisions list established and being prioritised 3. Robust and regular monitoring of all Bradford and Craven NHS organisations by the ICB and by NHSE. All frameworks and monitoring processes have been strengthened and implemented. Actions to de-risk efficiency saving plans are being developed. 2025/26 4. Development of plans for the further stretch of £12m is underway with the establishment of the new priority programmes as part of the new governance structure. 2025/26
2	BDC follows the West Yorkhire established principles and process.	
3	Regular detailed review of in-year financial performance by Place DoFs with full transparency of cost pressures and sources of mitigation.	
3	Ongoing closing the gap programme reports to Place Leadership and Partnership Board	
4	Overaching programme board which oversees the three priority programmes	
5	Organisations under regulatory scrutiny meet monthly by ICB/ NHSE	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Alignment to place risk register:**
1	SF&PC minutes. Place financial performance reported to System F&P on a regular basis and key messages reported to BDC Health and Care Partnership Board.	2433, 2337, 2314, 2039, 2047
2	Strategic Partnering Agreement updated January 2025.	
3	Programme Board minutes	
4	NHSE letters of assurance following scrutiny visits.	
5	BDC system F&P committee approved financial and operating plans in April 2025. Regular monthly monitoring of financial and operating plans.	

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**Neil Smurthwaite (17.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			As a place we are in deficit due to acute pressures. Whilst we are assessing the risk at place level a lot of this is controlled via WY working at DoF level and little influence on this via ICB place team. Its monitored and understood but difficult to influence for the BAF. Target risk score increased from 6 to 9 due to cautious risk appetite.
CAUTIOUS	**Likelihood**	**3**	**9**	**Likelihood**	**4**		
	Impact	**3**		**Impact**	**5**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Strategic finance group established with a aim to develop a Calderdale financial strategy.	1. As WYICB above. However we are also undertaking work in strategic finance group to understand where our acute and commissioning budgets are overspending compared to best practice and allocation tool to be clear where we need to target to bring down costs (meet monthly, then quarterly) 2025/26
2	Financial Framework document agreed by FIPC, monitored by partnership board.	
3	Robust budget setting in open book approach so all places understand allocations and basis	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Link to place risk register:**
1	Financial Framework as agreed by FIPC.	2163, 2469
2	Bi-monthly monitoring at CCPB, evidenced in minutes. Detailed board reports.	

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**Alison Needham (02.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Kirklees)			**Current (Kirklees)**			Due to the current financial pressures there is a real risk that Kirklees Place will fail to operate within current resource envelopes. Target risk score increased from 6 to 9 due to cautious risk appetite.
CAUTIOUS	**Likelihood**	**3**	**9**	**Likelihood**	**4**		
	Impact	**3**		**Impact**	**5**		

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Financial Strategy	1. Engage in WY-wide work to drive transformation and efficiency, including leading efficiency programmes undertaken on a WY footprint (2025/26) 2. Develop priority setting of resources within Kirklees place (2025/26) 3. We have developed a long list of difficult decisions around contracts and services that could be paused/ stopped/ slowed down across the Kirklees place. Ensuring decisions made align with West Yorkshire principles, and consider the prioritisation and disinvestment / decommissioning framework across the place (2025/26) 4. We have developed a working group across Kirklees place and neighbouring partners to review all services and spend that can improve the financial position of the Kirklees system (2025/26) 5. Review of all contracts commissioned by the ICB as to whether they can be stopped
2	Review of Financial position and plans by Kirklees Finance Sub-Committee and ICB Committee, both locally and at a West Yorkshire level.	
3	Kirklees & Calderdale Recovery group	
4	Collaborative meetings to discuss how services can be undertaken differently to maximise resources	
5	Utilisation of the cross- partner Finance Forum to strengthen ownership of place based solutions.	

	Sources of assurance *(Where is the evidence that the controls work?)*
1	Financial plan will be signed off by the ICB Committee and risks identified
2	PMO function to support financial recovery for the ICB and its wider system

3 Aligned to West Yorkshire ICB approach to planning and final plan signed off by WY Committees	or reduced (2025/26) 6. We have developed a PMO process to develop recurrent efficiency schemes to improve the financial sustainability within the current year and future (2025/26) **Link to place risk register:** 2533

Leeds	Place lead:	Tim Ryley	Nominated lead for this risk:	Alex Crickmar (reviewed 23.06.25)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			
CAUTIOUS	Likelihood	3	9	Likelihood	4	20	Due to the current financial pressures there is a significant risk that Leeds Place will fail to operate within current resource envelopes. Target risk score increased from 6 to 9 due to cautious risk appetite.
	Impact	3		Impact	5		

Key controls *(What helps us mitigate the risk?)*	
1	Leeds Finance, Investment and Best Value Committee oversees Leeds System Financial and Commissioning positions.
2	Strategic Finance Executive Group
3	Financial Framework and controls within each organisation at Place
4	Robust Budget setting and financial planning
5	Leeds Health and Care Partnership Committee oversight of City wide statutory duties on behalf of the WY ICB.

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Agendas, reports and minutes of all meetings above
2	External Review of system finances (PwC report)
3	Internal and External Audit
4	Fortnightly meetings between DoFs to review position
5	Budgets/Financial plans set
6	PMO functions within each org

Mitigating actions *(What more are we/should we be doing at place?)*

(1) Development of a number of key transformation business cases for change aimed at changing suboptimal care pathways with potential for significant savings longer term (timing: ongoing and part of planning for 25/26)
(2) Review of potential opportunities and mitigating financial actions within each organisation and across Place, including delaying/stopping spend, focus on efficiencies and productivity
(3) Integrated Commissioning Executive share plans between LCC and NHS and present jointly to Adults and Health Scrutiny (ongoing).

Links to Place Risk Register

2530

Wakefield	Place lead:	Mel Brown	Nominated lead for this risk:	Jenny Davies (26.06.25)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			
CAUTIOUS	Likelihood	3	9	Likelihood	4	20	Due to the current financial pressures there is a real risk that Wakefield Place will fail to operate within current resource envelopes. Target risk score increased from 6 to 9 due to cautious risk appetite.
	Impact	3		Impact	5		

Key controls *(What helps us mitigate the risk?)*	
1	Monthly monitoring of Integrated Care Board delegated financial position to assurance committee including efficiency savings
2	Monthly monitoring of Wakefield partners financial position to assurance and partnership committees
3	Robust budget setting with place programmes
4	Regular sharing of information and agreements via the Integrated Care System Finance Forum
5	Consistency Checks within Wakefield against other places.

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Minutes from Wakefield District Health and Care Partnership and Integrated Assurance Committee meetings
2	Financial plans or any amendments to financial plans presented and discussed at partnership committee.
3	Principles already established at Wakefield District Health and Care Partnership Committee

Mitigating actions *(What more are we/should we be doing at place?)*

1. Review of difficult decisions/choices across organisations/place (timing: ongoing first draft was submitted February 2025)
2. Set financial plans in line with planning guidance (2025/26)
3. Agree Quality, Improvement and Performance Productivity (QIPP) to identify savings and reduce pressures whilst improving patient quality (2025/26)
4. Work with all system partners to increase efficiency and effectiveness (2025/26)

Links to Place Risk Register

2329

WYICB - Board Assurance Framework - ICB and places		Version: 12	9 October 2025
Mission 3	Failure to manage the strategic risk could result in a failure to **USE OUR COLLECTIVE RESOURCES WISELY**	**Lead director(s) / board lead**	Rob Webster
Strategic risk 3.3	There is a risk that ICB capacity and infrastructure is not sufficient nor targeted effectively towards key priorities.	**Lead committee / board**	ICB Board

ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**
	Target (ICB)			**Current (ICB)**			
OPEN	**Likelihood**	**3**	**9**	**Likelihood**	**3**	**12**	The changes to the arrangements in NHS England, Regions, ICB and providers are now much more aligned, with timescales that are much more likely to deliver capacity and resources in the right places. There are substantial risks of delays causing gaps in capacity, hence the need for agility and prioritisation. The EMT and Board have worked closely with partners to understand and mitigate risks. However, the current arrangement suggest the impact on our work of changes could have a higher impact than the target score. Risk score remains the same.
	Impact	**3**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	An agreed operating model, approved through the Board and set out in the constitution and handbook	1. Structured programme for organisational change overseen by EMT and Board Committees. 2. Organisational development work to across Executives to support level of agility and prioritisation required in current context. 3. Place Partnership Delivery (led by Anthony Kealy) to support the development of Place model and infrastructure will be implemented by April 2026. 4. Co-production with region of the model region and ICB to ensure smooth transition.
2	Agreed objectives for all directors, including places, cascaded throughout the ICB	
3	Business planning processes that align capacity to our plans	
4	Place partnership intentions received in October 2025 with subsequent development programmes.	
5	MAUs with provider collaboratives specifying their responsibilities for delivery	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Annual business plan approved by the Executive and ICB Board	**2165** - insufficient IT team capacity to deliver digitial priorities **2522** - Infrastructure risk
2	CEO and director appraisals, with outcome reported to Remuneration and Nominations Committee	
3	Annual review of governance and statement of internal control, reported through Audit to Board	
4	Outputs of the programme board	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Matt Sandford (26.06.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			
OPEN	**Likelihood**	**1**	**4**	**Likelihood**	**3**	**12**	The move to a new Operating Model, where BDC significantly reduced its capacity is still embedding, along with current vacancy controls due to the financial challenges, means that, similar to other Places, Bradford place is carrying a number of vacancies. A further impact will be felt following the organisational change by Q3. Bradford is utilising partnership relationships to help boost that capacity by building on current joint roles, to identify opportunities for further targeted shared and aligned resources across our Place so they can continue to deliver against both local and national standards and priorities.
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	The Partnership Leadership Executive oversee the deployment of resources (including ICB capacity) in pursuit of the BDC HCP strategy agreed by the Partnership Board	1. Utilise strength of our Health and Care Partnership, building on current joint roles, to identify opportunities for further targeted shared and aligned resources across Place (February – September 2025) 2. Annual business planning process to align resources to required activity/ priorities (April/ May 2025) 3. Priority Programme and Programme Board oversight of key system transformation plans (including workforce) and related activity, to review resource requirements against transformation delivery plans (February – September 2025) 4. Place level 'difficult decisions' programme to target resources at activity that delivers strategic and financial priorities (February – Apr 2026) 5. Adoption of WY Vacancy Control measures into Place level governance to ensure grip and control, alongside overarching understanding of Place resource requirements (already in place - ongoing) 6. Developed Health, Care and Wellbeing strategy (clinical strategy) at Place in full co-production with partners including citizens and our workforce. The strategy focuses on clear alignment of services, pathways and models of care driven by population health needs. This strategy will enable us to target and deploy resources in the most effective way. Three strategy delivery boards are being established focused on integrated acute services, integrated neighbourhood services and integrated corporate services, these are our core priorities for delivery and resource management 7. Specific Integrated Neighbourhood Team (INT) development work is underway across the BDC system is ongoing (2025/26) 8. Work has begun locally on the development of a BDC provider collaborative approach to be implemented by September 2025 (2025/26). 9. Developed Healthcare and Wellbeing strategy (clinical strategy) at place in full co-production with partners such as citizens and our workforce. The strategy focuses on clear alignment of services, pathways and models of care driven by population health needs. This strategy will enable us to target and deploy resources in the most effective way. Three strategy delivery boards are being established focused on integrated acute services, integrated neighbourhood services and integrated corporate services, these are our core priorities for delivery and resource management **Link to place risk register** 2447
2	System transformation priorities and enablers established through our operating model using a distributed leadership approach	
3	Place based lead influence deployment of ICB resource for BDC HCP	
4	Closing the Gap programme – already established – with widened scope to incorporate Investment/ Business Case review	
5	Difficult Decisions programme has commenced and incorporates all partners across the system. This provides targeted focus on delivery of our efficiency programme whilst identifying risks associated with capacity.	
6	Place Clinical Strategy; and Place Financial Recovery Plan – providing greater oversight of resource	
7	3 x Strategic Delivery Group meetings (Integrated Acute Care; Integrated Neighbourhood Health & Care; Integrated Corporate Support & Closing the Gap will bring together all partners across the system to provide greater oversight on delivery of the core priorities we have set out in our health, care and wellbeing strategy.	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	An agreed BDC HCP operating model approved by the PLE and the PB within the BDC HCP governance handbook
2	Priority Programmes in place including: access; healthy communities; healthy minds; workforce and children and young people improvement. Enablers in place including: reducing inequalities alliance; digital, data, intelligence and insight; living well; and Estates. All priorities and enablers report into PLE
3	ICB SORD sets out place role within both the WY ICB SORD (WY Governance Handbook) and BDC HCP Strategic Partnering Agreement and Governance Handbook set our the way we work, including our operating model, SORD and Terms of Reference.
4	Closing the Gap programme – Partnership led and supported – Reviewed via System Finance and Performance Committee, PLE and Partnership Board.

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**Neil Smurthwaite (17.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			
OPEN	**Likelihood**	**1**	**4**	**Likelihood**	**4**	**16**	Capacity and capability within Calderdale Place team is severely limited for both finance and transformation resource. This impacts on our ability to address all ICB and place priorities. Whilst Operating Model work enabled no real impact on Calderdale financial the place team is still small and not resilient. Consolidated teams will impact on local resource and will work with colleagues to manage impact.
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Work undergoing with neighbouring places to ensure resilient finance function.	1. Transformation delivery plans list seven key priorities and discussions are ongoing at operational and senior leadership meetings (2025/26) 2. Senior Leadership team continue to monitor risks relating to resource, intensified given NHS changes and 50% cuts. 3. Working collaboration with KW partners on sharing resource in difficult situation of zero recruitment and future reduced resource.
2	Partnership board regularly conducts deep dives for tranformational priorities.	
3	Prioritisation takes place on a weekly basis to assess place workload and ability to respond to asks.	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Tranformation delivery plan approved by Calderdale Care Partnership Board.
2	Prioritisation process as part of annual planning round.

	Link to place risk register: 1998, 2484

Kirklees	Place lead:	Vicky Dutchburn	Nominated lead for this risk:	Vicky Dutchburn (25.06.2025)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Kirklees)			Current (Kirklees)			
OPEN	Likelihood	1	4	Likelihood	3	12	There are specific challenges in Kirklees place related to leadership changes in several parts of the health and care partnership and the transition period could lead to uncertainty. Time will have to dedicated to establish new working relationships when leadership changes take effect. The impact of the operating model changes are still being felt and challenges remain in some functions.
	Impact	4		Impact	4		

Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1 Weekly SLT meetings to discuss current priorities and ensure capacity is dedicated to the right areas	1. Organisational change review ongoing will include a Kirklees integrator function to be consulted on (Q3, 2025/26) 2. Ongoing development prioritisation and review within and across Teams in Kirklees (2025/26) 3. Specific Integrated Neighbourhood Team (INT) development work across Kirklees system (2025/26) 4. Ongoing local development of the Kirklees provider collaborative approach by September 2025.
2 Health & Care Executive to support cross sector prioritisation within the Health & Care Partnership	
3 Business planning processes to support confirmation of priorities	
Sources of assurance *(Where is the evidence that the controls work?)*	**Link to place risk register:** None
1 Clear examples of where capacity is being used to best effect by sharing teams with other places, in particular Calderdale (where there is a history of shared teams) and increasingly with Wakefield. Examples of capacity from across the partnership (not just the ICB) supporting our work e.g. Place Director of Finance role. Other examples of programme leadership from beyond the ICB team in place.	
2 Staff survey results relating to the ability of individuals to undertake their role within their designated hours, clarity of objective setting and additional hours worked.The action plan agreed to respond to findings of staff survey.	
3 Agreement from the Kirklees ICB Committee as to our shared priorities, supported by teams within partner organisations dedicating capacity to these priorities (e.g. Discharge, community services transformation)	

Leeds	Place lead:	Tim Ryley	Nominated lead for this risk:	Sabrina Armstrong (30.06.2025)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			
OPEN	Likelihood	1	4	Likelihood	4	16	The move to a new Operating Model in April 2024, where Leeds reduced its capacity by 20% was still bedding in when the national announcement was made for reduction in ICB staff by 50%. Leeds was holding a number of vacancies whilst it settled and due to vacancy control they can no longer be filled. The latest organisational change programme is likely to exacerbate this issue. Failure to address these issues is likely and this could lead to a failure to meet national standards, broadening of inequalities, financial distress and regulatory breaches in line with the definitions. Risk score remains the same.
	Impact	4		Impact	4		

Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1 Agreed Operating Model with WY ICB and Leeds Health & Care Partnership	1. The ICB in Leeds has agreed a number of city priorities with partners in the Leeds Health and Care Partnership (LHCP). The ICB in Leeds needs to ensure that the majority of its capacity is working on these priority areas. Apr - Mar 2026 2. Refreshed OD priorities in place to support staff within the ICB in Leeds to deliver the capabilities needed to deliver the above priorities. However the OD plan has been extended to provide support and resilience training to staff during the organisational change (2025/26) 3. ICB in Leeds Business Plan for 25/26 in place, outlining the BU actions to deliver the LHCP priority programmes and work has been prioritised to take account of diminishing capacity due to both people leaving and people working on the organisational change 4. Action plan on staff survey results most pertinent to Leeds, 2025/26 5. Leeds Directors will continue to review capacity and reprioritise as necessary (2025/26)
2 Capacity aligned to Healthy Leeds Plan and LHCP objectives	
3 Director accountabilities finalised and objectives set by end of April	
Sources of assurance *(Where is the evidence that the controls work?)*	**Link to place risk register:** None
1 Healthy Leeds Plan and Business Plan reviewed monthly in line with LHCP priority work	
2 Ongoing appraisal throughout year with all directors in place	
3 Staff Survey results	

Wakefield	Place lead:	Mel Brown	Nominated lead for this risk:	Mel Brown 27.06.2025

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			
OPEN	Likelihood	1	4	Likelihood	3	12	The current likelihood is possible, given the movement to a new operating model for the NHS and the Integrated Care Board. Failure to control this risk will lead to major impact on a number of financial, quality, operational and people fronts. We would see a failure to meet national standards, broadening of inequalities, financial distress and regulatory breaches in line with the definitions. Wakefield place are working with other places and the strategic commissioning functions between June and September 2025 to mobilise a new operating model to go live in April 2026.
	Impact	4		Impact	4		

Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1 Agreed operating model in place aligned to Integrated Care Board structures and went live in April 2024, some reviews have been underway due to leadership changes	1. Continue to review gaps in strategic capacity across the leadership team at Wakefield and confirm these objectives through PDR processes in the summer of 2025 2. Working with partner organisations across Wakefield district to maximise capacity to and to deliver objectives in 2025/26 3. Reviewing everyones PDR objectives to ensure any areas that need capacity are appropriately addressed such as EDI leadership (End of Summer 2025) 4. Contributing to the organisational change programme in place across WY ICB to shape the integrator teams 2025/26
2 Agreed objectives for all directors	
3 Wakefield place plan agreement in May 2025, signed off objectives and plans for Wakefield district	
4 Business planning processes that aligns both to the WY ICB 10 ambitions and the Wakefield district plan (annual review)	
5 Developed a new business planning process that aligns with our Integrated Care System strategy and place delivery plan in line with national guidance	
6 Some Directors have previously undertaken leadership roles with partner organisations, these directors are now working full time for the ICB, such as Director of Nursing and Director of Strategy.	
Sources of assurance *(Where is the evidence that the controls work?)*	
1 Delivery plan approved including Outcomes Framework.	
2 The Mutual Accountability meetings chaired by Rob Webster, quarterly meetings, these provide assurance of the progress against the functions in Wakefield place.	
3 Director appraisals conducted and regular one to ones are mobilised across the Wakefield district, this ensures flexibility in responding to new work that emerges from WY ICB.	
4 Contribute to the annual governance review.	
5 Regular one to ones between Accountable officer and Cheif Executive WY ICB	**Links to Place Risk Register**
	None.

WYICB - Board Assurance Framework - ICB and places		Version: 12	6 October 2025
Mission 4	Failure to manage the strategic risk could result in a failure to **SECURE BENEFITS OF INVESTING IN HEALTH AND CARE**	**Lead director(s) / board lead**	Ian Holmes
Strategic risk 4.1	There is a risk that partnership working on wider societal issues is deprioritised to meet current operational pressures as a result of the organisational change programme and the reduced ICB capacity.	**Lead committee / board**	ICB Board

ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**
	Target (ICB)			**Current (ICB)**			
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**	Wider societal issues contribute significantly to health, wellbeing and inequalities. Working with partners to address these is a key part of our health and care strategy. We have dedicated capacity supporting this work which we will protect through the business planning process. The key is ensuring sufficient leadership focus. The organisational change programme and ICB blueprint will mean that there is significant less capacity within the ICB and a narrower remit. We will need to carefully prioritise our partnership working in this area to maximise value. Increased likelihood from 2 to 3, increasing the risk score from 8 to 12. Target score and risk appetite remains the same. Recommend amendment to the risk description.
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	ICS strategy and 10 big ambitions will be used to create priority and focus on these issues. These will be tracked annually via an outcomes framework and associated integrated dashboard.	1. As part of the organisational change programme, we are working to redesign wider partnership governance with partners including local authorities and combined authority. These governance arrangements will continue to ensure we have the right focus on wider societal issues. 2025/26
2	We have established dedicated capacity working on these issues at WY level, together with appropriate programme boards, working with the Combined Authority - focusing on issues such as poverty, climate change, violence reduction, housing and employment	
3	Business planning process describes how we use our capacity to support delivery of all ambitions.	
4	Memorandum of Understanding with WY Combined Authority which describes shared priorities, capacity and ways of working.	
5	Consultant in Population Health appointment ensures focus on wider societal issues.	
5	Director objectives, subsequently cascaded to teams, reflect partnership working.	
6	Economic Inactivity Accelerator work to be delivered throughout 2025/26 ensuring dedicated capacity and the establishment of a programme board with WY Combined Authority to oversee it.	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Progress against the strategy and 10 big ambitions is overseen by the Partnership Board, together with deep dives - evidenced in agenda and minutes	**2535** - Organisational change
2	ICB Board receives six monthly updates on 10 big ambitions - agenda / minutes	
3	SOAG - minutes evidence review of progress against 10 big ambitions	

Bradford District and Craven (BD&C) **Place lead:** **Therese Patten** **Nominated lead for this risk: Helen Farmer, 23.06.2025**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**2**	**8**	Challenging financial circumstances for all partner organisations may increase likelihood of retrenchment into siloed, short term approaches, emphasising direct operational delivery over longer term outcome focused system thinking, which evidence shows will have a bigger impact on the determinants of health and wellbeing outcomes.
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Our BDC health and care strategy localises the WY strategy and clearly establishes the focus on the wider contribution of the health and care system to the determinants of health, and encourages stewardship for the future as well as short term delivery focus.	1. All district partners (including those outside health and care) will sign up to a new district strategy to improve the wellbeing, both health and economically in Bradford district (2025 - 2028) 2. Our reducing inequalities alliance continues to lead the way in identifying our wider determinants and mitigating the impact, including leading on our economic accelerator programme 3.The BD&C HC&P has now finalised the healthcare and wellbeing strategy and we are moving to implementation through our new governance arrangements. This jointly agrees the safe and sustainable service models and pathways across all partners, driven by the health and care needs of our population, ensuring a holistic approach to delivery (2025/26)
2	The Wellbeing Board (HWB for Bradford District) is comprised of the leaders of all local strategic partnerships and all local anchor organisations. Its focus is firmly on the 'wider determinants'. The BDC Partnership Board and its Committees have broad based participation across VCSE, Local Government and Care sectors. Our approach is to engage with communities through locality based **Listen In** visits and to take our Partnership Board meetings into communities, to understand the strengths and challenges of communities and what will help - which includes focus on the 'wider determinants' - e.g. development session on sustainability, Partnership Board papers on anti poverty actions etc.	
3	Our closing the gap business case appraisal process takes into account impact on wider health and care and public sector and population including health inequalities, social value etc (ongoing)	**Link to place risk register:** 2317, 2386, 2221
4	People priority include focus on inclusive community recruitment.	
5	Our partnership work is focused on five Strategic Priorities and four key Enablers. This includes a prevention focus through Living Well, Reducing Inequalities, an asset based approach to Healthy Communities, and a focus on net zero and local economic development through our partnership Estates work.	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	See strategy and closing the gap process on partnership website https://bdcpartnership.co.uk/
2	Wellbeing Board (Bradford district) on the BMDC wellbeing web page https://bdp.bradford.gov.uk/about-us/health-and-wellbeing-board/ See partnership governance structure, TORs, meeting papers including Listen In reports - on website
3	See priorities and enablers scoping documents on partnership website https://bdcpartnership.co.uk/our-strategic-priorities-re-set-programme/

Calderdale **Place lead:** **Robin Tuddenham** **Nominated lead for this risk: Neil Smurthwaite (17.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			
OPEN	**Likelihood**	**2**	**8**	**Likelihood**	**2**	**8**	Wider societal issues contribute significantly to health, wellbeing and inequalities. Working with partners to address these is a key part of our health and care strategy. Risk score reduced from 12 to 8.
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Joint membership of HWBB and CCPB by each chair to ensure societal issues continue across.	1. The Transformation delivery plans list seven key priorities, these aim to address wider societal challenges in Calderdale, there is ongoing work at senior leadership level to ensure governance arrangements align with the transformational priorities (2025/26)
2	ICS strategy and 10 big ambitions will be used to create priority and focus on these issues. These will be tracked annually. We also have Health and Wellbeing Strategy, monitored via HWBB.	**Link to place risk register:** None
3	Business planning process will describe how we use our capacity to support delivery of all ambitions.	
4	The senior leadership group terms of reference refers to operational delivery as a "must do" so that our transformational plans are able to flourish	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Progress against health and wellbeing priorities is undertaken at every meeting. Evidenced by papers and minutes.
2	We also have an inclusive economy strategy led by the local authority.
3	

Kirklees **Place lead:** **Vicky Dutchburn** **Nominated lead for this risk: Steve Brennan (25.06.2025)**

ICB risk appetite	**Place risk scores**	**Rationale for current place score**

ICB risk appetite	Target (Kirklees)			Current (Kirklees)			As Kirklees place we have signed up to 4 top tier strategies that cover areas of joint working beyond just health and care, including the wider societal issues. These are: 1. Health and Wellbeing Strategy 2. Inclusive Communities Framework 3, Inclusive Economy Strategy 4. Environment Strategy. However, whilst we have agreed this strategic approach, there are still challenges of delivery to be navigated. Operational pressures are significant, alongside significant financial challenges across the partnership. This means that our ability to deliver on these in the short term is challenged. Due to capacity constraints realising the full benefits of the Economic Inactivity Accelerator and related programmes will be challenging, but progress is being made. Uncertainty around ongoing ICB organisational change and what this will mean for local partnership working in Kirklees and the ICBs ongoing role in this as we potentially move to a CKW footprint. Risk score to remain the same.
OPEN	Likelihood	2	8	Likelihood	3	12	
	Impact	4		Impact	4		

Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1 4 top tier strategies for Kirklees that go beyond just health and care and cover wider societal issues.	1. Commitment to the 4 top tier strategies reiterated at the Kirklees partnership executive. There is a programme of work agreed for 2025/26 overseeing by the partnership executive.
2 Ownership of these 4 strategies assigned to partnership boards or forums.	
3 Partnership Executive in place which includes business, education in addition to health, care and LA.	
Sources of assurance *(Where is the evidence that the controls work?)*	**Link to place risk register:**
1 Reporting to the relevant board/partnership forum on progress against each of the 4 strategies.	None
2 Use of other partnership forums to support this e.g. Partnership Forum, ICB committee.	

Leeds **Place lead:** Tim Ryley **Nominated lead for this risk:** Tim Ryley (26.06.2025)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			Wider societal issues contribute significantly to health, wellbeing and inequalities. Working with partners to address these is a key part of our health and care strategy. We have dedicated capacity supporting this work which we will protect through the business planning process. The key is ensuring sufficient leadership focus.
OPEN	Likelihood	2	8	Likelihood	3	12	
	Impact	4		Impact	4		

Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1 Health & Wellbeing Board Strategy	1. Creation of a joint neighbourhood model between NHS and Local Authority (2025/26)
2 Active participation and alignment to Marmot City agenda	2. Monitor and report on anchor institution work to test impact for the city (ongoing piece of work)
3 Shared goals across Leeds Health & Care Partnership reflecting 10 big ambitions and requiring addressing	3. Continue to drive digital and medical technology innovation through the Integrated digital service, Leeds Academic Health Partnership and the Leeds Health & Care Hub. 2025/26
4 Continuing monitoring of metrics by ethnicity and deprivation as routine	4. Implement action plan arising from Marmot city programme led through public health (2025 - 2027)
Sources of assurance *(Where is the evidence that the controls work?)*	5. Leeds Health and Care Partnership have signed off four priority programmes all with a strong health inequality focus including links to wider social determinants (2025/26)
1 Progress against 10 big ambitions in Leeds	
2 Reporting on key Healthy Leeds Plan metrics by deprivation	**Link to Place Risk Register**
3 Health & Wellbeing Board monitoring of HWB strategy	None
4 Director of public health annual reports	

Wakefield **Place lead:** Mel Brown **Nominated lead for this risk:** Ruth Unwin, Becky Barwick (02.07.2025)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			Impact score is high as there is strong evidence that failure to address social determinants leads to poor population health and increased demand on care services. Risk score remains the same this cycle.
OPEN	Likelihood	2	8	Likelihood	2	8	
	Impact	4		Impact	4		

Key controls *(What helps us mitigate the risk?)*	Mitigating actions *(What more are we/should we be doing at place?)*
1 Wakefield District Health and Wellbeing strategy provides a framework for tackling wider determinants of health	1. A district plan is being developed under the joint leadership Wakefield Together (statutory, voluntary and commercial sectors), which includes plans to improve population health by addressing wider determinants. Plan will be in place by Autumn 2025.
2 Wakefield Forward Plan includes work to deliver Health and Wellbeing Board priorities	2. The bid to the local investment panel supported protection for the previous Core 20 plus 5 funding but not protecting all of the uncommitted resource.
3 Core20plus5 funding directed to addressing social determinants, to be confirmed via the investment panel for 2025/26.	
Sources of assurance *(Where is the evidence that the controls work?)*	
1 Regular reports to Health and Wellbeing Board & Wakefield District Health and Care Partnership Committee on work to address priorities	
2 Outcomes framework has been developed for both the Health and Wellbeing Board and Wakefield District Health and Care Partnership Committee and being reported through both committees	**Link to Place Risk Register**
3 Impact of investment in Core20plus5 programmes was reported to Wakefield District Health and Care Partnership Committee November 2023	None.

WYICB - Board Assurance Framework - ICB and places							Version: 12	6 October 2025
Mission 4	Failure to manage the strategic risk could result in a failure to **SECURE BENEFITS OF INVESTING IN HEALTH AND CARE**						**Lead director(s) / board lead**	Ian Holmes
Strategic risk 4.2	There is a risk that we are unable to achieve our ambitions on equality diversity and inclusion due to ingrained attitudes that persist in society and across our health and care organisations.						**Lead committee / board**	Quality Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			Our health and care partnership has done significant work on the race equality agenda, but we know that systemic problems still exist in all organisations in our system. We will continue to work with focus and energy on this agenda and broaden our focus to include other protected characteristics.	
BOLD	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**		
	Impact	**4**		**Impact**	**4**			

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Five Year Integrated Care Strategy - Ambition 8	(1) Equity and Fairness Strategy was approved Partnership Board in January 2025. This will be overseen by the Partnership Board including a number of objectives for delivery by the Partnership Board. Transformation Committee will oversee ICB actions in relation to the strategy. (2) The Race Equality Review undertaken in 2020 will be reviewed by Donna Kinnair during 2025/26. The findings reported to the Partnership Board in January 2025 and actions identified were included in the Equity and Fairness Strategy.
2	Development of commissioning intentions that reflect our ambitions around equity and fairness.	
3	EDI Oversight Group maintains oversight of statutory requirements and objectives	
4	ICB People Plan, with a strong focus on inclusivity	
5	EQIA process embedded to inform decision-making	

Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Internal Audit Review 2023/24	None identified
2	People Plan had ICB Board sign off in September 2024	
3	Staff survey data	
4	WRES data	
5	EMT discussion and oversight of priorities and responses to audit actions	
6	Agenda and minutes of EDI Oversight Group	
7	Examples of reports and minutes showing consideration of EQIAs during decision-making	
8	Transformation Committee discussion and oversight of strategy action plan.	

Bradford District and Craven (BD&C)	**Place lead:**	**Therese Patten**	**Nominated lead for this risk:**	**Kez Hayat (30.06.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (BD&C)			**Current (BD&C)**			Concerted work on all aspects on EDI is required to meet the needs of our population and ensure our colleagues experience at work enables them all to flourish. Our data and qualitative information tells us that much remains to be done, building on the strong commitment shown already EDI leads have identified that 'If we are unable to improve outcomes for our population and workforce by advancing our collective approach to EDI then our population and workforce will continue to experience inequality of outcome, unfair treatment and discrimination'. Risk reviewed and the risk score remains the same for Cycle 2.
BOLD	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**	
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Place wide (broader than health and care - all sectors) EDI group, chaired by Prof Udi Archibong. Good engagement from EDI leads Acting As One. ICB input through Act As One partnership EDI lead Kez Hayat. 6-8 weekly Systems Equalities Group meeting to ensure collective plan for EDI stays on track.	Continue with three priorities which align with the WY ICB strategic equality objectives for 2025/26; 1. Continue with our focus and efforts on reducing health inequalities across the district with particular focus on 'Access, Experience and Outcomes' for our diverse communities and wider communities of interest. This will foster collaborative processes that actively listen to patients and service users and act on their feedback to shape access, experiences, and outcomes. 2. To work with place level partners in influencing the development of an anti-racist approach/strategy for Bradford and Craven district with focus on targeted engagement and involvement with communities and wider workforce. REN currently taking the lead with system partners onboard with focus on co-producing an anti-racist approach for Bradford and Craven 3. Improve and advance our role and position in ensuring we have diverse senior leaders at band (8b) and above across our place with particular focus on positive action approaches for diverse staff across place. This links with the WY Race review that Professor Dame Donna Kinnair chaired. **Link to place risk register:** None
2	EDI reporting is carried out by each large organisation in line with national requirements e.g. WRES, WDES, EDS2, PSED and use of EQIAs/QEIAs for NHS Trusts/FTs. Also Public Sector Equality Duty annual reporting by all statutory bodies, includes 'place partnership view' fed into WY ICB report.	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Minutes of the systems EDI group
2	BDC People Board
3	Assurance provided via Executive Leadership Executive, minutes.
4	BDC Extended Leadership Team meeting, minutes.
5	NHSE website for WRES and WDES data. WYICB PSED report on website

Calderdale	**Place lead:**	**Robin Tuddenham**	**Nominated lead for this risk:**	**Neil Smurthwaite (17.07.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Calderdale)			**Current (Calderdale)**			Our health and care partnership has done significant work on the race equality agenda, but we know that systemic problems still exist in all organisations in our system. We will continue to work with focus and energy on this agenda and broaden our focus to include other protected characteristics.
BOLD	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**	
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Race equality standard compliance is monitored at place level.	1. Supporting the EDI strategy in West Yorkshire (2025/26) **Link to place risk register:** None

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Outcomes of staff survey is discussed at Calderdale senior leadership team meetings

Kirklees	**Place lead:**	**Vicky Dutchburn**	**Nominated lead for this risk:**	**Steve Brennan (25.06.2025)**

ICB risk appetite	**Place risk scores**						**Rationale for current place score**
	Target (Kirklees)			**Current (Kirklees)**			Place have history of tackling issues related to inclusion, but recognise the need to go further given the diversity of our population, experiences of care and access to services and how our colleagues improve practice.
BOLD	**Likelihood**	**2**	**8**	**Likelihood**	**3**	**12**	
	Impact	**4**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at place?)*
1	Inclusive Communities Framework adopted by Place Committee	1. EDI Strategy is being developed for approval at ICB Board in January 2025 (assurance). This will be overseen by the Partnership Board including a number of objectives which have been developed for delivery by the WY Partnership Board. The Kirklees objectives of the EDI strategy have been developed and agreed and work is progressing (2025/26) **Link to place risk register:** None
2	EQIAs embedded as part of PMO functions	
3	Community champions / Community voices	

Sources of assurance *(Where is the evidence that the controls work?)*	
1	ICB (Kirklees) self-assessment against the ICF during 2025/26 (last completed 2023)
2	Examples of EQIAs and subsquent action / mitgation
3	Examples of voice and influence from diverse population in planning and transformation

Leeds	**Place lead:**	**Tim Ryley**	**Nominated lead for this risk:**	**Nick Earl 27.06.2025** **Cycle 3 review will be undertaken by Sharon Moore**

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Leeds)			Current (Leeds)			ICB in Leeds works proactively in relation to EDI in respect of our workforce, organisational development and commissioning responsibilities. The controls currently in place should limit any breaches in statutory duty. Although the risk appetite is set at BOLD, the target risk score was reviewed and the impact increased from 2 to 3, even though we can influence the likelihood, the impact will remain moderate, target risk is therefore 6 rather than 4. .
BOLD	Likelihood	2	6	Likelihood	3	9	
	Impact	3		Impact	3		

Key controls *(What helps us mitigate the risk?)*	
1	Compliance with the requirements of the Equality Act 2010 Public Sector Duties in relation to our workforce and commissioning responsibilities.
2	NHS Equality Delivery System 2 (EDS) and transition to EDS 2022; Workforce Race Equality Standard (WRES); Workforce Disability Equality Standard (WDES); Gender Pay Gap (GPG) report and subsequent action plans.
3	Integration of our Equality Impact Assessment and Quality and Equality Impact Assessment within all decision making processes
4	Ongoing interaction/partnership working in relation to our insights, communication and involvement team and equality, diversity, and inclusion.

Sources of assurance *(Where is the evidence that the controls work?)*	
1	Development of ICB in Leeds equality, diversity, and inclusion (EDI) priorities; annual contribution to WYICB Public Sector Equality Duty Report; equality impact assessments completed for commissioning programmes/projects and in relation to decisions.
2	Ongoing partnership working across Leeds Health and Care partnership and the wider WYICB partnership in relation to the EDS transition and development of key priorities. WYICB WRES; WDES; GPG actions plans.
3	Continuation of ICB in Leeds REN; continued implementation of the REN recruitment and selection procedure/ guidelines.

Mitigating actions *(What more are we/should we be doing at place?)*

1. Suporting the EDI strategy in West Yorkshire (2025/26) and leading on the development of Leeds EDI priorities
2. Increased focus on personal wellbeing within objective setting which will include EDI components (2025/26)
3. On going improvement and development in relation to the integration of Equality Impact Assessments within the business process cycle and all decision making processes

Link to place risk register:
None.

Wakefield	Place lead:	Mel Brown	Nominated lead for this risk:	Ruth Unwin, Dasa Farmer (07.07.25)

ICB risk appetite	Place risk scores						Rationale for current place score
	Target (Wakefield)			Current (Wakefield)			Impact assessed as high due to evidence that people with different protected characteristics have poorer health outcomes. Likelihood assessed as high due to Wakefield District Health and Care Partnership having limited ability to change deeply ingrained attitudes.
BOLD	Likelihood	2	8	Likelihood	3	12	
	Impact	4		Impact	4		

Key controls *(What helps us mitigate the risk?)*	
1	Equality, Diversity and Inclusion network established for place
2	Local equality objectives in place
3	Work programme to ensure compliance with Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Public Sector Equality Duty (PSED)
4	Local, multi-agency health inequalities alliance developed.
5	The workforce alliance has a specific workstream for belonging to ensure equality of opportunity in recruitment and career progression
6	Communication, Involvement and EDI at place

Sources of assurance *(Where is the evidence that the controls work?)*	
1	People panel (partnership committee) receives and scrutinises delivery of equality agenda
2	Formal reports - WRES,DES, PSED, Equality Delivery System to People Panel
3	Equality and fairness strategy has been presented to the People Panel, to place management team and Healthcare Inequalities Steering Group

Mitigating actions *(What more are we/should we be doing at place?)*

1. A proactive approach to monitoring population health and uptake of services by groups with protected characteristics. Linked data model implementation for children and young people and other cohorts continuing (2025/26)
2. Supporting delivery of WY wide equality and fairness strategy through localised objectives. The delivery will be monitored via the People Panel.
3. Workforce alliance has a dedicated pillar of work in addressing equality, diversity and inclusion in all aspects of workforce, recruitment, development and training (2025/26)

Link to place risk register:
None.

WYICB - Board Assurance Framework - ICB (no requirement for places to complete)							Version: 12	7 October 2025
Mission 4	Failure to manage the strategic risk could result in a failure to **SECURE BENEFITS OF INVESTING IN HEALTH AND CARE**						**Lead director(s) / board lead**	Shaukat Ali Khan/ Lou Auger
Strategic risk 4.3	There is a risk that threats to our people and physical and digital infrastructure, e.g. from cyber-attacks, terrorism and other major incidents, prevents us from delivering our key functions and responsibilities.						**Lead committee / board**	ICB Board/Transformation Committee
ICB risk appetite	**ICB risk scores**						**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			This risk relates to the ability of the ICB to work with partners to mitigate the impact of a significant incident on the delivery of healthcare services. Our current score has been assessed against the operation of the controls during EPRR events and incidents . We have evidenced significant system ability to respond to an emergency, however there are limited controls the ICB can put in place for the largest scale event such as a future pandemic.	
AVERSE	**Likelihood**	**3**	**9**	**Likelihood**	**3**	**12**		
	Impact	**3**		**Impact**	**4**			

	Key controls *(What helps us mitigate the risk?)*	**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Engagement with all partners and direct alignment to WY Resilience Forum	1. Evaluating impact of recent NHS strucutural changes and the delivery of digital data and technology mandate across the ICB (2025-27) 2. Consolidation of BI and GPIT (2025-27) 3. To ensure resilience of the ICB on-call rota, we are consulting on a new potential structure which we will take to Social Partnership Forum (SPF) on 28 October 2025 for discussion and wider consultation with staff throughout November 2025. 4. We are currently reviewing the learning following business continuity incidents impacting on some GP practices in Bradford and Craven from which the learning will be used to inform our West Yorkshire EPRR processes (Update SOAD in Nov and full report in December 2025).
2	Training at senior level - Principles of Health Command Training - Strategic Health Commander	
3	WY CIO Forum inc Place CIOs	
4	System Winter Plan with mitigating actions for surge and escalation inc Strategic Coordination Centre	
5	EPRR Compliance and Action Plans for each NHS organisation	
6	WY ICB has established arrangements for 1st and 2nd on-call.	
7	Business continuity plans are in place in the event of a prolonged IT system issue.	
8	WY ICB attends or facilitates a range of WY EPRR exercises during the course of each financial year.	
9	EPRR Team have completed testing and exercising of business continuity plans in March 2025	
10	Directorates and Places have completed Business Impact Assessments in June 2025 to support further development of business continuity plans.	
11	Data Security Protection Toolkit in Apr 2025 is complete.	
12	Cyber Security Discovery exercise is complete: we have undertaken a cyber security discovery to identify risks and mitigation to improve cyber security resilience. An action plan has been developed and implementation by June 2025.	

	Sources of assurance *(Where is the evidence that the controls work?)*	**Links to ICB risk register** *(Reference numbers/brief description)*
1	Reporting of EPRR Compliance to Board	**2547** - industrial action **2036 -** Airedale Hospital structural RAAC **2166** - Risk of a successful cyber attack, hack and data breach on ICB. **2234** - Risk of cyber attack on commissioned services **2295** - Business continuity arrangements
2	Minutes of Audit Committee and Internal Audit Meetings	
3	WY EPRR exercises - outputs, from papers and Mins.	
4	Significant learning from incidents	
5	Regular reporting on progress with DSPT annual self-assessment to WY ICB Audit Committee and internal audit assurance of DSPT submission	

WYICB - Board Assurance Framework - ICB (no requirement for places to complete)						Version: 12	6 October 2025
Mission 4	Failure to manage the strategic risk could result in a failure to **SECURE BENEFITS OF INVESTING IN HEALTH AND CARE**					**Lead director(s) / board lead**	Ian Holmes
Strategic risk 4.4	Due to climate change, there is a risk of increased demand for health and care services and disruption to the provision of services. This will result in health and care services that cannot effectively meet population needs.					**Lead committee / board**	Transformation Committee
ICB risk appetite	**ICB risk scores**					**Rationale for current ICB score**	
	Target (ICB)			**Current (ICB)**			
OPEN	**Likelihood**	**4**	**12**	**Likelihood**	**4**	**16**	Climate change is already affecting us in West Yorkshire. International, national, regional and local strategies and actions are insufficient at present to avert the worst effects. In West Yorkshire, we are most likely to be directly affected by flooding, heatwaves, wind and wildfire, but specialist (medical) and general (food, office supplies) supply chains will be disrupted. There is a real risk of disruption to power, internet and gas grids at a regional level. We need to reduce our environmental impact (mitigation) and change what we do to make us ready for the new normal (adaptation).
	Impact	**3**		**Impact**	**4**		

Key controls *(What helps us mitigate the risk?)*		**Mitigating actions** *(What more are we/should we be doing at ICB level?)*
1	Climate Change strategy approved by Partnership Board December 2023	1. There is a degree of uncertainty on future roles and responsibilities in relation to the green agenda as set out in the ICB blueprint. We will continue to work closely with partners to ensure that any changes in role and responsibilities is managed effectively.
2	Regular meetings and data submission to national Greener NHS team	
3	Transformation Committee will take oversight of ICB organisational response.	
4	Board Level Net Zero Leads network and the Operational Leads Network.	
5	Regional Greener NHS steering group.	
6	NHS greener plan was agreed in priniciple at the September 2025 Board meeting.	
Sources of assurance *(Where is the evidence that the controls work?)*		**Links to ICB risk register** *(Reference numbers/brief description)*
1	Minutes of Partnership Board focus on Big Ambition number 9 (climate change)	None identified.
2	Dashboard received by ICB Board on 10 big ambitions	
3	Quarterly data submission to the National Greener NHS team	
4	Minutes of the Transformation Committee	