



Local Care Direct

Annual Report
2024–25



Years of Local Care Direct

Looking forward

a statement from our Chair



I am delighted to write this introduction to LCD's Annual Report for 2024–25. Traditionally, it falls upon the Chair to take a forward look in the introduction, whilst the Chief Executive highlights the salient features of the year just gone.

However, I am acutely aware of the significant structural change taking place within our NHS partners – both nationally and locally – which inevitably creates a degree of uncertainty and unpredictability in the environment in which we operate.

At times like this we must step back and look at the overall picture. And when we do, we can see that LCD, the comprehensive services we provide and the collaborative way we provide them will be critical in helping the NHS achieve its strategic goals.

Whilst the detail of these goals will be set out by the government in the upcoming 10 Year NHS Plan, we know that it will be centred around three big shifts: from hospital to community, from analogue to digital and from sickness to prevention.

Our Clinical Assessment Service (CAS), Urgent Treatment Centres (UTCs), Emergency Department Streaming services, Urgent Community Response (UCR) services, walk-in centres, Dental CAS and GP out-of-hours services are all about the first of those shifts. Indeed, we are working closely with NHS colleagues in West Yorkshire to deliver a Single Point of Access, which will make it much easier for patients to use these services instead of hospitals in the coming years.

And, as we continue to innovate our delivery models and invest in technological and AI solutions, we also are set for the second desired shift: from analogue to digital.

So, when we do step back, we see that not only has LCD played an important role in the NHS over the past 20 years, but it is also well positioned to continue contributing to the very reimagining of the NHS that the government desires.

Finally, I want to put on record our appreciation of the support and professionalism of all those colleagues in the West Yorkshire Integrated Care Board (ICB) and NHS England who we have worked with in recent years.

Kind regards,
Tim Keenan
Chair

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Reflections on 2024–25

a statement from our Chief Executive



As I write this, I'm sat in my office at Bradley with the sun shining and birds singing, which is a lovely backdrop to contemplate the past year for LCD. As Tim Keenan, our Chair, mentions in his update, it's been a tumultuous year both in the world and in the NHS, with many changes ongoing. But, at LCD, as we reached our 20th year, I believe we have weathered the storm around us. We have thrived and moved forward, particularly in enhancing processes around patient safety, service development and the embedding of our values, in addition to enhancing the security and geographical scope of our contracts for NHS services.

And in our anniversary year, there is much for LCD to celebrate. In November, we were delighted to win the Gold Urgent Health UK Workforce Award for the work undertaken last year to create our new values ahead of our 20th year.

And at our 20th Anniversary Awards event, we launched our new staff handbook, which is based around those values and our organisational values-based approach that we call The LCD Way. We're very proud of our handbook and Jamie Jones-Buchanan MBE, who was one of the speakers at our ceremony, said that it was the best example of a staff handbook that he had come across... and with our blessing, a very similar version may well be seen in a local professional sports club! Our 'Just Culture' approach to patient safety has been another area of significant development.

This work, undertaken by our patient safety specialists and embraced and embedded by the wider organisation, utilises principles to guide us in our learning from patient safety events. We look to understand the systematic, environmental and process-based challenges, rather than focus solely on individuals' behaviour. This is such a positive approach and complements our values-led approach across LCD.

Activity levels across all our services remain as high as for our NHS partners. We continue to develop improvements and efficiencies in the approach to the system risks, in order to keep our patients as safe as they can be in this wider challenging NHS environment. Our staff and colleagues continue to be caring, professional and committed to providing the best care that they can, and I thank them for that. I'm so pleased to report that our West Yorkshire Urgent Care service has maintained its good rating after a CQC visit during the year, which was very good news for us and our patients.

We continue to maintain and further develop our role in provider and system groups across West Yorkshire. This means that we can continue to support and influence the development of pathways and solutions to support our local population. As the landscape evolves, and providers take more accountability and responsibility for the design and commissioning of local services, we are well placed to respond and contribute.

I'd like to close by thanking everyone for their contribution this year, and to look ahead to the next year with enthusiasm and optimism – knowing that we are supported by a great team of people who are ready to embrace the changes!

Kind regards,

Helen Carr, Chief Executive Officer

Our role

delivering health services

Our purpose is to care for people. Established as a community-owned social enterprise in 2004 to deliver health services across West Yorkshire, we aim to meet the needs and expectations of our patients and our NHS and social care partners.

As a partner within the Integrated Care System, we take on a significant role straddling both primary and secondary care services 24 hours a day, 365 days a year. We work with our partners in Urgent and Emergency Care to provide high-quality services that are easy to access and understand, while ensuring people in our communities can receive the right advice, care and support in the right place and as close to home as possible.

Over the past 20 years, we have developed a broad range of services for patients across Yorkshire and the Humber, and the North East, including: a centralised contact centre, GP out-of-hours services, Urgent Treatment Centres, walk-in facilities, extended access primary care services, and a dental assessment and booking service, as well as several bespoke services for our NHS clients.

During 2024, we won a Gold Urgent Health UK (UHUK) Award within the Workforce category. The nomination mentioned our colleagues' input and support from external specialists, to finalise our new values: 'Kindness & Respect', 'Fairness & Consistency', and 'Honesty & Integrity'.

Our workforce includes
455 employees
& **264 sessional**
colleagues*



We operate out
of **17 sites** across
West Yorkshire



We provided healthcare services
to an estimated population of

8 million

in Yorkshire and the Humber,
and the North East†



* Workforce figures taken from 25 April 2025

† Level of service varies per location

Our services in numbers

between 1 April 2024 and 31 March 2025

Last year,
we delivered

22 services for the NHS,
which saw 728,196 patient cases



We worked with our partners to
deliver Urgent Community Response
across West Yorkshire, providing
clinical triage and GP support to

12,545 referrals



We triaged the 3,453 cases

that came into our Covid Medicine Delivery Unit (CMDU) service,
supporting clinically vulnerable patients to access COVID-19 antivirals



We spoke to 315,207

patients in our Dental Clinical Assessment
and Booking service, helping them get urgent
dental care – that's 28,137 more than last year

We deliver the West Yorkshire Urgent Care service and
this year, 255,536 patient cases
came to us during the out-of-hours period

Our Emergency Department Validation service

advised 6,274 people

that they did not need to go to an Emergency
Department and provided alternatives



We visited
20,753 patients

when they were too ill to travel to
us, and we also saw 65,249 patients
in Primary Care Centres



We supported 97,233 patients

who came to our St George's and Wharfedale Urgent
Treatment Centres, and our King Street Walk-In Centre



Our Social Impact Report

has more information about our efforts during
2024-25, head to our website to view it:
www.localcaredirect.org.uk

Local Care Direct's Executive Committee

Helen Carr leads the Executive Committee, which provides key strategic planning and operational leadership to the organisation and its employees. The committee also provides financial oversight and reports to and acts on behalf of the Board.

The committee meets every Monday morning to facilitate prompt decision-making in addition to their monthly Business Performance meeting, where they ensure Local Care Direct (LCD) has the resources, structures and governance in place to achieve the required standards.



Helen Carr, Chief Executive Officer (CEO)

Helen has a background in finance as a qualified Chartered Accountant. She has experience in contracting, auditing and managing private companies, PLCs and charitable organisations. She's been in her role for 12 years and is passionate about social enterprise, putting our values at the core of all that we do.



Alison Russell, Director of Quality & Risk

Alison has been with LCD since the beginning, joining in 2004. She has worked across a variety of roles and is currently the CQC's registered manager for all of our services, ensuring we are compliant with all contractual and regulatory standards. Alison also takes on the additional role of LCD's Senior Information Risk Owner.



Carol Gilchrist, Deputy CEO & Director of Operations

Carol joined LCD in 2022 after 25 years' experience at Kirklees Council, working closely with local communities. She is passionate about collaboration and has worked with partners across the West Yorkshire ICS. She is a compassionate leader who champions equality, diversity and inclusion. Carol is also LCD's Accountable Emergency Officer.



Dawn Mackman, Director of Clinical Governance & Quality

Dawn has experience in emergency and acute care settings, and at Leeds City Council. She has worked as an Emergency and Advanced Nurse Practitioner, Clinical Manager, and lecturer at Leeds and Huddersfield universities. She joined LCD in 2011 and takes on the additional role of Caldicott Guardian while also being accountable for controlled drugs.



Faisal Haque, Associate Director of Operations

Faisal qualified as a pharmacist in 2009 and gained nine years of management experience in Community Pharmacy before joining LCD in 2018 as a trainee Advanced Clinical Practitioner. He has since taken on roles such as Medicines Management Lead and Clinical Services Manager. Faisal has an additional role as our values champion.



Dr Jonathan Ring, Medical Director

Jonathan has worked as a GP since 2009 and joined LCD in 2012. He is an Honorary Senior Lecturer at the University of Leeds, GP Trainer, RCGP Clinical Advisor, NICE GP Reference Panel Member and GMC Associate. As well as being one of West Yorkshire ICB's Safeguarding Named GPs, Jonathan takes on the additional role as LCD's Senior Safeguarding Lead.



Kim Anderson, Associate Director of People & Resourcing

Kim joined LCD in 2023 from the public sector, where she gained over 20 years of experience in operational and HR roles. She has worked across the Ministry of Justice in Prisons, Probation Services and the Judicial Office. With a passion for delivering for the benefit of the community, Kim was keen to move to a values-driven, third-sector organisation.



Michael Hargreaves, Acting Director of Finance & IT

Michael joined LCD in 2020 from a Global Tier 1 Automotive Manufacturer and has experience from a breadth of industries, including construction and software. As a Chartered Accountant, he is responsible for the financial management of LCD, ensuring we remain financially compliant. Mike is passionate about the values of a social enterprise.



Paul Dean, Company Secretary

Paul joined LCD as Company Secretary in 2019 following a career in banking. He acts as Secretary to the Board, and the Audit, Risk and Service Improvement Committee, ensuring LCD has effective governance in place. He has been instrumental in developing LCD's relationships with Community Foundations and is also a Trustee of HALE charity in Shipley.



Phil Bromage, Director of Service Development

Phil has 40 years of experience across legal and medical services, with a strong track record in service development and company turnaround, specialising in quality control and practice management systems. In recent years, he has taken a keen interest in sustainable practices and has spearheaded LCD's green agenda.

Local Care Direct's Board Members

Tim Keenan leads the Board, which consists of Executive Directors and Non-Executive Directors, one of whom is elected by members. The Board oversees corporate strategy and supports the Executive Team to ensure the business has the necessary resources, structures and governance in place.



Tim Keenan, Chair

Tim is a retired accountant from Ernst and Young and a specialist healthcare management consultant. He has advised successive governments on healthcare policy, as well as helping statutory regulators, health commissioners and providers to improve care and increase productivity over many years. He is committed to helping LCD's social enterprise model succeed.



Helen Carr, Chief Executive Officer

Our Chief Executive, Helen, has a background in finance as a Chartered Accountant. She has experience in contracting, auditing and managing private companies, PLCs and charitable organisations. Helen has been in her role for 12 years and is passionate about social enterprise, putting our values at the core of all that we do.



Dr Adam Sheppard, Non-Executive Director

Recently retired as Senior Partner from a GP Partnership after 31 years, Adam continues to work in a clinical capacity and has held senior clinical leadership roles since 2013, including Chair and clinical leader of Wakefield Clinical Commissioning Group. Whilst continuing his leadership role in Wakefield, Adam brings his extensive knowledge of West Yorkshire urgent care to LCD.



Dr David Hughes, Non-Executive Director

David was a GP partner in Holmfirth for just over 37 years and retired in July 2024. He was a member of the Clinical Commissioning Group in Huddersfield since its formation in 2013 and continues to keep some clinical work, doing occasional locum for his old practice.



Jackie Donlon, Member Non-Executive Director

Jackie began working at LCD part-time alongside her role as a Headteacher's Personal Assistant, which she held for 23 years. Currently, Jackie works as a Contact Centre Agent and supports services such as Urgent Community Response and Emergency Department Validation. She is a Registrar and Celebrant, and can legally officiate and conduct wedding ceremonies.



Dr Georgina Haslam, Non-Executive Director

Throughout Georgina's career she has improved patient pathways and championed Quality Improvement, working both regionally and nationally to implement improved patient outcomes. She was LCD's Clinical Director from 2010–11, re-joining LCD as a Non-Executive Director in 2014 and was Chair from 2016–23. She is now Chair of the Audit, Risk and Service Improvement Committee.



Olivia Butterworth, Non-Executive Director

Olivia worked at NHS England for 13 years, leading initiatives for community involvement in health services. With a background in community development, she empowers individuals in the design and delivery of health and care services. Now freelancing, she supports inclusive practices and serves as a Civil Celebrant.



Dr Sabine Kollment-Scharl, Non-Executive Director

Sabine worked as a GP in south Leeds, where she was involved in a national project to reduce hospital admissions prior to joining LCD in 2004. Sabine obtained an MBA with a focus on Healthcare Management in Michigan while living in the USA before coming to England. One of her particular interests is palliative care, and she is passionate about improving patient care and service development.



Dr Taz Aldawoud, Non-Executive Director

Taz is a GP, holds an MBA with specialism in Strategic Management in Healthcare, and is the founder and CEO of Doc Abode, an award-winning digital workforce platform. Taz is passionate about creating a safer and more responsive healthcare system through the enabling of digital technologies within the NHS.

Notice of Annual General Meeting of Local Care Direct Limited

This is notice that the 20th Annual General Meeting of Local Care Direct will take place on 19 June 2025 at 11:00 am, with tea and coffee available on arrival.

You are invited to join us for the event at John Smiths Stadium, Terriers Together Suite, Stadium Way, Huddersfield, HD1 6PG, where a buffet lunch will be provided. Voting and approval will be completed on the day, with the purpose of transacting the following business:

1. To approve the minutes of the Annual General Meeting held on 27 June 2024.
2. To receive extracts of the Directors' Report and Financial Statements together with the auditor's report thereon for the year ended 30 September 2024 (please see the following pages).
3. To consider, and if thought fit, reappoint Grant Thornton LLP as LCD auditors and authorise the Directors to fix the remuneration of the auditors.
4. To re-elect Tim Keenan as Non-Executive Director.
5. To announce the results of the members voting and appoint the new Member Non-Executive Director.
6. To transact any other business permitted under the rules.

By order of the Board

Paul Dean
Company Secretary
May 2025

Please note that full copies of the Directors' Report and Financial Statements for the year ended 30 September 2024 can be obtained by email via Paul.Dean@lcdwestyorks.nhs.uk



Our Audit, Risk and Service Improvement Committee



The Audit, Risk and Service Improvement Committee continues to provide the Board with assurance that LCD's internal control framework is operating effectively and that emerging risks are being appropriately managed. The Committee meets five times a year, prior to Board meetings. Minutes are circulated to the Board, and key findings are presented directly to ensure transparency and prompt action where necessary.

Following on from the establishment of a manager-led internal risk committee, good work has been achieved this year regarding communication between departments, with a further overall reduction in operational risk. Each year, our external auditors, Grant Thornton, conduct a review of our financial performance, reporting standards and control environment. I am pleased to report that, once again, no significant issues were identified during this year's audit.

We maintain a strong partnership with Audit Yorkshire to proactively manage fraud risks. We also monitor fraud incidents across the NHS to ensure our own systems remain robust and to adopt lessons from other organisations where appropriate. Notably, there have

been no major fraud incidents within the past financial year – a testament to the diligence and vigilance of colleagues across LCD. This is especially commendable given the fast-evolving landscape, where fraud attempts continue to become more sophisticated, including within the NHS.

I am also pleased to confirm that LCD continues to meet all the criteria set by the NHS Counter Fraud Authority. Whilst this is encouraging, we are not complacent. Our focus remains on educating and equipping staff to report suspicions of fraud at the earliest opportunity.

Cybercrime continues to evolve, driven in part by the rise of artificial intelligence (AI). Whilst we have initiated a review of where AI presents future opportunities to support and enhance our services, we are also aware that it introduces new threats. As we progress in developing our Digital Strategy, our control environment will be strengthened accordingly to address emerging cybersecurity risks.

On behalf of the Audit, Risk and Service Improvement Committee and the Board, I extend my sincere thanks to all staff for their continued commitment, diligence, and hard work.

Thank you

Dr Georgina Haslam

Chair of the Audit, Risk and Service Improvement Committee

Key activities and figures

Reportable information incidents

We have robust measures to protect our patients' data, including the process to report and investigate any incidents relating to how we hold and use confidential data. Between 2024 and 2025, LCD did not experience any breaches in data that needed to be reported to the Information Commissioner's Office.

Emergency Preparedness Resilience Response (EPRR)

Emergency Preparedness Resilience and Response (EPRR) is a core function of the NHS and a statutory duty under the Civil Contingencies Act (CCA) 2004, NHS Act (2006), and Health and Care Act 2022. LCD has developed a robust EPRR function led by our Accountable Emergency Officer (AEO) and Deputy AEO, and overseen by the LCD Board. The AEO attends the West Yorkshire Local Health Resilience Partnership meetings, ensuring we are both supported and offer mutual aid support to our system partners. Throughout 2024–25, LCD has strengthened the number of Health Commander roles across the organisation and has successfully completed the NHSE Core Standards annual assurance process. Our command-and-control structure operates 24/7 and all health commanders are completing a portfolio of competence against their specific role. While working with Kirklees Council's Emergency Planning Team this year, LCD has successfully completed an annual training and exercise programme of work.



Our financial summary

The Directors are pleased to report the following financial results for the year ended 30 September 2024. Local Care Direct has continued to manage its expenditure in line with its turnover to maintain an appropriate level of surplus. The Statement of Financial Position remains strong, which provides us with continued resilience.

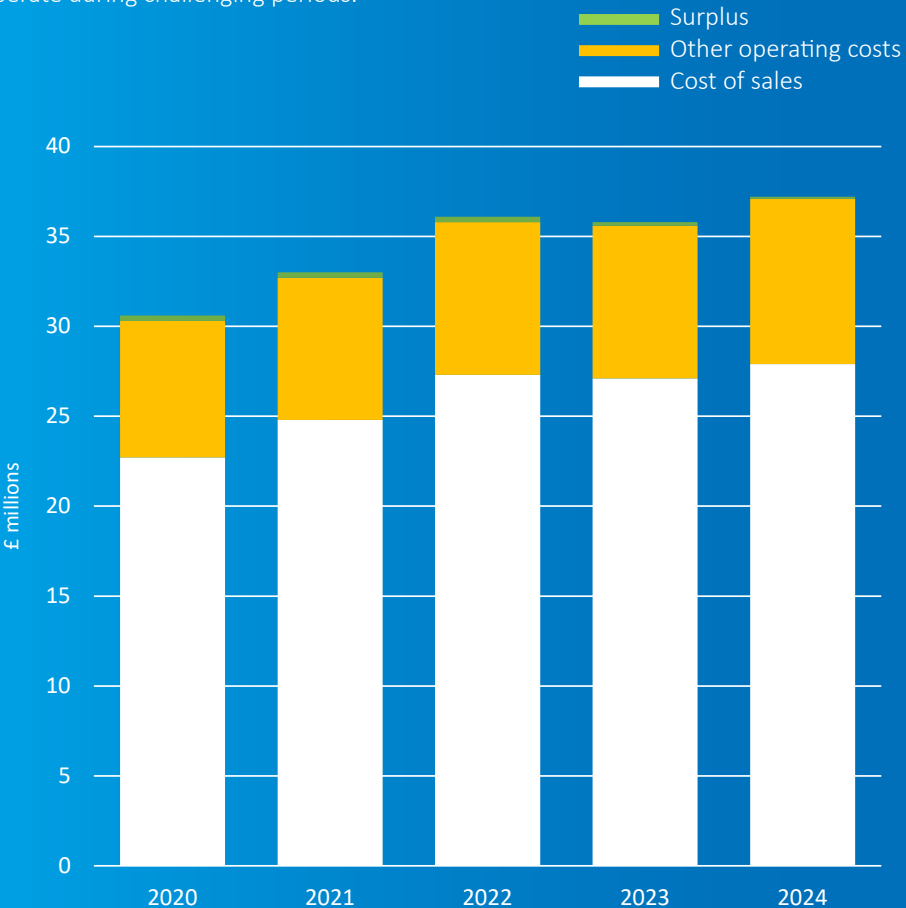
Statement of Financial Position	2024 (£)	2023 (£)
Tangible and intangible fixed assets	684,583	721,625
Current assets	11,544,136	11,520,148
Creditors: Amounts falling due within one year	-4,460,238	-4,488,203
Net current assets	7,083,898	7,031,945
Total assets less current liabilities	7,768,481	7,753,570
Creditors: Amounts falling due after more than one year	0	0
Net assets	7,768,481	7,753,570
Reserves	7,768,481	7,753,570

Income and Expenditure	2024 (£)	2023 (£)
Turnover	36,823,872	35,871,745
Cost of sales	-27,933,379	-27,146,466
Gross surplus	8,890,493	8,725,279
Other operating charges	-9,228,272	-8,852,620
Operating surplus	-337,779	-127,341
Interest receivable	471,400	374,269
Interest payable and similar charges	-860	-1,262
Surplus on ordinary activities before taxation	132,761	245,666
Tax on surplus on ordinary activities	-117,850	-82,370
Surplus for the financial year	14,911	163,296
Reserves brought forward	7,753,570	7,590,274
Reserves carried forward	7,768,481	7,753,570

Understanding our income and expenditure

Turnover is the total amount of funding LCD receives to provide services; this comes from a range of sources including ICBs and individual GP surgeries.

The largest portion of this money is spent on the ‘cost of sales’, which are costs directly linked to the service, and the activity of the service provided, such as clinical wages or medical supplies. Other operating costs are costs that span multiple services or those unaffected by service activity levels, such as the cost of buildings or IT infrastructure. We also retain a small surplus to provide ongoing security, so that LCD can continue to operate during challenging periods.



Extract from the Directors' Report and Strategic Review for the year ended 30 September 2024

The Board reports the achievement of a surplus before taxation of £132,761 for the year ended 30 September 2024, representing 0.4% of turnover (2023 - £245,666). LCD continues to deliver the West Yorkshire Urgent Care (WYUC) contract, which incorporates the Leeds Urgent Treatment Centres (UTCs). The core elements of this contract account for approximately 70% of turnover.

Both the Leeds UTCs and King Street Walk-in Centre services encountered sharp reductions in activity from March 2020 due to Covid-19. Activity within the Leeds UTCs has recovered well, with annual patient numbers now over 15% higher than before the pandemic. King Street Walk-in Centre activity levels, although improving, have been slower to recover; the annual number of patients prior to the pandemic was c39,500, compared to the year ended 30 September 2023 of c29,000 and the year ended 30 September 2024 of c28,500.

Patient activity within the Yorkshire and Humber Dental Clinical Assessment and Booking Service has further increased and continues to run significantly above levels envisaged in the original contract, with chargeable activity for the year ended 30 September 2024 of 311,000 (2023: 270,000 patients), compared to the original baseline of 181,000. Insufficient availability of dental treatment appointments as a

disposition from this service has led to high levels of patient churn, with total demand for the year ended 30 September 2024 of 419,000 (2023: 431,000). The original contract was extended to March 2026 and as part of negotiation, the baseline activity was increased to 284,037.

During the year, LCD continued to deliver services commenced in the previous financial year as well as supporting the local health system during periods of increased pressure. We utilise our Contact Centre hub operation to provide additional services and pathways at place and across the West Yorkshire footprint.

As commissioning bodies and providers seek to maximise value for money from their services, smaller peripheral services were subject to review. During the year ended 30 September 2024 ED Streaming services at Bradford Royal Infirmary and Care Home monitoring services in Calderdale were terminated.

The new Provider Selection Regime (PSR) came into force on 1 January 2024. PSR is a set of new rules for procuring health care services in England by organisations termed relevant authorities. Relevant authorities are NHS England, Integrated Care Boards (ICBs), NHS Trusts and NHS foundation trusts and Local Authorities and Combined Authorities. PSR introduced

three provider selection processes that relevant authorities can follow to award contracts for health care services.

During the year ended 30 September 2024, the ICB awarded two contracts under the newly introduced direct award process: West Yorkshire Urgent Care and King Street Walk-in Centre. The process highlighted the confidence local commissioning authorities have in LCD's ability to deliver services now and in the future.

LCD continues to operate in a rapidly changing NHS commissioning environment. The West Yorkshire Integrated Care System (ICS) is a partnership that brings together providers and commissioners of NHS services across a geographical area, with local authorities and other local partners, to collectively plan health and care services to meet the needs of their population. LCD seeks to operate at the ICS level for its core services, developing local models to meet system need in line with strategic view. LCD continues to offer constructive and innovative support to such initiatives to improve pathways of care.

LCD continues to play a key role in the health economy across our ICS in West Yorkshire:

- We are an active member of the West Yorkshire Urgent and Emergency Care Programme Board;
- We are playing an active role in the development of Integrated Urgent Care (IUC); the pathway providing clinical advice and consultation at West Yorkshire level and integrating with place-based service provision.
- We are developing and delivering

new services as part of place-based pathways, within local partnership agreements.

- We are embedded within local same day urgent care solutions, including redirection of ED pathways to our walk-in services, and ED validation.
- We provide infrastructure and support to Primary Care across the region.

As the system's financial position is placed under greater levels of pressure, there is greater scrutiny placed on services delivering value for money. This has led to the termination of some services and schemes within the year however it is also an opportunity for LCD to support and provide alternatives to more costly services.

More generally we are positioned to facilitate the restructure of healthcare provision, particularly in the area of Urgent Primary Care. We have a strong local and national presence and are considered by our local commissioners to be their support organisation of choice, having the knowledge, scale and experience to be a credible partner.

LCD's key financial performance indicators centre on providing financial stability for the organisation whilst delivering on its status as a not-for-profit organisation. As a member owned society there is no opportunity to raise outside capital to support the operations and as such the organisation must remain economically secure to ensure financial stability. The strength of the society's financial standing is a contributing criterion in the award of



future contracts through the provider selection regime.

The Society has attained a breakeven position, which has achieved its aim in utilising the entirety of the revenue in the delivery of services. However, as the cost of delivering services has increased, LCD's ability to sustain its operations from reserves has slightly diminished but would still allow for substantial continuation of service. The nature of the Society's customers (NHS) means invoices are usually paid shortly after presentation, evident in the debtor days. Whilst this provides a cashflow benefit, it leaves the organisation exposed if there is an issue with payment. The organisation seeks to mitigate this by holding sufficient reserves. The organisation is confident the KPIs below demonstrate suitable stewardship of public monies whilst ensuring value for money in its delivery.

The management team has undertaken an assessment of the impact of the above and has presented a forecast to 31 March 2026 to the Board.

After reviewing the Society's budget and forecast to 31 March 2026 and the facilities currently available, the Board is confident that the Society has sufficient resources to continue for the foreseeable future. For this reason, the Society has adopted the going concern basis in its financial statements.

The report was approved by the Board and signed on its behalf.

Tim Keenan
Chair

25 April 2025

Independent Auditor's Report this year's extract



Opinion

We have audited the financial statements of Local Care Direct Limited (the 'society') for the year, which comprise the Income and Expenditure Account, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the society's affairs as at 30 September 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Co-operative and Community Benefit Societies Act 2014.

Basis for opinion

We have been appointed as auditor under the Co-operative and Community Benefit Societies Act 2014 and report in accordance with regulations made under that Act. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the society in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the society to cease to continue as a going concern.

In our evaluation of the Board's conclusions, we considered the inherent risks associated with the society's business model including effects arising from macro-economic uncertainties such as inflationary pressures, we assessed and challenged the reasonableness of estimates made by the board and the related disclosures and analysed how those risks might affect the society's financial resources or ability to continue operations over the going concern period.

In auditing the financial statements, we have concluded that the Board's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the society's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the board with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Strategic and Directors Report, other than the financial statements and our Auditor's Report thereon. The board are responsible for the other information contained within the Directors Report. Our opinion on the financial statements does not cover the other information and, except to the

extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Co-operative and Community Benefit Societies Act 2014 requires us to report to you if, in our opinion:

- a satisfactory system of control over transactions has not been maintained; or
- the Society has not kept proper accounting records; or
- the financial statements are not in agreement with the books of account; or
- we have not received all the information and explanations we need for our audit.

Respective responsibilities of the Board and auditors

As explained more fully in the Statement of Responsibilities of the Board, the Board is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intends to liquidate the Society or to cease operations, or has no realistic alternative but to do so.

The auditors' objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities.

Use of our report

This report is made solely to the society's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the society's members those matters we are required to state to them in an Auditor's Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the society and the society's members as a body, for our audit work, for this report, or for the opinions we have formed.

Grant Thornton UK LLP
Statutory Auditor
Chartered Accountants
Sheffield
25 April 2025





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