

CABINET MEETING – 12 OCTOBER 2023

EXECUTIVE SUMMARY SHEET – PART I

Title of Report:

2023-2025 Better Care Fund Section 75 Agreement

Author(s):

Executive Director of Health, Housing and Communities

Purpose of Report:

The purpose of the report is to seek Cabinet approval for the Council to enter into Section 75 agreement with the North East and North Cumbria Integrated Care Board (ICB), to enable improved health and care integration and to meet national conditions of the 2023/2024 - 2024/2025 'Better Care Fund' (BCF) programme.

Description of Decision:

Cabinet is requested to authorise:

(a) the entering of an agreement by the Council in accordance with Section 75 of the National Health Act 2006 (a Section 75 agreement) on terms agreed by the Executive Director of Health, Housing & Communities, in consultation with the Portfolio Holder for Health and Social Care, Director of Finance, the Director of Adult Services, the Assistant Director of Law and Governance and the Assistant Director of Integrated Commissioning which:

(i) makes provision for the exercise of functions, duties, budgets and governance arrangements that effectively meets the conditions of the 2023/2024 - 2024/2025 BCF; and ensures that the BCF Section 75 agreement is fit-for-purpose in encompassing wider integrated health and care provisions, in order to support the effective implementation of place-based collaborative working arrangements in-line with the government's integration White Paper '[Joining up care for people, places and populations](#)'. It is proposed that this will cover the agreed functions, duties, budgets and governance arrangements needed to secure effective integrated health and care provision in Sunderland.

(b) the Executive Director of Health, Housing & Communities, in consultation with the Portfolio Holder for Health and Social Care, to take such steps as are considered necessary to secure the completion of the Section 75 agreement in-line with national timescales of 31 October 2023.

Is the decision consistent with the Budget/Policy Framework? *Yes

If not, Council approval is required to change the Budget/Policy Framework

Suggested reason(s) for Decision:

As noted in Section 3.1, the Better Care Fund (BCF) programme is a key enabler of health and care integration. There is an expectation that nationally approved BCF plans will be supported by a Section 75 agreement by 31 October 2023. Failure to agree plans and/or the associated Section 75 agreement, may result in the withholding of grant funding to deliver critical health and care services. This would have a significant impact on the local investment available to meet key areas of need, which would in turn impact on access, quality and outcomes of local health and care provision.

In addition, without agreement of a robust section 75 arrangement, the Council would not have the legal mechanisms to enter into lead commissioning arrangements on behalf of the ICB. This would therefore leave the Council exposed across areas of integrated care that rely on this instrument to be permissible under law.

Aside from the financial and legal risks outlined above, the decision supports improvements in health and care provision that align to the strategic ambitions of the Council under the City Plan, Healthy City Plan and Living and Ageing Well Strategy for adult social care. This includes:

- improved patient and population health and care outcomes.
- better use of scarce system resource to deliver improved cost effectiveness, increased efficiencies and economies of scale.
- Creating shared approaches to risk management to support continuity of care and system resilience.
- Creating new opportunities to leverage the benefits of collective capacity to deliver innovation, improved market confidence and coordinated sustainable development activities, including community wealth building.

Alternative options to be considered and recommended to be rejected:

Potential alternative options include not entering into a Section 75 agreement with the ICB. For elements related to the BCF, this option would result in a failure to meet national conditions, which may lead to a reduction or withdrawal of Integrated BCF (IBCF) and Disabled Facilities Grant (DFG) funding.

This funding is critical to health and care delivery, including the ability of the Council to fulfil its obligations under the Care Act 2014. More widely, without a Section 75 agreement, there would be no mechanism to support the pooling of budgets and effective place-based collaborative working arrangements, resulting in a reduced ability of partners to achieve the benefits outlined in section 5.3 of the report, and may impact on the deliverability of strategic objectives within the Healthy City Plan and Integrated Care Strategy.

Impacts analysed;

Equality **Privacy** **Sustainability** **Crime and Disorder**

Is the Decision consistent with the Council’s co-operative values? Yes

Is this a “Key Decision” as defined in the Constitution? Yes

Is it included in the 28 day Notice of Decisions? Yes

CABINET – 12 OCTOBER 2023

2023-2025 BETTER CARE FUND SECTION 75 AGREEMENT

Report of Executive Director of Health, Housing and Communities

1. Purpose of the Report

The purpose of the report is to seek Cabinet's approval for the Council to enter into a Section 75 agreement with the North-East and North Cumbria Integrated Care Board (ICB), to enable improved health and care integration and to meet national conditions of the 2023/2024 -2024/2025 'Better Care Fund' (BCF) programme.

2. Description of Decision (Recommendations)

2.1 Cabinet is requested to authorise:

(a) the entering of an agreement by the Council in accordance with Section 75 of the National Health Act 2006 (a Section 75 agreement) on terms agreed by the Executive Director of Health, Housing & Communities, in consultation with the Portfolio Holder for Health and Social Care, Director of Finance, the Assistant Director of Law and Governance, the Director of Adult Services and the Assistant Director of Integrated Commissioning which:

(i) makes provision for the exercise of functions, duties, budgets and governance arrangements that effectively meets the conditions of the 2023/2024 -2024/2025 BCF; and ensures that the BCF Section 75 agreement is fit-for-purpose in encompassing wider integrated health and care provisions, in order to support the effective implementation of place-based collaborative working arrangements in-line with the government's integration White Paper '[Joining up care for people, places and populations](#)'. It is proposed that this will cover the agreed functions, duties, budgets and governance arrangements needed to secure effective integrated health and care provision in Sunderland.

(b) the Executive Director of Health, Housing & Communities, in consultation with the Portfolio Holder for Health and Social Care, to take such steps as are considered necessary to secure the completion of the Section 75 agreement in-line with national timescales of 31 October 2023.

3. Introduction/Background

3.1 [The Better Care Fund](#) (BCF) programme is a key enabler of health and care integration, supporting the joint delivery of person-centred and sustainable health and care provision that delivers better outcomes for people, place and population. The BCF enables the Council and Integrated Care Board (ICB) to establish a joint budget arrangement that supports effective collaboration in delivering on the NHS Joint Forward Plan alongside local strategies to improve population health and reduce inequalities.

3.2 The BCF process is underpinned by a nationally determined policy and planning framework, alongside funding contributions from:

- A minimum allocation of NHS funding
- Disabled Facilities Grant (DFG)
- Improved BCF (iBCF) social care funding grant
- Local Authority Adult Social Care Discharge Funding
- ICB Adult Social Care Discharge Funding
- Additional voluntary contributions from the Council and/or ICB to further their joint ambitions for improved integration of health and care.

3.3 These arrangements must be pooled into a Section 75 agreement between the ICB and Council, in order to support robust governance and accountability of the BCF.

3.4 In the 2023/2024 planning round, there is an expectation that nationally approved BCF plans will be supported by a Section 75 Agreement by 31 October 2023. Failure to agree plans and/or associated Section 75 arrangements, may result in the withholding of grant funding to deliver critical health and care services in the City.

4. Current Position

4.1 In June 2023, the Council and the ICB agreed BCF planning documentation that set out the proposed schemes and funding allocations to be pooled into the 2023/2024 - 2024/2025 Better Care Fund (BCF).

4.2 This included high-level proposals for securing cost effective health and care investment that would:

- Address local health and care priorities aligned to two overarching policy objectives (i.e. 'enabling people to stay well, safe and independent at home for longer' and 'right care, right time, right place'), alongside the strategic objectives of the Healthy City Plan and Integrated Care Strategy; and
- Build effective place-based governance arrangements, including a comprehensive s75 partnership arrangement to provide the mechanisms to support a pooled budget arrangement, alongside joint decision-making and appropriate delegations of powers.

4.3 The total proposed investment for Sunderland at the time of submitting plans in June 2023, was £56,729,368 for 2023/24 and £60,868,598 for 2024/2025. Funding allocations from each partner are as set out below. Please note, 2024/2025 figures are based on national assumptions stipulated under the BCF policy and planning guidelines.

Funding Source	Total investment 2023/2024	Total investment 2024/2025
Disabled Facilities Grant	£4,055,399	£4,055,399
Minimum NHS Contribution	£29,126,100	£30,774,637
IBCF	£18,683,789	£18,683,789
Additional LA Contribution	£560,000	£0
Additional NHS Contribution	£0	£0
Local Authority Discharge Fund	£2,619,438	£4,348,267
ICB Discharge Fund	£1,684,642	£2,796,506
Total Investment	£56,729,368	£60,868,598

Table 1.1. BCF 2023/2024-2024/2025 Investment Plans

- 4.4 Subsequent to agreeing and submitting plans in June 2023, the Department of Levelling Up, Housing and Communities (DLUHC) announced an uplift to the DFG grant on the 7th September, with the effect of increasing the Sunderland allocation by a further £353,874. Plans were refreshed to accommodate this additional funding, with significant investment being made in preventative use of the DFG to reduce avoidable admissions.
- 4.5 As per the BCF planning requirements, the Council and ICB submitted a joint narrative to describe how its BCF proposal would meet both BCF objectives and wider place-based integration ambitions. This included proposed infrastructure investment to develop effective local collaborative working arrangements, which are jointly funded through a section 256 arrangement currently sat within the Council, and as noted as an 'additional LA contribution' within table 1.1 above.
- 4.6 In-line with national requirements, BCF proposals were ratified by the Health and Wellbeing Board, ICB Executive Board and the Chief Executive and submitted to the regional Better Care assurance panel for moderation and approval. Sunderland's BCF plans were subsequently approved, with the expectation that partners will agree a Section 75 agreement to bring these proposals into effect by 31 October 2023.
- 4.7 The agreed section 75, will include details on the relevant governance arrangements required to oversee the BCF, alongside national reporting and monitoring arrangements. Sunderland's Section 75 is supported by oversight from the Sunderland Place Committee which meets monthly in-common with the Section 75 Partnership Board. These oversight arrangements are further supported by a BCF Monitoring and Implementation Group, which meets monthly to review BCF expenditure, performance and governance, as well as provide ongoing assessment of the capacity and demand assumptions that underpin level of investment and BCF performance targets.
- 4.8 Through joint BCF infrastructure investment, the ICB and Council have commissioned Hill Dickinson LLP to act as an honest broker in the development and negotiation of the Section 75. This is further supported by a BCF stocktake process that is currently being rolled-out to reconcile all areas of BCF spend to a contract, grant and/or partnership agreement. This will ensure all areas of investment is supported by robust commissioning arrangements and that contractual, financial and/or performance risks are transparently managed in-line with negotiated risk share arrangements.

5. Reasons for the Decision

- 5.1 As noted in Section 3.1, the Better Care Fund (BCF) programme is a key enabler of health and care integration. There is an expectation that nationally approved BCF plans will be supported by a Section 75 agreement by 31 October 2023. Failure to agree plans and/or the associated Section 75 agreement, may result in the withholding of grant funding to deliver critical health and care services. This would have a significant impact on the local investment available to meet key areas of need, which would in turn impact on access, quality and outcomes of local health and care provision.
- 5.2 In addition, without agreement of a robust section 75 arrangement, the Council would not have the legal mechanisms to enter into lead commissioning arrangements on behalf of the ICB. This would therefore leave the Council exposed across areas of integrated care that rely on this instrument to be permissible under law.

- 5.3 Aside from the financial and legal risks outlined above, the decision supports improvements in health and care provision that align to the strategic ambitions of the Council under the City Plan, Healthy City Plan and Living and Ageing Well Strategy for adult social care. This includes:
- improved patient and population health and care outcomes.
 - better use of scarce system resource to deliver improved cost effectiveness, increased efficiencies and economies of scale.
 - Creating shared approaches to risk management to support continuity of care and system resilience.
 - Creating new opportunities to leverage the benefits of collective capacity to deliver innovation, improved market confidence and coordinated sustainable development activities, including community wealth building.

6. Alternative Options

- 6.1 Potential alternative options include not entering into a Section 75 agreement with the ICB. For elements related to the BCF, this option would result in a failure to meet national conditions, which may lead to a reduction or withdrawal of Integrated BCF (IBCF) and Disabled Facilities Grant (DFG) funding.
- 6.2 This funding is critical to health and care delivery, including the ability of the Council to fulfil its obligations under the Care Act 2014. More widely, without a Section 75 agreement, there would be no mechanism to support the pooling of budgets and effective place-based collaborative working arrangements, resulting in a reduced ability of partners to achieve the benefits outlined in section 5.3 of the report, and may impact on the deliverability of strategic objectives within the Healthy City Plan and Integrated Care Strategy.

7. Impact Analysis

Introduction

A summary impact analysis for the BCF Section 75 is provided below:

- (a) **Equalities** – The BCF is an integrated care programme bound by national conditions to tackle inequalities and promote equality and diversity through its investment and implementation decisions. The BCF narrative plan (see Appendix A) includes a section outlining how BCF investment will support a reduction in inequalities, and how it will ensure those with protected characteristics will equitably benefit from BCF proposals. This includes specific action to promote equality and tackle inequalities related to protected characteristics, as well as wider social and economic vulnerabilities commonly associated with poorer health outcomes, such as deprivation, homelessness and psycho-social complexity.
- (b) **Privacy Impact Assessment (PIA)** – The Section 75 arrangement includes specific schedules outlining how data and information will be used, shared and stored to enable improved integration of care. This will include any legal basis for sharing and/or using data in the carrying out of integrated health and care commissioning and/or provision.
- (c) **Sustainability** – Both the ICB and Council are party to the Sunderland Low Carbon framework and the Community Wealth Building programme. The

Section 75 and associated contractual arrangements will extend this commitment to all integrated health and care contracts, grants and partnership arrangements, working through the Social Value Act and local sustainability frameworks to add additional social, environmental and economic value to the commissioning and provision of integrated care.

- (d) **Reduction of Crime and Disorder – Community Cohesion / Social Inclusion - N/A**

8. Other Relevant Considerations / Consultations

- (a) **Co-operative Values** – The Sunderland BCF includes significant areas of investment in services that promote equality, equity and supported self-management approaches that will help build individual and community efficacy to sustainably improve local health and wellbeing outcomes. In addition, oversight arrangements for the BCF and associated Section 75 arrangement, support inclusive decision-making and community-led involvement in service change and improvement. This includes ensuring those with lived experience of specific areas of needs play an active role in shaping the design and delivery of services – helping to democratise process and supporting a community co-production approach to health and care commissioning and provision.
- (i) **Financial Implications** – The costs of the BCF will be met from IBCF, DFG and Local Authority Discharge funding that is subject to the conditions of the BCF, including a requirement to be pooled under a Section 75 arrangement. Additional joint expenditure equating to £560,000, includes £300,000 of ICB investment (under a Section 256 arrangement) to co-fund infrastructure investment that has already been approved under delegated decision processes. This includes a system diagnostic and a jointly funded integrated commissioning post.
- (ii) **Risk Analysis** – With the exception of the financial risk attached to not agreeing a Section 75 arrangement (i.e. the potential withdrawal of BCF grant-funds), there are no other material risks identified.
- (iii) **Employee Implications** – There are no current identified employee implications associated with the proposal, however, should these emerge as part of work streams undertaken these shall be fully considered
- (iv) **Legal Implications** – Under Section 75 National Health Services Act 2006 a local authority and an NHS body in England may enter into an agreement to allow for the pooling resources and the delegation of certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised. Where a pooled budget is in place Regulations require any pooled fund agreement to be in writing and specify:
- The agreed aims and outcomes of the pooled fund arrangements.
 - The contributions to be made to the pooled fund by each of the partners and how those contributions may be varied.
 - Both the NHS functions and the health-related functions the exercise of which are the subject of the arrangements.

- The persons and the kinds of services likely to be affected by the functions exercised by the partnership.
 - The staff, goods, services or accommodation to be provided by the partners in connection with the arrangements.
 - The duration of the arrangements and provision for the review or variation or termination of the arrangements.
 - How the pooled fund is to be managed and monitored, including which body or authority is to be the host partner.
- (v) **Policy Implications** – The scheme aims to support the shared values within the Sunderland Healthy City Plan, in particular, focusing on prevention, tackling health inequalities and equity.
- (vi) **Health & Safety Considerations** – There are no current identified Health & Safety Considerations associated with the proposal, however, should these emerge as part of work streams undertaken these shall be fully considered.
- (vii) **Property Implications** – N/A.
- (viii) **Implications for Other Services** – N/A.
- (ix) **The Public / External Bodies** – N/A.
- (x) **Compatibility with European Convention on Human Rights** – The proposal does not include any implications for interference of Convention Rights under the Human Rights Act 1998.

9. Glossary

NHS Joint Forward Plan Development of a Joint Forward Plan is a legal responsibility of the Integrated Care Board and its partner trusts. As a minimum it describes how the ICB and partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs.

10. List of Appendices

Appendix 1: Better Care Fund Narrative Plan

11. Background Papers

Appendix A: Sunderland's Better Care Fund Narrative Plan 2023/2024 - 2024/2025

1.0 Introduction

1.1 The Sunderland Better Care Fund Narrative Plan 2023-25, has been supported by the following organisations and entities:

- Sunderland City Council (Social Care, Public Health and Housing)
- North East and North Cumbria ICB; Sunderland
- All Together Better Alliance
- Sunderland Care and Support
- South Tyneside and Sunderland Foundation Trust
- Cumbria, Northumbria, Tyne and Wear Mental Health Trust
- GP partners and PCN Clinical Directors
- Together for Children
- Sunderland Voluntary Sector Alliance
- Carers
- Sunderland Health Watch
- Sunderland Health and Wellbeing Board
- Wider neighbouring HWB areas

1.2 A cross-sector BCF planning group was coordinated by Sunderland's Health and Care Partnership arrangement (i.e Sunderland Place Committee and Partnership Board in-common) and actioned via the Adult Collaborative. This included the development of several interdependent task-and-finish groups, that focused on the following elements of BCF planning:

- finance and commissioning
- metrics and performance (including capacity and demand modelling)
- governance
- high impact change assessments for managing transfers of care
- high impact change assessments for reducing avoidable admissions
- high impact change assessments for improving health and wellbeing through housing
- high impact change assessment for home first Discharge to Assess for homelessness; and,
- a learning and insight review of the 2022/2023 BCF.

1.3 Task-and-finish groups were represented by system partners, supporting a cross-system response to the BCF planning process. Key findings and proposed planning arrangements were ratified by Sunderland's Health and Care Partnership and shared with the Ageing Well Delivery Board (sub-group of the Health and Wellbeing Board), prior to seeking formal Health and Wellbeing Board Assurance.

1.4 A small group of partners are currently developing a communication plan to enable the BCF to be better understood by wider system partners and residents. This will ensure that the 2023-25 BCF is able to further evolve over the two-year planning period, through wider system engagement and more active involvement from residents and those with lived experience.

2.0 Governance

- 2.1 Overall assurance of Sunderland's BCF continues to be overseen by the Health and Wellbeing Board (HWB). A HWB development session has been scheduled for August 2023, in order to support the evolution of the board in the context of new system arrangements. This will include developing the system-leadership role of the HWB in prioritising and monitoring BCF investment in-line with:
 - Sunderland's Integrated Health and Wellbeing Strategy (the 'Healthy City Plan')
 - The Sunderland's Place Plan
 - The NENC Integrated Care Strategy ('Better Health and Wellbeing for All')
 - Updates to the Joint Strategic Needs Assessments (JSNA)
- 2.2 Strategic oversight of the BCF will be managed by the Sunderland Place Committee, which meets in-common with the Sunderland Partnership Board and is supported by a formal subgroup arrangement (the 'Health and Care Alliance'). Together these arrangements form the 'Sunderland Health and Care Partnership' (SHCP), with responsibility for agreeing the BCF planning documentation and overseeing the development (and ongoing monitoring) of the Section 75 agreement between the NENC ICB and Sunderland City Council (SCC).
- 2.3 The SHCP will report directly into the HWB on a quarterly basis, providing a high-level overview of the effectiveness of the BCF in delivering on the two BCF policy objectives, and providing continued assurance that the BCF conditions are being met in-line with guidance.
- 2.4 The SHCP will additionally ensure that appropriate schemes of delegation and reservation are assigned to the Adult Collaborative, to enable frictionless delivery of BCF schemes through its transformation and delivery groups. The delivery groups benefit from a transdisciplinary leadership arrangement - supporting whole-system working and providing clinical and professional leadership across the BCF. Each of the BCF schemes have been assigned to one of the transformation and delivery groups outlined below, with oversight from a dedicated BCF monitoring group that will feed into the SHCP.

Adult Collaborative - Business and Governance model

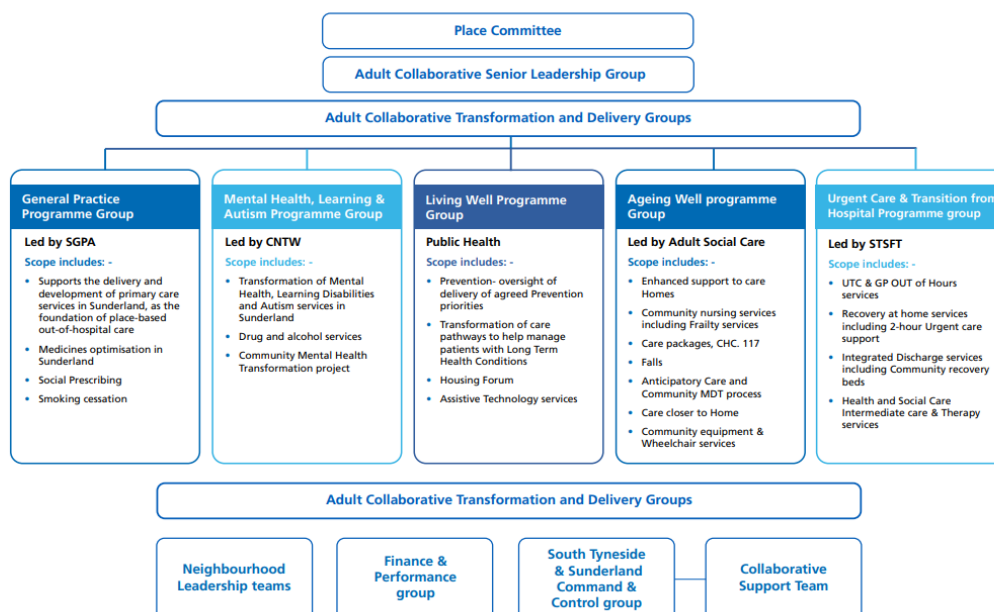


Figure 1.1 Draft proposed adult collaborative model for Sunderland

2.5 Through BCF infrastructure funding, Sunderland have commissioned Hill Dickinson LLP, to support the development of the BCF Section 75 arrangement, and to refresh the SHCP's Memorandum of Understanding (MoU) between statutory and non-statutory partners of the BCF and wider partnership arrangements. A leadership development day has been scheduled for July 2023, to strengthen the role of key system-leaders in promoting a collaborative working culture that emboldens the BCF and wider areas of integration.

2.6 The proposed (draft) governance and oversight arrangements that will support the BCF in the context of wider health and care integration has been embedded below for reference. This will be taken out to further consultation over the Summer period.



AdultCollaborative_S
UN_draft2.pdf

2.7 Communication across the partnership is supported by a dedicated NHS Future Forum Workspace for Sunderland's place-based integration agenda, which includes shared access to BCF planning, monitoring and development activities.

3.0 Executive Summary

3.1 The establishment of more integrated place-based working arrangements (see section 2), together with the earlier two-year BCF planning window and additional discharge funding, has emboldened Sunderland partners to fully leverage the potential of the BCF to truly transform care in 2023-25.

3.2 The BCF vision and policy objectives match the ambitions set out within Sunderland's Healthy City Plan, and this has been further strengthened through the recent publication of the Sunderland Place Plan 2023-28, Sunderland's Adult Social Care Strategy 2022-24 and Carers Strategy 2022-27. In addition, the imminent publication of a Falls Strategy and Digital Strategy for Adult Social Care, has created significant opportunity to align the BCF programme to prominent areas of local health and care reform.

- 3.3 These ambitions are not without challenges, both the ICB and City Council face significant financial pressures over the duration of the BCF. This has prompted greater scrutiny of BCF schemes and created a bigger drive to maximise impact of joint investment. To support this, Sunderland has undertaken a review of the 2022/2023 BCF, conducted a cross-system assessment of the LGA high impact change models, and is currently in the process of procuring a shared system-diagnostic of BCF-related schemes with South Tyneside Council and South Tyneside and Sunderland NHS Foundation Trust.
- 3.4 From the work carried out so far, key areas of development that have been spotlighted within the 2023-25 BCF planning round include:
- Acceleration of Sunderland's Home First and Discharge to Assess ambitions, through investment in an integrated Transfer of Care Hub, expansion of Discharge to Assess provision, improved approach to discretionary DFG funding, better use of Direct Payment and Personal Health Budgets, and ambitious investment in technology-enabled care.
 - Renewed prioritisation of prevention and tackling health inequalities, supported by increased input from public health and housing partners in the construction of the BCF planning submission and ongoing management.
 - Focused infrastructure investment to support the development of:
 - More joined-up commissioning approaches
 - Population health management and demand management processes
 - A stronger, inclusive and diverse workforce
 - A vibrant and resilient VCSE offer.
 - Digital and technological solutions to support improved prevention and long-term independence.
 - More proactive approach to winter planning through contractual rebases that adjust for additional winter pressures.
- 3.5 It should be noted, that the 2023-25 BCF has been developed in the context of an ongoing cost-of-living crises, and a poverty-proofing approach to planning has been necessary to ensure the BCF does not widen existing inequalities. More than ever, this context has catalysed stronger partnership working with housing and homelessness partners, public health and the VCSE.
- 3.6 Supported by a recently published Financial Wellbeing Strategy for Sunderland, the BCF has taken more in-depth consideration of equity of access across key BCF schemes, including Home First and Discharge to Assess approach, carers support and DFG provision. This will continue to be monitored through-out the two-year BCF period.
- 3.7 In order to support the realisation of opportunity within the proposed Sunderland BCF, place-based partners are rolling-out a series of HWB development sessions. This aims to strengthen the important role the HWB plays in assuring the BCF and aims to maximise the opportunity of the BCF to spearhead improved integration of care in Sunderland.

4.0 National Condition 1: Overall BCF Plan and Approach to Integration

- 4.1 The **Sunderland Health and Care Partnership (SHCP)** supports a system-wide approach to local delivery of the ambitions set out within the **Sunderland Healthy**

City Plan (Health and Wellbeing Strategy), the **Sunderland ICB Place Plan**, the **Integrated Care Strategy** (Better Health and Wellbeing for All) and wider strategies that support the integration of health and care.

- 4.2 Sunderland’s HWB vision that ‘*everyone in Sunderland will have healthy, happy lives, with no one left behind*’, is central to its place-based partnership arrangements and is consistent with the BCF vision ‘*to support people to live healthy, happy and dignified lives, through joining-up of health, social care and housing services seamlessly around the person*’.
- 4.3 Strategic alignment between the BCF policy and planning framework and Sunderland’s place-based health and care ambitions, enables the BCF to function as an important lever for catalysing improved integration, and this is reflected in Sunderland’s updated governance arrangements.
- 4.4 In 2022/2023, Sunderland place-partners undertook a cross-system assessment of its integration maturity, supporting the identification of key strengths and areas for continued development. Actions to strengthen integration maturity have now been broadly implemented and/or form part of the SHCP work programme, as set out below:

Integration development area	Action taken
Need to synthesise national, regional and local strategies to create more streamlined governance and reporting arrangements and stimulate further innovation through shared-system resource	<ul style="list-style-type: none"> • Cross-system development of the Sunderland Place Plan and BCF Narrative Plan, ensuring strategic alignment with the Healthy City Plan, Integrated Care Strategy and Joint Forward Plan
Need to develop a shared outcome framework and associated risk share arrangement	<ul style="list-style-type: none"> • Commissioned Hill Dickinson to develop the Sunderland s75 Partnership arrangement, to include shared outcome framework and associated risk share for the BCF. • Roll-out of a Power-BI dashboard to support monitoring of shared system outcomes (including BCF) through the Adult Collaborative.
Need to create a consistent approach to strengthening the voice of people and communities within integrated planning and transformation	<ul style="list-style-type: none"> • Ensuring Sunderland’s Health and Care Partnership, included patient representation through Health Watch membership at committee level. • Jointly commissioned NENC Applied Research Council (ARC), to develop a research-led approach to improved involvement and co-production of inclusion health groups in service redesign. • Jointly commissioned a commissioning-development programme to build

	system-capacity to support improved community co-production and co-design in integrated care redesign and delivery
Need to develop a consistent approach to inequalities across integrated planning and monitoring arrangements	<ul style="list-style-type: none"> • Embedded inequalities as an overarching policy objective across place and BCF ambitions, with five deep-dive reviews scheduled within the SHCP 2023-25 work programme. The reviews will specifically assess the effectiveness of place-based plans (including the BCF) in tackling inequalities and create a consistent system-wide approach to improvement. • Developed a Health Equity Audit Tool and Integrated Impact Assessment framework to provide a consistent approach to monitoring and impact assessing local decision-making through a health equity and inequalities lens.
Need to clarify the role of clinical and professional leadership across integrated provision	<ul style="list-style-type: none"> • Development of a transdisciplinary leadership arrangement across the Adult Collaborative, ensuring integrated care provision benefits from effective and safe system-leadership
Need to develop a shared workforce strategy to support improved system capacity, capability and resilience	<ul style="list-style-type: none"> • Identified as a key priority within the Sunderland Place Plan, with associated actions creating a high-level roadmap for improved integration over a 5-year transformation window

4.5 Prioritised areas for integration are clearly set-out within the Sunderland Place Plan, identifying five shared priorities that are overseen by the SHCP to support improved integration of health, social care, public health and housing. These priorities include specific objectives to deliver on the BCF plan and include an intent to explore the potential for a BCF for children, and include:

1. Strengthening primary and community care
2. Enabling people to live and age well
3. Ensuring the best start in life for children and young people
4. Transforming mental health, learning disability and autism services
5. Delivering place-shaping innovation and sustainability through investment in critical system enablers

4.6 Priorities are supported by an overarching policy objective to prioritise prevention and tackle inequalities, with a specific focus on delivering the ambitions of the **Core20Plus5** framework. This will ensure that Sunderland's BCF benefits from this approach, and work has already commenced to identify the profile of Core20Plus 'inclusion health' groups at both practice and neighbourhood-level, to support more targeted prevention provision over the next two-years of the BCF.

4.7 The '**Sunderland Place Plan on a Page**' summary document, has been embedded below for reference, demonstrating a clear commitment to deliver the ambitions of

the BCF (objective 1.4) through a determined focus on key areas of development identified through the recent high impact change maturity assessments. This will be supported by broader objectives within the Place Plan, including delivering place-shaping innovation and sustainability through:

- Workforce integration and sustainability
- Digital innovation and integration
- Integrated commissioning
- Increased research intensity across the local system
- Integrated estates
- Joined-up approaches to allocative and technical efficiencies



Place Plan on a
page.pdf

- 4.8 The Sunderland Place Plan is complimented by the **Adult Social Care Strategy 2022-24** ('Living and Ageing Well'), which - alongside social-care specific actions to support people to live independently, regain independence and enable people to live with support - includes a consistent theme of improved integration that mirrors the priorities and objectives within the Place and BCF Narrative Plan. This is further supported by the **Sunderland Carer's Strategy 2022-2027**, which recognises the critical role that carers play across Sunderland's health and social care landscape, and the importance of integrated working in improving ways of identifying, supporting and enabling carers to live happy, healthy and fulfilled lives.
- 4.9 The SHCP - supported by the place-based leadership of the HWB - brings together these respective strategies, creating a cohesive, collaborative and community-led framework for integrating health and care. This will be supported by BCF infrastructure investment to carry-out an independent specialist consultancy diagnostic with South Tyneside, to establish:
- Identification and prioritisation of potential areas of improved integration across discharge pathways.
 - System readiness for transformational change.
 - A clear and compelling plan to support improved integration of care, in-line with the strategic outcomes identified by the SHCP and equivalent South Tyneside partnerships.
- 4.10 This work will further build-on the findings of the 2023/2024 maturity assessment of the LGA high-impact change models to create a joint improvement plan that will shape transformational areas of integration to guide current and future BCF investment.
- 4.11 As identified in section 2.5, Sunderland has commissioned independent legal support to develop its section 75 partnership agreement. This will be supported by a stocktake of current contract and finance arrangements aligned to BCF investment, enabling the SHCP to rebase its health and care commissioning portfolio and ensure pooled and aligned budget arrangements benefit from a due diligence process that catalyses further opportunities to integrate care.
- 4.12 A critical output of this process will be appropriate delegations and obligations being devolved to the Adult Collaborative - supporting frictionless decision-making that is

closer to neighbourhoods, communities and patients. A community-led commissioning development programme has been commissioned through BCF investment to maximise the opportunity that this will create. A key element of this includes the creation of human learning system approach to the commissioning and provision of services. This will promote increased co-production and co-design of services with communities, and enable new population health management and alliancing arrangements to evolve in a reflective learning context.

- 4.13 The above will be supported by a joint-funded post to develop Sunderland's approach to healthcare public health and population health management. The post will build on historic investment in Sunderland's integrated commissioning infrastructure to develop shared system resource that can be used to deliver transformational change.

5.0 National Condition 2: Enabling People to Stay Well, Safe and Independent at Home for Longer

- 5.1 The BCF policy objective for enabling people to stay well, safe and independent at home for longer, is an embedded part of Sunderland's strategic vision for improved integration of care. Alongside the three nationally defined metrics that underpin this policy objective¹, Sunderland has pioneered a population health management and outcomes framework, to determine wider measures that align to these policy ambitions, creating synergy between the BCF and broader elements of place-based health and care integration, including Sunderland's Healthy City Plan and the Sunderland Place Plan.
- 5.2 Despite this, a review of the 2022/2023 BCF identified that although target rates for unplanned hospitalisations of chronic ambulatory care sensitive conditions were on-track, the rate of permanent admissions to residential care fell short of the targeted levels. Findings suggested that there was a strong case for increased investment in prevention, and a continued need for more sustained funding opportunities to promote market sustainability and prosperity.
- 5.3 Work to develop the former of these findings, include a cross-sector assessment of Sunderland's current position against the LGA high impact change models for:
- Reducing avoidable admissions
 - Improving health and wellbeing through housing
- 5.4 The above exercise identified several areas of good practice that had been developed via BCF funding within the 2022/2023 funding period, this included:
- Better use of data across community integrated teams to support improved risk stratification and anticipatory care approaches to frailty.
 - Adopting an integrated commissioning approach to the development of primary care stop smoking and CVD prevention, intervention and diagnosis.
 - GP and PCN analysis of local presentation of inclusion health cohorts, across all five clinical domains of the C20P5 framework, enabling more targeted approaches to reducing avoidable admissions within the 2023-25 period.

¹ Unplanned admissions to hospital for chronic ambulatory care sensitive conditions; emergency hospital admissions following a fall for people over the age of 65' the number of people aged 65 and over whose long-term support needs were met by admissions to residential and nursing care homes, per 100,000 population.

- Improved investment in coordinated and rapid crisis response, which continues in the 2023-25 planning round.
- Improved investment in digital solutions to enable people to remain independent within their own home for longer, including piloting of home monitoring solutions to support early identification of need.

5.5 Some key areas of development identified through the high-impact assessment, that will be addressed within the 2023-25 BCF, include:

- Investment in critical system infrastructure to support the development of wider population health management approaches, as part of a city-wide population health management strategy. This includes the joint funding of a Public Health Consultant to lead the approach, and the joint commissioning of a 'system diagnostic' with South Tyneside, to assess and develop approaches to population health data and admission avoidance.
- Further investment in developing proactive MDT arrangements for complex and high intensity users of care.
- Investment in a research-led approach to the development of in-reach interventions that address unmet health needs of inclusion health groups, within substance, alcohol and homelessness provision.
- Further investment in social prescribing (Sunderland's 'Links for Life' programme) to support proactive and personalised care approaches and build VCSE capacity, in order to reduce avoidable admissions and enable people to remain independent for longer.
- Increasing equitability of supported self-management approaches, through collaborative investment in digital and health literacy across the health and care system.
- Increased investment in telecare provision for falls response, reducing ambulance pressures and ED attendance.
- Continued development of same day emergency care pathways.
- Additional investment in community mental health schemes to prevent unnecessary hospital admission and support people closer to home.
- Addressing gaps in enablement and step-up provision to strengthen coordinated rapid response to crisis in the community.

5.6 To support a reduction in permanent admissions to residential care, Sunderland continue to utilise Care Act and infrastructure investment within the BCF, to support market sustainability and further develop joint-commissioning infrastructure in a way that delivers more flexible and responsive care to residents. This includes:

- a renewed focus on prevention that will be strengthened through the implementation of a new Front Door model to adult social care, based on a strengths-based, multi-disciplinary approach to first contact
- commissioning of an intensive system diagnostic that will improve understanding of demand, and promote allocative efficiencies in year 2 of the BCF through a stronger emphasis on prevention and admission avoidance.
- Further development of the neighbourhood operating model for Community Integrated Teams, supported by increased investment in virtual wards and continued investment in urgent care two-hour response, to proactively support patients with more complex needs to stay healthy and function at home.

- 5.7 In addition, new Extra Care schemes are currently being considered with different models of care, and more flexible service-offer, forming part of the BCF development. As outlined in section 5.6, this will be supported by the development of a joint commissioning strategy to support improved integration of care within the community.
- 5.8 In terms of falls, the introduction of the BCF falls admission metrics is a welcome addition to the 2023-25 planning round. Sunderland currently has significantly worse rates of emergency falls admission in the over-65 population than the regional and England average. In Summer 2023, Sunderland will launch its new 'Falls Strategy', applying BCF investment to:
- build system capacity and capability to support early and consistent identification and assessment for falls.
 - introduce digital solutions that will support improved prevention, risk-stratification and monitoring of those at-risk of falls
- 5.9 This will be further supported by the introduction of a system-wide dashboard to support an integrated approach to falls prevention.

6.0 National Condition 3: Providing the Right Care in the Right Place at the Right Time

- 6.1 Sunderland's approach to policy objective 2 of the BCF has been heavily shaped by duties under the Care Act (2014) and the LGA High Impact Change Model for Managing the Transfer of Care. This is further emboldened within the 2023-25 BCF, following the recent publication of both Sunderland's Adult Social Care Strategy 2022-24, and Carer's Strategy 2022-2027, alongside new mechanisms to support improved integration of care that have emerged through new place-based governance. Both Care Act duties and high impact change, form a consistent theme through-out this section.
- 6.2 Currently, Sunderland is in the process of developing a joint commissioning strategy to strengthen its capacity to support seamless and integrated care. This is supported by the commissioning of independent legal advice to redevelop its section 75 partnership agreement, and additional investment in a system-wide commissioning development programme to promote improved integration and community-led, co-production approaches to commissioning. This will include the development of a shared system approach to involvement of patients and carers in the co-design of services.
- 6.3 This work will be further supported by an independent diagnostic of current BCF-funded schemes, through a joint arrangement with South Tyneside Council and South Tyneside and Sunderland Foundation Trust, that aims review and improve:
- Urgent and emergency response to avoid admission
 - In-hospital flow and discharge decisions
 - Short-term bed provision and effectiveness of reablement and rehabilitation
 - Home-based reablement provision
 - Effectiveness of integrated discharge arrangements in supporting Care Act duties.
- 6.4 Sunderland benefits from a well-place Adult Collaborative arrangement (see section 2), that is focused on delivering the BCF policy objectives through its five delivery

and transformation groups, and through facilitation of the South Tyneside and Sunderland Surge Group. This arrangement ensures effective clinical and professional leadership across all elements of the BCF and promotes a whole-system delivery approach through its membership arrangements.

6.5 The Adult Collaborative recently undertook a self-assessment against the high impact change model for '*Managing Transfers of Care*', identifying some key strengths in current arrangements, that provide a strong foundation for the 2023-25 BCF, this includes:

- Mature IDT arrangements in place to support early discharge of 'community-ready' patients. This will support ambitions to move toward a same-day discharge in Winter 2023.
- 8am-8pm, 7-day per week coverage of IDT, with plans in place to embed a Discharge Service that is guided by 'Home First' principles.
- Highly effective working between care homes and the wider system to support discharges into care homes seven days per week, including weekend. This includes high-levels of maturity within Enhanced Health in Care Home provision, including out-of-hours access.
- High-level of care providers accepting new referrals and restart packages of care, with joint working across ICB and LA commissioning to improve management of weekend issues.
- Implementation of a new Choice Protocol in the 2022/2023 to support reduction in length of stay.
- Cross-system development of the Social Care assessment tool to support more efficient screening of patients.

6.6 All areas for development identified through the self-assessment process had clear improvement plans in place to address identified gaps and this continues to be supported by BCF-investment. As outlined in section 6.2, further plans are likely to emerge in the system-level diagnostic work to be commissioned independently. This will inform wider areas of improvement that can be built-into additional investment opportunities as part of the 2024/2025 discharge fund allocation. Plans includes:

- Expansion of the Discharge to Assess service to support earlier discharge and Home First approach. Partners are currently working with housing to review specialist housing support provision within the hospital, including strengthening discharge and avoidable admissions pathways for homeless populations, through an enhanced emergency accommodation offer.
- Increasing staffing capacity and bed provision at Farnborough Court – enabling the service to provide higher-level support to high acuity patients requiring intermediate care.
- Building on continuous improvement in reablement capacity to support improved integration of reablement with the 'Recovery at Home Discharge Service'.
- Undertaking a full review and improvement plan to develop clinical support provided to the Intermediate Care Assessment and Rehabilitation (ICAR) unit and Farnborough Court. The review will support a revised clinical model to better meet the needs of high acuity patients.
- Building system capacity to support the 'Home First' approach through ongoing development workshops

6.7 In addition, Sunderland is proposing significant BCF discharge fund investment in the establishment of a locally integrated Transfer of Care Hub (TCH). The TCH will aid discharge and recovery, whilst additionally supporting admission avoidance and promote greater partnership working in the fulfilment of Care Act 2014 duties. Investment includes the joint appointment of a System-Coordinator who will oversee partnership working arrangements. Key functions of the TCH will include:

- Identifying from admission, patients who will require TCH support and allocating a Case Manager or Discharge Facilitator at the earliest opportunity. The Case Manager/Discharge Coordinator will coordinate all elements of discharge, providing an appropriately qualified single-point of contact to patients.
- Patients will benefit from a timely and person-centred 'step down' and 'step up' plan, based on Home First principles, with full safety and welfare checks completed on the day of discharge.
- The TCH will ensure all partners are aware of the identified patient plan, which will be supported by a shared decision-making approach with patients and carers (as appropriate).
- The TCH will function as a single point of contact for Care Homes, supporting early discharge planning when patients are admitted into hospital.
- The TCH will additionally support ED to avoid admission to hospital and facilitate rapid discharge home or an appropriate facility, that is not an acute bed, where there is no clinical need to admit.
- Joint working with the local authority to improve the use of assistive technologies in supporting the Home First approach will be fully optimised as part of the development, supporting the implementation of the imminent Digital Strategy for adult social care, which benefits from a 25-year joint venture arrangement with BAI.
- The TCH will additionally complete Care Home Assessments, working in collaboration with care home providers, through the Trusted Assessor role.

6.8 Building VCSE capacity to support achievement of the BCF policy objective to enable right care in the right place at the right time, is a key component of Sunderland's Place Plan and Adult Social Care Strategy. In addition, Sunderland place partners have jointly signed-up to the **Sunderland Community Wealth Building Strategy** – creating a joint commitment to further develop the sector in a way that promotes sector resilience and supports an asset-based community development approach across health and care integration. The need to build capacity in this area was additionally identified within the 2022/2023 BCF review and capacity and demand planning process, particularly in relation to low-level community support.

6.9 A 'Big Breakfast' event was held in June, to kickstart these discussions and create opportunities for the VCSE to play a more dominant role in the Adult Collaborative arrangement. Sunderland's, 'Links for Life' model (described in section 9), has a dual purpose to grow the sector in-line with new demand that will emerge through a stronger focus on proactive and personalised care. Over the 2-year BCF period, a clear focus on how the BCF can support sector growth and resilience has been built into the SHCP work programme. This will be further supported by strong linkages between the SHCP and the recently established 'Sunderland Voluntary Sector Alliance'.

6.10 Another key system enabler that is critical to the success of the Sunderland BCF is improved investment in an inclusive, diverse and sustainable workforce. Sunderland is in the early stage of a pilot programme with Sunderland College and Sunderland University to support recruitment in key areas of service. The programme would support the creation of an inclusive and diverse pipeline into key sector roles, creating new, place-shaping employment opportunities that promote diversity and quality of provision.

7.0 Supporting Unpaid Carers

7.1 Sunderland recently launched its **Carers Strategy 2022-2027**, following a period of consultation with local carers and carer support organisations. The strategy is shaped by the voice and experience of carers and the organisations in place to support them, ensuring priorities and actions reflect what is important to the estimated 35,531 people who recognise themselves as carers across Sunderland.

7.2 The strategy is focused on four priorities, that are supported by carer's 'I' statements – reflecting Sunderland's ambitions for carers through their desired experience of support. These are:

1. **Identification and recognition of carers** - *'I am listened to by professionals and my input is respected'*
2. **Information, advice and guidance** – *'I am able to easily access good quality information, advice and guidance in a way that suits me'*
3. **Communication and carer engagement** – *'I am kept up-to-date on changes that affect me or the person I care for in a timely manner and I am able to influence support available for carers'*
4. **Accessibility and range of services** – *'I receive the support I need, when I need it, that suits me as an individual in my caring role'*.

7.3 Both the minimum NHS contribution to adult social care and iBCF investment, significantly contribute to actions that underpin these priorities, including further investment in:

- System-wide capacity building to support early identification of carers, and enabling timely access to support that meets their current and future needs.
- Reviewing and developing approaches to carer involvement in discharge planning processes.
- Reviewing and developing the carers assessment process, ensuring the process enables carers to have the right support to plan for the future.
- Developing of a 'New to Caring' information pack.
- Developing the role of social prescribers to support improved awareness and navigation to personalised support provision.
- Reviewing and developing services providing short breaks and replacement care.
- Appraising and extending options for respite and carers breaks, including potential to extend the shared care service.

7.4 BCF investment in unpaid carer support will additionally reflect heightened financial support needs emerging from the cost-of-living crisis and the increased demand and complexity of care provision following the COVID-19 pandemic. This includes:

- Development of carers assessment processes to strengthen linkages with appropriate financial support.

- Developing the range of health and wellbeing support services available to carers
- Developing the support services available to carers who are in, or want to return to, education or paid employment.
- Working with Public Health-commissioned substance misuse and alcohol services to develop in-reach carer support.

8.0 Disabled Facilities Grant (DFG) and Wider Services

- 8.1 The review of the 2022/2023 BCF within Sunderland, highlighted an underspend within the DFG allocation. This was largely identified as resulting from:
- supply-chain issues,
 - difficult access routes to funding
 - lack of awareness of both customers and staff awareness of DFG funding and/or discretionary payments.
- 8.2 Supply chain concerns are steadily abating and stream-lined access to support is now being rolled-out through a single-point-of-access to the home improvement agency, handy person service and technology-enabled care team, supporting more holistic assessment of need to promote independence. Whilst referral pathways are currently in their infancy, this is anticipated to be a key growth area in the 2023-2025 BCF period, and Sunderland intends to match this ambition with increased awareness of funding support across the system, working closely with local housing provider, Gentoo. This is anticipated to not only support increased independence and reduce delays in discharge, but additionally form a key part of Sunderland's avoidable admission and wider prevention approach.
- 8.3 Sunderland has closely aligned this development to its Smart City ambitions, which will be further articulated with the imminent publication of its **Adult Social Care Digital Strategy 2023-28**. The strategy will outline ambitions to facilitate access to care technology - including through the Smart Home grant within its DFG process. Among wider initiatives, this will support improved access to home monitoring solutions that can facilitate more proactive, personalised care approaches that promote longer-term independence and recovery, whilst also support sector resilience.
- 8.4 Sunderland's strong emphasis on the use of assistive technology and increasing the level of affordable homes in the city to meet the needs of vulnerable and at-risk groups, is a key component of the recently published **Homelessness Reduction and Sleeping Rough Strategy 2023-2028** and soon-to-be published **Housing Strategy**. This includes more specialist accommodation, further Extra Care schemes, adapted bungalows and a full-review of housing and homelessness pathways for vulnerable groups, including discharge pathways.
- 8.5 The high impact change models for '**Improving Health and Wellbeing through Housing**' and '**Home First and Discharge to Assess and homelessness**' are facilitating these discussions further, with a task-and-finish group identifying key areas of development that will be built-into the new Adult Collaborative arrangement, to support innovative use of the Adult Social Care Discharge fund to reduce housing-related delays to discharge.
- 8.6 Facilitating fair access to DFG-support is a priority in Sunderland, including monitoring of support available to non-owner-occupied premises through improved

working across health, care and housing. Again this has been further developed since the previous BCF planning round, with the introduction of senior-level housing representation within the adult collaborative.

- 8.7 Around 70% of the DFG spend relates to discretionary top-up payments and discretionary grants. Whilst the latter includes mandatory DFG payments, the discretionary grant route is utilised to fast-track payment. In 2022/2023, Sunderland increased grant provision from £8,000 to £10,000 under the new Financial Assistance Programme, supporting increased flexibility and helping to address inflationary pressures.
- 8.8 As mentioned in previous sections, Sunderland is undertaking some HWB development sessions to enable the HWB to evolve in a way that supports improved integration of care. This will include consideration of how DFG investment is being used locally to support the HWB vision and key priorities within the Healthy City Plan, and to ensure the flexibilities of Regulatory Reform are being optimised to meet changing needs.

9.0 Equality and Health Inequalities

- 9.1 The Sunderland 2023/2024 BCF planning round, includes a more determined focus on addressing health inequalities and promoting equality for those with protected characteristics and/or those pertaining to an inclusion health group.
- 9.2 The COVID-19 pandemic cast significant light on the role of inequalities in determining the impact and outcomes of disease, necessitating a health and care recovery plan that has inequalities embedded across all layers of decision-making. This continues to form a key part of Sunderland's approach to maturing its place-based integration arrangements, as outlined in section 2 (Governance), and is a central component of the Healthy City Plan, ICB Place Plan and Integrated Care Strategy.

Cost-of-living and socio-economic inequality

- 9.3 Since the 2022/2023 BCF planning round, concern around the health and wellbeing impact of the cost-of-living crisis has generated significant local discussion, culminating in the establishment of a cross-system '**Health Response Group**' and the development of a **Financial Wellbeing Strategy 2023-2026**. The strategy outlines key actions to alleviate the direct impact of financial hardship on health and wellbeing, as well as action to address wider determining factors, such as poor housing conditions and fuel poverty. Key elements of the strategy will be embedded within the BCF, including:
- application of the locally developed integrated impact assessment on all BCF business cases
 - triangulation of multi-service data to identify the most vulnerable households in Sunderland, with a view to support more targeted and proactive approaches to intervention (particularly over the winter period), and
 - the implementation of Sunderland's social prescribing model (see further below), to promote a poverty-proofing planning approach.
- 9.4 As with previous years, health and care outcomes continue to be intrinsically linked to deprivation within the Sunderland area, with overall life expectancy for males and

females differing by as much as 12 and 10 years (respectively), between some the most and least deprived areas of the city. In those aged under 65 years, the mortality rate for COVID-19 was reported as four times higher for those living in the 10% most deprived areas in the country, compared to those within the least deprived. The cost-of-living crisis has the potential to widen inequalities further.

- 9.5 Social-economic gradients were observed across all BCF metrics, with Sunderland's Chronic Ambulatory Care Sensitive admissions data showing particularly striking levels of inequality. Analysis carried-out in 2022/2023 at practice and PCN neighbourhood-level, demonstrated that higher proportions of smokers (56.1%), COPD patients (50.6%), those with learning disabilities (51.6%), and those with severe mental illness (54.2%), were classified as 'Core20Plus' patients. In addition, lower uptake of all cancer screening and NHS Health Check provision was observed in this cohort, necessitating a more targeted approach within BCF schemes.
- 9.6 Guiding Sunderland's approach to inequality in this context, is the introduction of additional infrastructure investment to create a joint post that will oversee the development of a population health management strategy. This builds on the maturity assessment of the high impact change model for reducing avoidable admissions (see section 5), which identified some areas of good practice within community integrated teams for frailty provision, but acknowledged more work was required (particularly in effectively joining-up data across the system to support improved risk stratification and case finding).
- 9.7 In addition to infrastructure investment, the 2022/2023 BCF portfolio included alignment of Public Health funding contributions to support the integration of more targeted primary care smoking cessation and NHS Health Check provision within the overall BCF plan. This has enabled Sunderland to embed key elements of the Core20Plus5 framework into the BCF – supporting improved integration of preventative approaches and building stronger prevention partnerships across the City which will be further built on over the 2023-25 period. This will include exploration of the CVDPREVENT tool in supporting earlier identification of those at-risk of a cardiovascular incident and potential use of new digital technologies to support remote monitoring.
- 9.8 Another significant area of inequality was observed in patients, who were discharged to their non-usual place of residence. Development of the HWB to support closer monitoring and improvement of DFG-allocations and discretionary payments within the BCF (see section 8), has been built-into the HWB work programme to reduce tenure inequity in home adaptations – supporting increased independence in those with less secure housing provision and reducing variations in patients being discharged to their usual place of residence, over the 2-year period of the BCF via an equitable Home First approach.
- 9.9 As mentioned in section 9.3, strengthening the role of Social Prescribing within the BCF is a key part of Sunderland's approach to inequality. During the 2022/2023 BCF planning period, Sunderland developed a unique, integrated city-wide Social Prescribing model that combines provision of proactive, personalised care, with critical VCSE capacity building, in order to create a comprehensive and sustainable support offer across the City. The '**Links for Life**' service has six aims:
 - **Aim 1:** Develop, communicate and promote social prescribing identify across Sunderland, designed through collaboration and taking into consideration the life course approach of the model.

- **Aim 2:** Develop standards and associated process and policies for partners with the Links for Life Model in Sunderland
- **Aim 3:** Design and implement a 'digital community support platform', to ensure access to good quality and timely community-based support and self-help
- **Aim 4:** Development of a research, evaluation and knowledge-exchange programme to support the social prescribing model.
- **Aim 5:** Development of a delivery model of Links for Life Sunderland, which includes, physical community-based spaces and a supporting coordination team.
- **Aim 6:** Build capacity in the VCS to facilitate the successful delivery of the model.

9.10 Over the 2023-25 BCF planning period, continued investment in social prescribing and improved linkages between social prescribing and wider BCF schemes, will support achievement of both BCF policy objectives and foster improved working between health, social care, public health and the VCSE. The 2023/2024 BCF delivery period will further consider how the BCF programme can support the sustainable development of the VCSE sector. This comes from insight into capacity and demand profiling across Sunderland, which recognised a clear gap in social support provision across the P0 pathway, alongside a commitment to build the sector within the Links for Life vision. A 'Big Breakfast' VCSE event was held in June to stimulate discussion in this area, and ongoing work will be supported by the recently established 'Sunderland Voluntary Sector Alliance', which is well-represented by SHCP partners.

Age inequality

9.11 As with previous BCF plans, the 2023-25 plan for Sunderland acknowledges the continued inequality in excess winter deaths for those in older age cohorts. Following the 2022/2023 review of the BCF, a decision to rebase current BCF-related contracts to adjust for anticipated winter pressures was agreed, enabling a more proactive risk management approach and allowing a more discerning contingency pot that can be more tightly focused on prevention and wider innovation schemes. This includes improved linkages with the emerging Links for Life (social prescribing) service and associated VCSE development, including warm space provision and community-based financial advice.

9.12 Additional schemes within the BCF to tackle age inequality include:

- Further development of an age-well neighbourhood model with a clear focus on deprived wards with high proportion of residence with increased risks to health as a result of loneliness and isolation, alongside frailty and wider support need.
- Continued development and investment in a place-based approach to anticipatory care, with a specific focus on complex frailty.
- Further development of a 2-hour urgent community response to reablement and single point of access for UCR.
- Further development of Sunderland's Enhanced Health in Care Home model to provide more proactive and personalised care, reducing avoidable admissions and better supporting transfers of care in older age cohort.

Ethnicity Inequality

- 9.13 The intersectionality of ethnicity, deprivation and pre-existing health conditions (among wider factors such as housing), continue to play a significant role in the disproportionate health outcomes of BAME communities. Through provision of targeted primary and secondary prevention approaches, social prescribing, health literacy investment, funding to build VCSE capacity, and commitment to build inclusion and diversity within its workforce pipeline, Sunderland's 2023-25 BCF (and the partnership arrangements that underpin this), will support a more coordinated strategy to tackle health inequalities in ethnic communities.
- 9.14 Current increases in migrant populations (particularly relating to student migrants and their families), is estimated to put significant pressure on services and will require closer consideration of how services are structured to best meet their needs. A cross-system, housing-led, 'Vulnerable Groups Partnership' is supporting the coordination of a whole-system response to this challenge. In addition, a dedicated Migrant Health group has been convened to support equality of access to care and prevention services for migrant populations, with direct feedback into the 'Vulnerable Groups Partnership' to ensure a joined-up delivery approach.

Disability inequality

- 9.14 Disability has long been recognised as a key factor in unfair variations in health and care outcomes, with COVID-19 casting further light on the extent of this inequality. An estimated 6 out of every 10 people who died with COVID-19 was estimated to be disabled, with learning disabilities in particular, showing significant unfair variation in health.
- 9.15 Sunderland place-based partners have agreed a Learning Disability and Mental Health Strategy, using their BCF partnership arrangements to provide oversight and governance in meeting the ambitions of these strategies, with further service reviews and development activities being overseen by a dedicated Mental Health, Learning Disabilities and Autism programme group within the Adult Collaborative. Related schemes within the 2023/2024 BCF are identified further below:
- Further development of mainstream mental health support for those with autism, and reviewing and developing the 'Me, Myself and Autism' Service alongside wider low-level support for autism, following
 - Building capacity and capability within primary care to better identify and meet the wider needs of mental health and learning disability patients.
 - Increased investment in patient and carer peer support networks.
 - Increased DFG investment to better meet the needs of mental health and LD residents in remaining independent at home.
 - Development work to standardise discharge information and record sharing between mental health and primary and community care teams.
 - Development of physical health checks for those with autism.

Carers

- 9.16 As outlined in Section 7, the BCF continues to support unpaid carer provision across Sunderland – acknowledging the estimated 72% and 61% of carers reporting poorer mental and physical health (respectively) (UK State of Caring Survey, 2018).

- 9.17 Sunderland's approach to carer support has recently been emboldened by the launch of the Carer's Strategy 2022-27, which has identified several key actions to improve the identification and support offered to carers, including improved assessment of needs and stronger links with Sunderland's social prescribing model (Links for Life). Much of this work continues to be funded via BCF investment, including independent mental health advocacy support and £280,000 investment in VCSE support provision.

Health Inequalities Oversight

- 9.18 Continued oversight of the BCFs effectiveness in promoting equality and tackling inequalities has been built into the SHCP's cycle of business and Adult Collaborative work programme. This will be strengthened further through increased public health leadership in population health management and health care public health support that has been secured through the joint appointment of a Public Health Consultant.
- 9.19 In addition, Sunderland's Director of Public Health has taken on a chairing role within the Healthier and Fairer Sub-committee of the ICB, providing joint oversight of system-level implementation of the Core20Plus5. This creates a unique opportunity to promote system-wide development of an inequalities-focused BCF and to embed learning from specific elements of the CQC, ICS review, that focus on the effectiveness of system integration in promoting equality and tackling inequalities.

