Item No. 12

SUNDERLAND HEALTH AND WELLBEING BOARD 2 October 2025

SUNDERLAND PLACE COMMITTEE ASSURANCE REPORT

Report of the Chief Executive of Sunderland City Council as Chair of the Sunderland Place Committee

1.0 Purpose of the Report

1.1 The purpose of the report is to provide the Health and Wellbeing Board (HWB) with:

I. assurance that the work of the Sunderland Place Committee and Partnership Board (SPCPB) is progressing in line with its agreed terms of reference, including work undertaken by the Health and Care Alliance (HCA) and Neighbourhood Health Transition Group (NHTG) on behalf of the SPCPB.

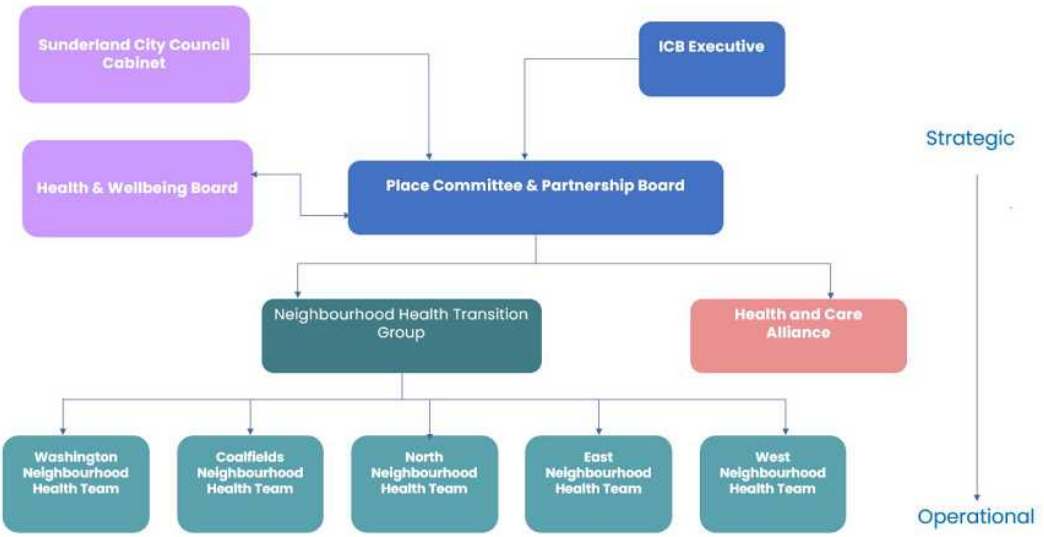
II. a summary of key points discussed at meetings held between June and September 2025 (NB the July 2025 HCA was repurposed to support the development of Sunderland's, National Neighbourhood Health Implementation pilot bid discussed in the paper)

III. assurances that the 2025/2026 Better Care Fund (BCF) section 75 agreement is compliant with national conditions ahead of the 30 September 2025 submission.

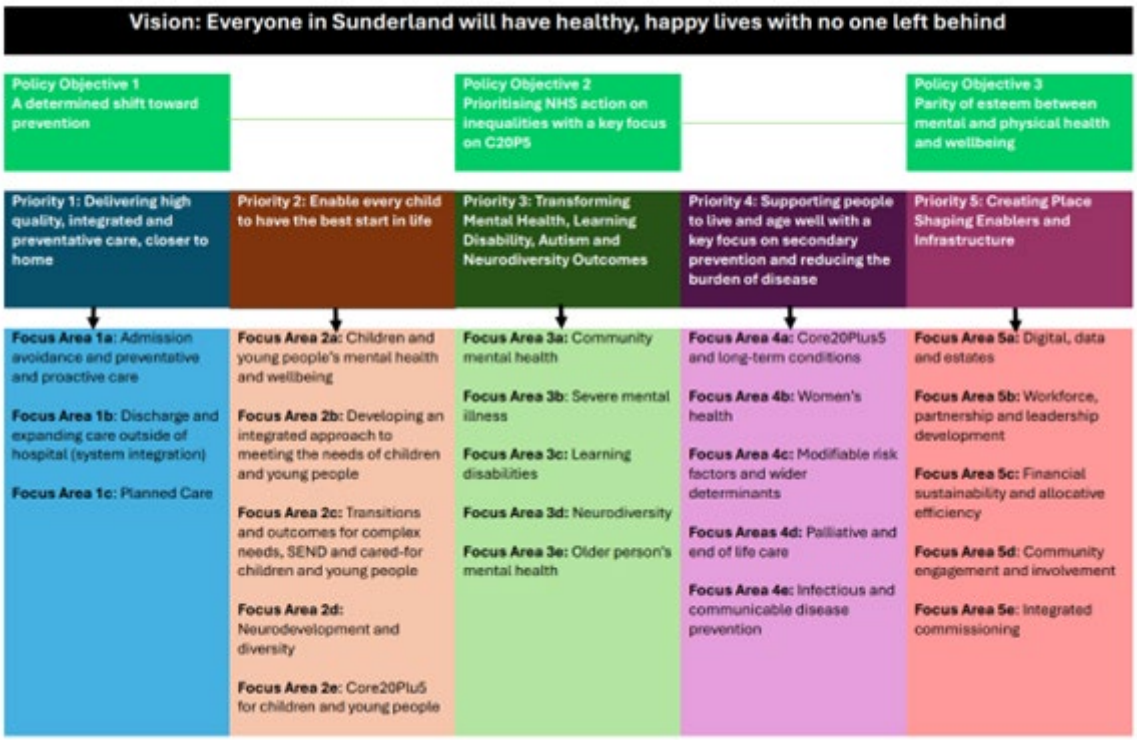
2.0 Background

2.1 The Sunderland Place Committee is a formal sub-committee of the North-East and North Cumbria Integrated Care Board (NENC ICB), established in May 2023 for the purposes of enabling health and care decision-making at place-level, and to support improved integration of care with Local Authority and wider statutory partners.

2.2 The Sunderland Place Committee meets monthly in-common with a Partnership Board that oversees all joint and lead commissioning arrangements between the ICB and Sunderland City Council. Together these arrangements comprise the business of the Sunderland Place Committee and Partnership Board (SPCPB), and this arrangement is supported by the Health and Care Alliance (HCA) and Neighbourhood Health Transition Group (NHTG), which constitutes formal subgroups of the SPCPB as set out below.



2.3 The work of the SPCPB is underpinned by a 5-year Place Plan (2023-2028) that is based on the below prioritisation framework.



2.4 A key focus area within priority 5 of the Place Plan, relates to integrated commission (5E), which includes the annual responsibility for overseeing the development and sign-off of a robust section 75 partnership arrangements for the Better Care Fund (BCF). This priority supports the Health and Wellbeing Board to undertake its role in assuring the BCF. The 2025/2026 section 75 sign-off has been incorporated into this report under section 6 (Better Care Fund Section 75 Sign-off and Assurance).

3.0 Updates from Sunderland Place Committee: June to September 2025

June 2025

3.1 At its June 2025 meeting, the Sunderland Place Committee focused on several key areas as outlined below.

3.2 Under 'System Partnership Updates' the following items were tabled for discussion:

- **ICB transition**: An update position on national guidance related to NHS transformation was shared and discussed, including the published Model ICB Blueprint and high-level expectations on how the national requirement to make 50% ICB efficiencies would be planned for, and implemented by quarter 3. The update outlined the future 'strategic commissioning' role of the ICB, which carried implications for the transfer of several existing ICB functions, including safeguarding, neighbourhood health commissioning, primary care operations, estates infrastructure and mental health pathway design. Partner organisations were asked to consider which 'transferrable' functions could be picked up locally via alternative hosting arrangements.

3.3 Proposals and financial updates brought to the SPCPB in June, included:

- **GP out of hours and urgent treatment centre procurement**: The subcommittee was informed of the outcome of the Most Suitable Provider (MSP) assessment for the South Tyneside and Sunderland GP Out of Hours and Urgent Treatment Centres service. Following an assessment process under the Provider Selection Regime (PSR) 2023, South Tyneside and Sunderland NHS Foundation Trust were identified as the recommended MSP. The proposed annual value of the integrated service was confirmed as £5,250,000.

  The SPCPB requested that regular performance updates of the service be brought back to the subcommittee, in addition to an interim review six months post-implementation.

  The subcommittee resolved to recommend to the ICB Executive Board, that a contract be awarded to South Tyneside and Sunderland NHS Foundation Trust for the GP Out of Hours and Urgent Treatment Centres service, effective from 1 October 2025.

Place Committee July 2025

3.4 At its July 2025 meeting, the Sunderland Place Committee noted the announcement of the abolition of Healthwatch and highlighted concerns related to the loss of an independent public voice within the system. It was noted that local Healthwatch functions for health will transfer to the North East and North Cumbria Integrated Care Board (NENC ICB), and social care functions will transfer to the local authority. The current understanding is that these functions will be brought in-house

3.5 Under ‘System Partnership Updates’ the following items were tabled for discussion:

- **Neighbourhood Health**: The committee discussed the importance of building on the learnings from the All Together Better (ATB) initiative. A focus on three key streams was suggested: admission avoidance, discharge optimisation, and public health outcomes. Members advocated for a ‘hub-and-spoke’ model, utilising existing community assets (family hubs, libraries, leisure centres) rather than constructing new buildings. This follows the national requirement to identify a neighbourhood health centre within every neighbourhood, commencing with areas with the lowest healthy life expectancy.

  The Better Care Fund (BCF) was highlighted as a useful framework for establishing pooled budgets and ensuring accountability remains at a local level within the emerging health model, and highlighted that the move toward section 75 schemes that reflected the aims of the neighbourhood health programme was a helpful starting point for building a conducive commissioning and financial framework for neighbourhood health.

  Members identified that Sunderland’s role as a test site for a new strategic commissioning tool (by Palantir and Carnall Farrar), presents a key opportunity to advance neighbourhood health work locally. The importance of being data-led to identify and prioritise areas of highest need was emphasised, and this reflects ways of working outlined within the Healthy City Plan.

3.6 Proposals and financial updates brought to the SPCPB in July, included:

Strategic estates: Members discussed the establishment and purpose of the newly formed Strategic Estates Group. A key theme of the group reflected a need to better integrate local authority and voluntary sector estates with health estates to create a more efficient, community-focused model. Specific functions and roles of the Strategic Estates Group, included:

- Identifying opportunities to rationalise the estate thereby reducing ICB void space.
- Maximising use of existing facilities.
- Maintaining an overview of current spatial capacity and quality of estate to allow prioritisation of need and funding within the local geography.
- Supporting partners to understand future estates needs to support the 'Left Shift' of services from hospital into community.
- Identifying capital and revenue implications of any future estates needs.
- Horizon scanning local housing and regeneration plans to support early discussions regarding future estate needs.
- Ensuring value for money across estates.
- Enhancing patient and staff experience.

The group discussed the impact of digital advancements on the future need for physical estates and the importance of ensuring all estates are digitally ready.

- **Population Health Hub:** Progress in the establishment of a South Tyneside and Sunderland wide Population Health Hub (PHH) was discussed by members. The role of the PHH was clarified as building knowledge and skills in Population Health Management (PHM) across the system, enabling service leads to use data for service improvement

  Members highlighted the importance of ensuring a local approach was not consumed by the national programme, recognising the unique strengths in Sunderland for supporting advances in population health management linked to local investment in data architecture. Members additionally emphasised on the need for a two-way data flow to ensure local data initiatives are integrated and provide local benefits.

- **Podiatry Service procurement**: The committee received an update on the procurement of a unified Podiatry service for South Tyneside and Sunderland. A previous competitive procurement was abandoned after a service review identified that the commissioned model was not optimal. A revised service model has now been developed which is better suited to a 'Most Suitable Provider' procurement process.

  Assurance was provided that the service specification remains largely the same, with key enhancements to include inpatient work and a greater focus on patient education and self-care to improve outcomes.

- **Integrated working to deliver improved outcomes for children and young people:** The committee was assured of strong partnership working and significant progress on the Children & Young People's workplan. Members were updated on the re-establishment of the Children and Young People's Strategic Commissioning Board which would help bring together the respective commissioning roles and functions across the ICB and local authority in relation to children and young people.

  The committee requested that data and intelligence related to the health and wellbeing of boys be captured in the regional response to the national Call for Evidence on men's health, including examples of good practice that have been implemented locally.

- **Cancer counselling service:** The committee discussed the decommissioning of the Sunderland Cancer Counselling Service, which provides specialist psychological support to cancer patients, their carers, and families. The decision was based on several factors, including:

  - End of funding: The service was operating on a fixed-term grant from the ICB, which has now ended. This funding was never intended for long-term commissioning.
  - Financial constraints: The ICB's current financial position means additional funding would need to be identified to continue the service.

- Commissioning mandate & equity: Tier 3 specialist cancer counselling is not considered part of the ICB's core commissioning responsibilities. It was noted that no other area within the NENC region commissions this level of specialist support, creating an inequity.

Concerns were raised by South Tyneside and Sunderland NHS Foundation Trust (STSFT) about a potential gap in support for cancer patients. The proposed mitigation is to ensure clear communication and signposting to alternative services, such as Talking Therapies, which is the standard pathway in other areas

- **System diagnostic ('Guiding You Home'):** Members were informed that the quadripartite arrangement between South Tyneside and Sunderland Foundation Trust, Sunderland City Council, South Tyneside Council and the ICB, in relation to transforming discharge and reablement provision (commissioned via Newton Europe), had now been renamed the 'Guiding you Home' programme. A Programme Director (Anna Hargraves) had been jointly appointed to oversee the programme and a formal programme board was now in place. The programme is anticipated to deliver significant patient and financial benefits to the system and regular reporting into the Place Committee would form part of the committees future cycle of business.

Place Committee August 2025

3.7 At its August 2025 meeting, the Sunderland Place Committee focused on several key areas as outlined below.

3.8 In system partnership updates the following item was covered:

- **National Neighbourhood Health Implementation Programme (NNHIP)**: Members discussed the opportunity to submit a proposal to act as a wave 1, exemplar within the NNHIP (later confirmed as successful, see section 5 below).

- **'Guiding You Home' (GYH) Programme:** An update was provided to members in respect of the GYH programme. Members were updated that four workstreams had been identified within GYH, including:

    - **Hospital Discharge**: Aims to reduce patients with no criteria to reside in hospital and decrease unnecessary admissions to care homes. Early results show improved outcomes, with more patients being discharged home instead of to care homes.
    - **Reablement at Home**: Focuses on maximising independence for service users, improving the quality and efficiency of reablement interventions, and using digital tools for goal-setting and scheduling.
    - **Return to Independence Beds**: Previously called intermediate care beds, now focused on maximising recovery and reducing length of stay. Early implementation has already reduced average stay by about a day.
    - **Admission Avoidance and Flow**: Integrates same day emergency care into the Care Coordination Hub, aims to reduce unnecessary

hospital conveyance, and prioritises work with care homes and respiratory patients. The "call before convey" process is being developed with NEAS, focusing on keeping patients at home unless hospital is absolutely necessary.

Members queried the integration of social care, the voluntary sector, and housing support within the GYH programme and emphasised the importance of a strong communications campaign and integration with GP out-of-hours services.

- **Annual Director of Public Health (ADPH) Report:** The 2025/26 ADPH report was presented to committee to secure endorsement for the recommendations within the report. It was noted that this this year's report focus was on "healthy ageing."

  Members discussed the alignment of neighbourhood structures with the report's themes of Healthy Places, Communities, and People was discussed.

  A high rate of registered blindness was also noted, with members querying its link to preventable causes. An action was assigned to investigate this further.

  The cost-effectiveness of home-based care versus residential care was discussed, alongside an identified need to maintaining a focus on prevention work for children. The committee endorsed the report recommendations.

3.9 Proposals and financial updates brought to the SPCPB in August, included:

- **LGBT+ Youth Support Service proposal**: A report seeking approval for the commissioning of a unified five-year contract (£120,000 per annum) for an LGBT+ Youth Support Service across Sunderland and South Tyneside was presented. The importance of the service's training element for schools was highlighted by members, and clarification was sought on referral routes, links to gender clinics, and the need to enhance digital support for young people. The report was however approved, including the five-year outlined commissioning plan, the procurement approach, and the proposal to develop a detailed mobilisation plan.

- **Proposed integrated governance framework:** A proposal to agree on a framework to integrate governance and oversight across Care Closer to Home, Urgent and Emergency Care, and the Guiding You Home programme was presented. The framework was developed to reduce duplication and increase clarity across multiple complex workstreams.

  Members discussed the need for a more detailed set of outcome indicators to sit behind the high-level measures presented within the report, and a suggestion was made to map the outcome measures to the groups responsible for delivering them.

  Members approved the recommendations to adopt the governance framework as a current representation, with further refinement to follow.

Place Committee September 2025

3.10 At its September 2025 meeting, the Sunderland Place Committee focused on several key areas as outlined below:

- **Adult Social Care Local Account Report**: Members were presented the Adult Social Care Local Account, which is a public-facing document outlining the strategy, performance, and partnership approach to social care in the city. The report highlighted the scale of the operation (£157m annual spend) and the distribution of expenditure, with the majority focused on residential care (36%), supported living (26%), and home care (15%).

  Members discussed the new 'agency front door hub' at Leechmere, which serves as a single point of contact for all social care queries and was noted to be proving effective in resolving issues more efficiently for residents. Members also discussed the new "Keeping Well" home care contract**.** Members were informed that the contract is due to go live in December, and will shift the model to include both generic providers and more specialist providers, for needs such as palliative care and dementia. A core component of the contract will be training all domiciliary care services in reablement to promote improved independence. The committee agreed to discuss the Keeping Well service at a future meeting.

- **Migrant Health Needs Assessment**: Members were presented with key findings from the recently completed Migrant Health Needs Assessment.

  Members agreed that action to address migrant health needs must go beyond information packs and focus on targeted, practical interventions for key pressure areas: vaccination uptake, TB screening, and contraception, suggesting a need for dedicated outreach work.

  It was agreed that member recommendations would be fed into the multi-agency implementation group to help prioritise action.

- **Pathways for information, care and support:** Members were presented with the findings of a report commissioned from Healthwatch exploring how residents access information about health and social care. The research findings included:

  - Acknowledgement that people often contacted the service in relation to broader support (e.g., mental health, finances, social opportunities) rather than formal care services.

  - Acknowledgement that the Voluntary and Community Sector (VCS) was a highly trusted and frequently used source of information.

  - Acknowledgement that whilst digital exclusion remains an issue, the internet remains a key resource for all age groups.

- Identification that only 50% of respondents found information understandable, highlighting a critical need for plain English and alternative formats.

- Acknowledgement that there was very little evidence of people planning for their future health and care needs.

Members highlighted that digital inequality is often a matter of comprehension (health literacy) rather than just access to technology and there was further work to do, to ensure a more coherent and joined up approach to how residents could access support, advice and information.

- **General Practice Update:** Members were presented with a quarterly update on General Practice. Key points included:

  - The establishment of new regional assurance process introduced to tackle unwarranted variation, supported by national dashboards. This will involve a rolling three-year programme of 'deep dives' into practices.
  - Acknowledgement that significant transformation work is ongoing to manage demand and capacity, including the implementation of new triage models. There is a continued push for appropriate use of the NHS App, while ensuring non-digital access routes are protected.
  - An update that the total number of GP appointments had slightly reduced, primarily due to the widespread adoption of 15-minute standard appointments (up from 10 minutes). The majority of appointments continue to be delivered face-to-face and on the same day.
  - Members were also updated that Dr Fadi Khalil has been formally appointed as the new Clinical Director for Sunderland West PCN.

  Members additionally discussed the demand and eligibility for new weight loss injections, with some concern that anticipated demand was likely to be underestimated locally. Members also raised a strategic point about the potential system-wide shift towards valuing rapid access over continuity of care, and the long-term consequences of this in relation to the prescribing of weight loss injections.

- **Antipsychotics Service Update:** A paper was presented on a new wrap-around service for individuals prescribed antipsychotic or mood-stabilising medication. The service, developed in partnership between Primary Care and CNTW, is due to go live on 9 September. It is designed to provide proactive, holistic support to this high-risk cohort, with all Sunderland GP practices signed up.

3.11 Wider partnership items included:

- **Better Care Fund Section 75 sign-off**: A copy of the proposed s75 partnership agreement was circulated. Members were informed that the schedules within the agreement reflected those agreed within the BCF planning process, with the terms and conditions proposed lacking any material change from previous agreements. Members were assured that the proposed terms and conditions were flexible enough to support in-year

financial adjustments arising from inflation and efficiency measures. It was therefore proposed that the terms of the s75 be agreed to support the national deadline of 30 September, with a view to seek additional approvals once the impact of in-year adjustments have been jointly agreed.

4.0 Update from Health and Care Alliance: July and September 2025

4.1 In August 2025, it was agreed that the HCA assurance reports for Place Committee be provided on a quarterly basis to accommodate the new cycle of business of the committee. This will take effect from quarter 3, as per the below schedule:

Quarter	Presented at SPC in	Months covered in report
Quarter 1	June	March-May
Quarter 2	September	June-August
Quarter 3	December	September-November
Quarter 4	March	December-February

4.2 A summary of the June and September HCA have been included below. NB the July HCA meeting was repurposed to support the submission of Sunderland's National Neighbourhood Health Implementation Programme bid.

Health and Care Alliance June 2025

4.3 This section provides a summary of the key items of business discussed at the Health and Care Alliance (HCA) meeting in June 2025. NB As the HCA has a quality assurance role in relation to Place Committee reports, any quality assurance-related items that have been covered within Place Committee assurance (section 3) have been removed to avoid duplication.

4.4 **Wheelchair and Posture Service Annual Report**: In June 2025, the HCA reviewed the 'Wheelchair and Posture Service Annual Report 2024-2025'. The HCA were informed that the service had supported 12,374 people during the reporting period. While the national target for providing equipment within 18 weeks was not met, significant progress had been made in reducing clinic wait times. For the Powered Wheelchair Clinic, waits reduced from 60 weeks to 8 weeks.

The service was commended for its co-production with the highly active Sunderland Wheelchair User Forum (SWUF). A recommendation was made to explore the service's potential as a best-practice use-case for wider joint commissioning initiatives.

Health and Care Alliance September 2025

4.5 Key areas of focus at the September HCA included:

- **CQC Report on Adult Services:** Following the 'Good' outcome rating from the recent CQC inspection, the HCA discussed how the system could collectively respond to the report recommendations. It was noted that multiple partners were progressing some areas of work independently, including aspects of technology-enabled care and approach to co-production. It was identified that this could potentially create inefficiencies and miss wider opportunities for innovation and integration. The HCA recommended creating a unified, system-wide approach to these areas, including the potential to develop a single co-production charter for all services in Sunderland, and to establish a cross-system working group to identify and assess current and future digital and technological needs and opportunities.

- **Care Home Therapy Team:** Members reviewed an evaluation of the pilot Care Home Therapy Team, which demonstrated positive outcomes such as a reduction in falls-related hospital admissions. HCA were updated that the original funding streams were no longer fully available, preventing the team from continuing in its current form. The report highlighted a need to review and assess current decommissioning approaches to integrated and aligned commissioning activities. In response, the HCA endorsed the development of a formal System-Wide Investment Framework to enable collective prioritisation and resource allocation. This action was delegated to the BCF Implementation and Monitoring Group, given the high proportion of integrated and aligned commissioning activity that falls within scope of the BCF.

5.0 Sunderland Neighbourhood Health Transition Meeting

5.1 In September 2025, place partners were formally notified that Sunderland had been successful in its bid to become an exemplar site within the first wave of neighbourhood health implementation.

5.2 At the Sunderland Neighbourhood Health Transition Group (NHTG), members discussed the implications of the bid outcome on next steps and ways of working. Members were advised that a welcome pack was anticipated from the national team within the next week, with a scheduled call with the national neighbourhood health team anticipated shortly thereafter. This call would require input from an identified Place Coach. Members agreed that while they recruitment arrangements for the Place Coach were in progress, an interim coach would be identified, this was agreed as Dr Fadi Khalil.

5.3 Members were presented with a proposal to host a Neighbourhood Health Summit in October 2025. The summit would mark the start of Sunderland’s neighbourhood health journey and would be used to build a shared vision and joint commitment from partners to support a system-wide neighbourhood health approach in the city. The proposal included a recommendation that the summit be designed and delivered in a way that would lead to tangible and

actionable outputs, this included the development of a system-wide case for change and more diverse and inclusive stakeholder representation within emerging neighbourhood health team arrangements.

6.0 Better Care Fund Section 75 Sign-off and Assurance

6.1 This section provides the Health and Wellbeing Board with assurance regarding the 2025/2026 Better Care Fund (BCF) section 75 (s75) partnership agreement between the North East and North Cumbria Integrated Care Board (NENC ICB) and Sunderland City Council (SCC). In its September 2025 meeting, the Sunderland Place Committee reviewed and approved the updated s75 agreement, ensuring compliance with the national submission deadline of 30th September 2025.

6.2 The HWB can be assured that the 2025/2026 BCF plan and the supporting s75 agreement are fully compliant with the national 2025-26 BCF Policy Framework. The plan confirms that all four national conditions of the fund have been met. This includes the joint agreement of the plan, a focus on the policy objectives of shifting from sickness to prevention and from hospital to home, compliance with grant and funding conditions, and engagement with national oversight and support processes.

6.3 The revised s75 agreement reflects the details agreed within the 2025/26 BCF plan submitted on 31 March 2025. Key updates providing further assurance include:

- The utilisation of the recommended revised national BCF s75 template, which incorporates additional appendices for a Data Sharing Protocol and Categories of Personal Data.
- Revisions to the BCF schemes to align with the agreed Neighbourhood Health Guidelines approach. A designated Senior Responsible Owner (SRO) has been assigned to each scheme to strengthen governance and accountability.
- A total expenditure of £62,660,490, with funding sources and the breakdown of expenditure aligned with the 2025/26 plan. This is composed of an ICB contribution of £34,531,086 and a Council contribution of £28,129,404.

6.4 The agreement provides a robust framework for the financial year. As noted in the 2025/26 BCF plan, a review of expenditure is currently underway to reflect known NHS budget clarifications and Adult Social Care revisions related to inflation and associated fee increases. The Place Committee was assured that the terms of the s75 agreement are flexible enough to support these in-year adjustments. Any changes will be formally reflected in the Quarter 2 BCF monitoring report, due on 31 October 2025.

6.5 In summary, the 2025/26 s75 agreement provides the legal basis for the BCF arrangements in Sunderland. It underpins the joint health and care ambitions set out in the Sunderland Place Plan and Healthy City Plan. Agreeing the s75 ensures Sunderland avoids a breach of national BCF conditions, which would risk compromising the quality and effectiveness of the BCF programme locally.

7.0 Contribution to delivering the Healthy City Plan

7.1 The SPCPB, and its associated Place Plan, continue to support the delivery of the HCP with a specific focus on leveraging the value and opportunity of shared system governance in promoting effective delivery of health and care-related priorities, including addressing health care inequalities and promoting improved integration of services to support effective and proactive person-centred care. This assurance report is intended to articulate that contribution, with specific reference to areas of focus and oversight provided by the SPCPB arrangement.

7.2 A Health and Wellbeing Board development session was held on 12 September 2025, to discuss the NHS 10 Year Plan, NNHIP and implications for future board development. The session provided the Sunderland Health and Wellbeing Board with a comprehensive understanding of the 10 Year Health Plan for England (Fit for the Future) and how a clear, actionable strategy for local implementation can robustly align with the Sunderland Healthy City Plan (HCP). Feedback from the session will be reflected in recommended changes to the SPCPB's assurance reporting processes, to ensure more robust alignment with HCP priorities, with a specific focus on priority 8 (Neighbourhood Health) and priority 12 (Access to Health and Social Care).

8.0 Recommendation

8.1 The Health and Wellbeing Board is recommended to:

i. Note and comment on the summaries of the recent meetings of the Sunderland Place Committee and Partnership Board, and its formal subgroup arrangements of the Health and Care Alliance and Neighbourhood Health Transition Group.
ii. Be assured that the work of the Sunderland Place Committee and Partnership Board is progressing in line with its agreed terms of reference.
iii. Be assured that the 2025/2026 BCF Section 75 is compliant with national conditions and provides the appropriate governance to ensure effective oversight and management of Sunderland's BCF programme.