Item No. 8

SUNDERLAND HEALTH AND WELLBEING BOARD 3 July 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) on behalf of the SPCPB,

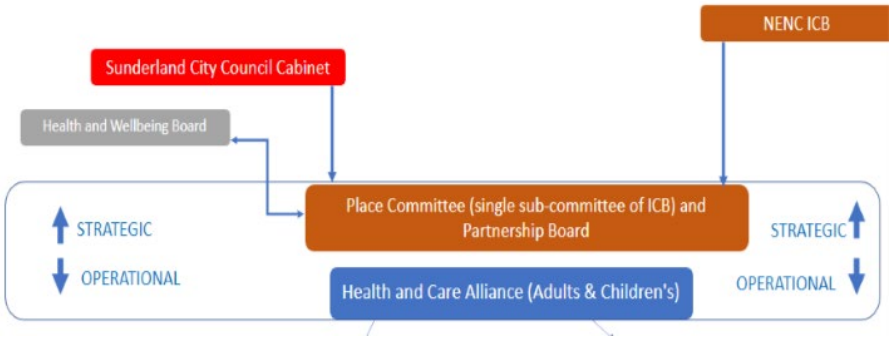
II. a summary of key points discussed at meetings held between March and May 2025 (NB the June 2025 SPCPB was repurposed to support neighbourhood health discussions as outlined in a separate HWB paper. The April HCA was repurposed to support neighbourhood health development work, with a summary of this work articulated in the May 2025 update)

III. a summary of key points and agreed ways forward, of the inaugural 'Neighbourhood Health Transition Group', a formal sub-group of the Sunderland Place Committee established in June 2025.

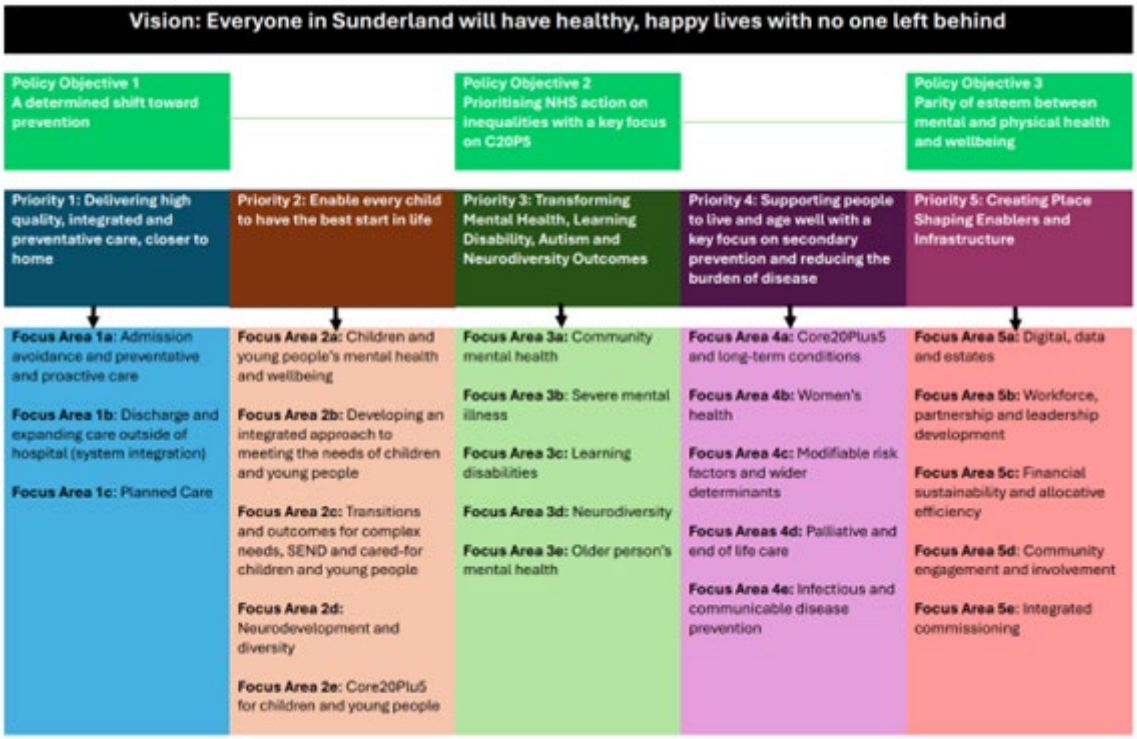
2.0 Background

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), which constitutes a formal subgroup 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.



3.0 Updates from Sunderland Place Committee: March to May 2025

March 2025

3.1 At its March 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:

- **Cycle of Business**: A draft 'Cycle of Business' for the committee was proposed. It was noted that this plan will be revised following recent changes within the ICB. The plan will be largely guided by the ICB and joint system priorities articulated in the Place Plan. **NB.** In the May 2025 subcommittee, additions to the Cycle of Business included quarterly

updates from Healthwatch and the Director of Public Health's annual report. It was noted that input from the acute community trust (STSFT) was light, and more explicit inclusion of health inequalities and Core20+5 was requested by members.

- **Health and Care Alliance (HCA) Assurance Report**: Report detailing HCA areas of assurance for as defined in section 3 of this report.

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

- **Population Health Hub (PHH) for South Tyneside and Sunderland**: A proposal to establish a PHH to improve health outcomes through a data-driven, collaborative approach was presented to committee. The hub is proposed to focus on three pillars: Enabling, Analysing, and Doing. The committee supported the proposal, suggesting links with universities and ensuring Healthwatch is connected. A future update is scheduled for the June subcommittee meeting.

- **Sunderland Local Enhanced Services (LES) for General Practice 2025/26**: A proposal for a new, consolidated LES for General Practice for 2025/26 was presented. It was noted that the scheme was due to be funded by repurposing budgets from decommissioned services, including the recurrent Quality Premium Budget (£3,115,135) and the GP Career Start Scheme (£363,421). Following discussion, the subcommittee recommended the scheme for approval to the Executive Committee, with the caveat that a portion of the funding requires separate approval. During the May SPCPB, members were informed that all practices across Sunderland had subsequently signed-up to the LES.

- **Financial Position Update**: A verbal update on the month ten ICB/ICS financial position for 2024/25 was presented. The Integrated Care System (ICS) was reporting a break-even position, with the ICB forecasting a surplus of £12.5m. It was noted that Sunderland place had an underspend of £541,000 at month ten.

- **2025/26 Better Care Fund (BCF) Sign-off**: Members were updated on the BCF policy framework and planning requirements for 2025/26, ahead of the national planning submission deadline.

Place Committee April 2025

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

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

- **Neighbourhood Health**: members were presented with an overview of the national ambitions for neighbourhood health delivery. Key goals articulated within national guidance, include moving care from hospitals to homes, shifting from treatment to prevention, and transitioning from analogue to digital methods. The plan aims to strengthen primary and community care and better

connect individuals to wider public and third-sector services over the next 5 to 10 years. It was agreed that a "Neighbourhood Highlight Report" will become a standing item at future subcommittee meetings.

- **Children's Ofsted Inspection:** Members received a presentation outlining key findings from Sunderland's "outstanding" Ofsted report, which found that Sunderland has sustained outstanding practice and leadership, resulting in highly effective help and protection for children. Areas for improvement include the uptake of return home interviews, risk assessments for unaccompanied asylum-seeking children, and the workloads for Personal Assistants in the Next Steps service.

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

Financial Position: Member were informed that the ICS delivered a balanced plan for 2024/25.

Financial Efficiency: Members were informed that the 2025/26 financial plan was balanced, however was considered "very high risk," requiring £594m in efficiencies across the ICS. The South Tyneside and Sunderland Local Delivery Team has an efficiency target of £2.2 million for 2025/26. The subcommittee agreed to take forward an action to host a joint system meeting, to enable the cumulative impact of respective system-wide efficiency plans for 2025/26 could be assess. Members were subsequently updated at the May subcommittee, that this meeting had been scheduled for July 2025.

- **Women's Health Alliance:** A proposal for a joint Women's Health Alliance for South Tyneside and Sunderland was presented. The alliance aims to create a collaborative network to improve health outcomes and access to services for women by using coordinated, data-driven strategies. The subcommittee agreed to the proposed membership and governance, and stressed the need for wider consideration of family-orientated provision and robust system mapping to avoid duplication.

- **Health and Growth Accelerator:** Members were updated on the Health and Growth Accelerator programme. Agreement to include broader system representation in the development of the programme was noted in order to support a whole-system response. At the May subcommittee, partners were updated that South Tyneside and Sunderland had been allocated £872,497 for 2025/26 for the programme, with the proposed model including work coaches, community microgrants, and personal health budgets to support people in staying in or returning to work. The subcommittee subsequently approved the approach.

3.7 Wider system updates at the April subcommittee included:

- **System Diagnostic Update:** It was noted that the diagnostic work for the South Tyneside and Sunderland system is progressing, and the ICB is seeking a Programme Director to manage this work. The programme will focus initially on improving discharge decisions and access to intermediate care closer to home.

- **Planning Document Update:** The committee noted that the ICB's submission for the Sunderland planning obligations supplementary planning document would be made by 12 May 2025, which highlighted an intent for closer working between health and city development in relation to planning proposals, and subsequent obligations, for larger housing schemes.

Place Committee May 2025

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

3.9 In system partnership updates the following item was covered:

- **Adult Social Care Inspection**: Members were presented with a verbal update on Sunderland's Adult Social Care CQC report, which included a 'Good' rating across all dimensions, achieving the third-highest score in the country among reports published so far. Key areas for development include hospital discharge, reducing permanent care admissions, and increasing co-production. A partnership plan will be developed and brought back to the subcommittee at a future date following discussions at the HCA.

3.10 Proposals and financial updates brought to the SPCPB in May, included:

- **Financial Position and Efficiency**: Members were informed that a “long-list” of efficiencies has been compiled across the ICB, and Equality and Quality Impact Assessments (EQIAs) were in development for ICB Executive approval. Members agreed to align their respective impact assessment processes for efficiency plans for the 2026/27 financial year onwards.

- **TB Service**: Assurances to allay members concerns about the interim TB were provided, with work underway to build further service resilience by linking with other geographical areas. The service will be discussed again in the July or August subcommittee meeting.

3.11 In wider system updates, the following items were discussed by member:

- **Multiple and Complex Needs Allocation**: proposals for the allocation of 2025/2026 “Multiple Complex Needs” (MCN) funding was discussed. Members were updated that funding will be used to support the CORE20Plus5 approach and develop innovative solutions for inclusion health groups, with a focus on those experience drug and alcohol-related harms. The proposal included, increased outreach provision for routine and urgent care access, wound care support and an enhanced health in community approach to inclusion health, building on learning from the Enhanced Health in Care Home framework. **NB**. In June 2025, funding for this programme was revised to accommodate high levels of regional underspend. Sunderland is not anticipating any impact of reduced funding on proposals, and will keep the subcommittee informed of changes.

- **GP Contract 2025/26**: Members received an update on key changes to the GP contract, and discussed how to support targets related to cardiovascular disease (CVD) and diabetes.

- **The Sunderland Place Plan**: members were informed that the refresh of the Place Plan would be choreographed to fit with health reform changes and brought back to a future subcommittee meeting for sign-off, once the change in landscape was clearer. Members emphasised the need to protect local priorities and neighbourhood-level work during the ICB transition and to escalate this message to the executive committee as part of Place Plan development.

- **Children and Young People's (CYP) Mental Health Strategic Plan**: Members were presented with the CYP mental health strategic plan to consolidate and clarify ongoing work across Sunderland. Members were informed that the plan was developed by multiple system partners, with an emphasis on CYP and family involvement. The subcommittee supported the plan and the timeline for developing a full transformation plan, which is an NHS requirement.

- **Care Closer to Home**: An update on the Care Closer to Home (CCH) programme was provided, with members being updated that the terms of reference for the CCH group, were now finalised with a focus on adult frailty. A work plan for 2025/26 has also been developed to support delivery.

4.0 Update from Health and Care Alliance: March to May 2025

HCA March 2025

4.1 At its March 2025 meeting, the Sunderland Health and Care Alliance (HCA) focused on several key areas:

- **Clinical Conditions Strategy (CCS):** The HCA reviewed findings on how to implement the regional NENC Clinical Conditions Strategy in Sunderland. A report with recommendations was due to be presented to the Sunderland Place sub-Committee (SPC) in May 2025, however this was delayed owing to an anticipated update to the regional strategy ahead of final publication.

- **Financial Risk Management:** The HCA addressed the risk to local programmes from short-term and uncertain funding streams. Finance teams were tasked with prioritising these financial risks for review at the April 2025 meeting.

- **Better Care Fund (BCF):** For information, members were briefed on the 2025/26 BCF guidelines and the proposal to align this funding with neighbourhood health development.

- **Other Key Updates:** The HCA was informed of progress on:

- **Planning Obligations:** Developing a standard calculation for developer contributions to health infrastructure and ensuring the ICB receives earlier notice of large housing schemes.

- **Medicines Strategy:** Plans to align the local implementation of the draft NENC Medicines Strategy with the broader Clinical Conditions Strategy.

HCA May 2025

4.2.1 At its May 2025 meeting, the Sunderland Health and Care Alliance (HCA) focused on several key areas:

4.2.2 In relation to Place Plan Assurance, the following items were covered:

- **Better Care Fund (BCF) 2025/26 Plan:** Members were updated that the BCF plan for 2025/26 was submitted on time and will be signed off pending formal HWB assurance. HCA members were updated that a BCF performance deep-dive is planned for the summer alongside an update to the BCF Implementation and Monitoring Groups' (BCF-IMG) Terms of Reference; which will evolve to complement increased alignment between BCF and neighbourhood health delivery.

- **Neighbourhood Health:** The HCA received a briefing report following a HCA neighbourhood health workshop in April. Members accepted recommendations to strengthen collaboration with the voluntary and community sector (VCSE) and to improve the use of local intelligence to support community co-design and production as part of the approach.

- **Social Prescribing**: A Sunderland Voluntary and Community Sector Alliance report was presented that highlighted challenges in the current social prescribing model, including service fragmentation, inconsistent delivery, lack of accessibility, and the instability of short-term funding for VCSE partner. Action on the report's nine recommendations (which include a single referral platform and unified data collection) has been deferred to the Social Prescribing Stakeholder Group who will consider the findings of the report alongside the forthcoming evaluation of the "Links for Life" programme. It was agreed that the stakeholder group will report back to the HCA and subcommittee at a future date with integrated recommendations.

4.3.1 In relation to Place Pipeline items, the HCA discussed the below:

- **Financial Wellbeing Strategy (FWBS)**: HCA members were informed that the FWBS Delivery Plan was largely complete (97% of actions). The strategy is a critical response to severe and rising poverty in the city. Key contextual factors noted within the report included: increased in food poverty with a surge in food parcel distribution (over 94% increase in the last five years); high levels of child poverty, with Sunderland being recognised as being in the bottom third of areas within the region; high levels of residence seeking welfare advice for long-term illness or disability; incoming risks attached to benefit reforms.

The HCA noted a key opportunity to improve data sharing and create integrated pathways between financial wellbeing services and health and care interventions. This would support earlier identification of need and proactive intervention, aligning with a population health management approach.

5.0 Sunderland Neighbourhood Health Transition Meeting

5.1 In May 2025, HCA Chairs made a recommendation to establish a 'Neighbourhood Health Transition Group' (NHTG), as a formal subgroup of the Sunderland Place Committee. The group was installed on the basis that work to progress transition to a provider-led neighbourhood health model required significant subcommittee focus and oversight, that needed to be balanced with the wider priorities and responsibilities of the subcommittee and HCA.

5.2 On 18 June 2025, an inaugural NHTG meeting was held, with representation across the ICB, LA (Adult Social Care, Children's Services and Public Health), South Tyneside and Sunderland NHS Foundation Trust (STSFT), primary care, GP Alliance, Cumbria, Northumbria and Tyne and Wear Mental Health Trust, and Harrogate and District NHS Foundation Trust.

5.3 The aim of the NHTG is to reach a shared understanding and consensus among Sunderland's statutory and non-statutory health and care partners on the core principles of a provider-led Neighbourhood Health Model, with a view to support the development of a Target Operating Model (TOM) and a high-level, actionable roadmap for implementation. Key principles of the group were identified as:

- **Consensus-oriented:** The agenda is designed to build agreement, acknowledging and addressing the natural tensions and differing priorities between organisations.
- **Provider-led focus:** We will consistently emphasise that this change is about empowering frontline providers and teams through better collaboration and support structures.
- **Co-designed:** The London model will be used as a case study and structural guide, not a rigid template. Sunderland's partners will co-design a model that fits the local context.
- **Function over form:** Initial discussions will focus on *what* needs to be done and *how* we should work together, before deciding *who* is responsible for specific functions.
- **Action-focused:** The day will conclude with clear, agreed-upon next steps to maintain momentum.

5.4 The initial meeting focused on establishing the national and local context, and exploring national and internation models of integrated neighbourhood delivery in order to identify some early design principles, priority actions, key system enablers, and local risks and challenges.

5.5 Key points of discussion included:

- A recognised need for the subgroup to iterate and define some core priorities, objectives and design principles
- A commitment to use existing evidence (including local examples of integrated neighbourhood delivery) to inform the future model.
- A commitment to undertaking an evidence-based, intelligent approach to determining geographical boundaries for neighbourhood delivery.
- A recognised need to align neighbourhood health ambitions with the refreshed Healthy City plan.
- A recognised need to understand and build-in current strengths and assets across the system, whilst actively working to develop areas that support a conducive transformation environment.
- A need to engage with communities, patients and staff at the earliest stages of development, and to continue to build engagement as part of the development of the ongoing development and improvement of neighbourhood working.
- A need to ensure the contracting and financial mechanisms are locally aligned to neighbourhood delivery ambitions, including development of the Better Care Fund s75 arrangements.
- A need to undertake a pragmatic, phased approach to implementation based on prioritised need with a view to embed, standardise and scale alongside evaluative feedback and insights.
- A need to define system outcome measures that all partners agree are priorities.
- A need to address the cultural and organisational development aspects to embed new ways of working across operational teams.

5.6 Members agreed to confirm future membership of the meeting based on the role, expectations and ambitions of the NHTG. It was additionally agreed that the NHTG would regularly report into the Sunderland Place Committee and form part of future Place Committee assurance reports to the HWB.

6.0 Contribution to delivering the Healthy City Plan

6.1 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.

7.0 Recommendation(s)

7.1 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 arrangement of the Health and Care Alliance.
ii. Agree the purpose and early principles of the Neighbourhood Health Transition Group and advise on any areas of assurance required by the HWB in future reporting.
ii. Be assured that the work of the Sunderland Place Committee and Partnership Board is progressing in line with its agreed terms of reference.