Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD 2 October 2025

SUNDERLAND WINTER PLANNING 2025/26

Report of the Local Delivery Team (South Tyneside and Sunderland), North East and North Cumbria Integrated Care Board (NENC ICB)

1.0 Purpose of the Report

1.1 This paper sets out an overview of the national, regional and local approaches to winter planning for winter 2025/26, the current priority areas identified for winter by the South Tyneside and Sunderland Local A and E Delivery Board (LADB) partners, and the further activities ongoing to prepare for winter and mitigate against anticipated risk areas.

1.2 The report also updates on the proposed approach for winter vaccinations programme for South Tyneside and Sunderland. This includes the annual influenza vaccination programme and the autumn/winter Covid-19 booster programme.

2. Winter 25/26 – Emerging National Priorities

2.1 On 6th June 2025 NHS England (NHSE) and the Department of Health and Social Care (DHSC) published the Urgent and emergency care (UEC) plan for 2025/26 which set out the things we can and must do now to ensure our patients receive a better service this coming winter. The plan identified 7 priorities that will have the biggest impact on UEC improvement this coming winter. As a minimum these are:

- patients who are categorised as Category 2 – such as those with a stroke, heart attack, sepsis or major trauma – receive an ambulance within 30 minutes
- eradicating last winter's lengthy ambulance handover delays to a maximum handover time of 45 minutes
- a minimum of 78% of patients who attend an A&E to be admitted, transferred or discharged within 4 hours
- reducing the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so that this occurs less than 10% of the time
- reducing the number of patients who remain in an emergency department for longer than 24 hours while awaiting a mental health admission
- tackling the delays in patients waiting once they are ready to be discharged
- seeing more children within 4 hours

2.2 The plan outlines the need for a whole-system approach to improving UEC performance and local system plans have been asked to evidence how:

- ICBs and primary care are demonstrably improving access to primary and community care and driving stretching system-wide improvement to prevent avoidable admissions and discharge rates.
- community providers are quantifying demonstrable improvement in admission avoidance, making more effective use of community beds and care home facilities, and using technology to support people to stay well at home.
- trusts are using all available tools to improve patient flow, including: optimising triage and appointment systems to direct less urgent cases to same day emergency care (SDEC); optimising the use of urgent treatment centres (UTCs) and Hot Clinics; ensuring medical directors and chief nurses are applying clinical operational standards to ensure all specialties – not just UEC – lead UEC improvement.
- ambulance trusts are rapidly adapting best practice to maximise improvement opportunities this winter

2.3 The aim of the NENC ICS therefore this year is to develop a whole-system approach to the winter planning process which can successfully deliver safe and effective patient care across our complex, multi-agency UEC system. This builds on from a strong platform, with comparatively strong performance across the key UEC metrics in the NENC area (noting particular performance challenges in South Tyneside and Sunderland), however the aspiration remains to further improve in preparedness for winter.

2.4 There is a history of strong system and clinical leadership in NENC, supported by well-established and functioning local governance structures (Local A&E Delivery Boards – LAEDBs) overseen by the NENC Urgent and Emergency Care Network. The aspiration is to further reduce unwarranted variation and improving the quality, safety and equity of urgent and emergency care provision by bringing together all stakeholders to radically transform the system at scale and pace.

3 Local Context and Approach to Winter

3.1 In line with the national expectations outlined above, there is a collective responsibility to ensure that all parts of the system have robust plans in place to remain as resilient as possible and maintain the ability to respond to operational pressures over what is sure to be another challenging winter period. In NENC and across the wider NHS, the 2025/26 winter planning process has commenced earlier than in previous years in order for thorough system assurance and testing of local system plans well ahead of winter.

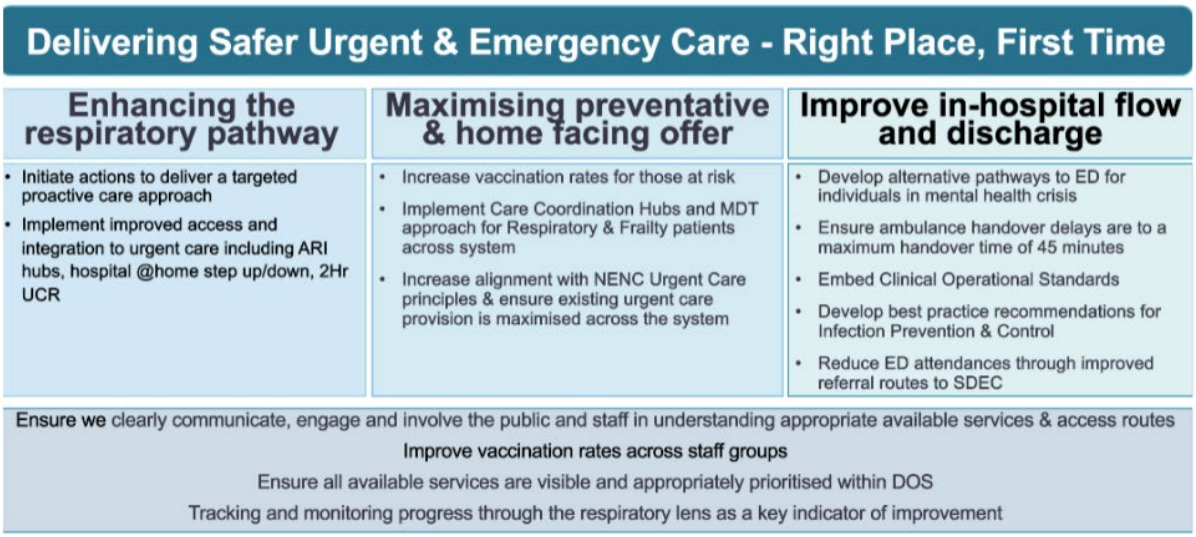
3.2 Following a Winter Readiness Workshop held on 17 July, LAEDBs have been tasked with undertaking 'check and challenge' of their readiness self-assessments with the offer of support from ICB and UECN colleagues to facilitate peer review between local systems.

3.3 Throughout August LAEDBs have refined their plans and identified the specific actions that will be delivered to turn their proposals into reality. Progress will be overseen by the Winter Planning Assurance & Delivery Group

and supported by the UECN and LAWP alongside ICB Transformation and Planning & Performance colleagues.

3.4 Following completion of further regional testing exercises in September, NHSE have mandated that ICB and Trust Boards should sign-off winter plans and submit a Board Assurance Statement by 30 September 2025. The ICB Winter Planning Assurance & Delivery Group is working with Governance colleagues to ensure that a final version of the ICB Winter Plan is available to be reviewed by the Board in line with the national timeline and will interface with LADBs as appropriate.

3.5 Through an inclusive planning process, the local Urgent and Emergency Care Network (UECN) has identified 3 key system priorities for winter as follows:



3.6 There is also a key respiratory pathway winter focus incorporating an end to end offer covering:

- Prevention (comprehensive vaccination offer and GP/Community based preventative care)
- Getting the support and offer right for those at high risk of respiratory exacerbation/complexities
- Supporting recovery and post crisis prevention in discharge (after respiratory event)

3.7 Respiratory initiatives will therefore include:

- Vaccinations
- Chronic Obstructive Pulmonary Disease (COPD) and Asthma proactive and preventative optimised care
- Improved access and delivery in the areas of community pharmacy support, urgent care response services in the community, acute respiratory hubs in the community, hospital at home, same day urgent and emergency care services and care coordination hubs

- Improved hospital discharge focusing around in hospital to home respiratory pathways, step down pathways into hospital at home and transfer of care hubs

3.8 We know that respiratory conditions present a significant health challenge in the North East and North Cumbria (NENC) especially during the winter period. We have the highest prevalence of Chronic Obstructive Pulmonary Disease (COPD) in England, at 2.8% compared to the national average of 1.86%. Approximately 134,000 patients are affected, with many residing in areas of high deprivation. A concerted focus on enhancing the respiratory pathway this winter will support improvements to the management of respiratory illness from proactive care, responsive care and through to recovery care.

3.9 Essentially, what the NENC UEC Network are advocating for is earlier professional to professional conversations in relation to respiratory care and also ensuring that we deliver a better offer to people and their families/carers throughout respiratory end to end pathways.

4. South Tyneside and Sunderland local performance challenges

South Tyneside and Sunderland Foundation Trust (STSFT) are consistent outliers in UEC performance targets, having consistently high numbers of ambulance handover delays, long waits in the ED department and % of patients with no criteria to reside (NCTR). Additionally, the ED performance target of 78% of patients seen within 4 hours is consistently not met.
The table below details a snapshot of performance, benchmarked against regional peers (data from week ending Sunday 3rd August).

Provider		A&E										Back Of House / Discharge			
	% Handovers Complete	Handovers >45 Minutes	Handovers >1 Hour	Handovers >2 Hours	Handovers >3 Hours	4 - 12 Hr Waits for admit	Waiting Over 12 hours for admission	Type 1 Attends	Type 1 Performance	Overall Attends	Overall Performance	Beds Occupied	Acute Bed Occupancy	% Patients NCTR	% Patients with a Discharge Ready Date Entered
		Week Ending Sun 03 Aug 2025										As At Sun 03 Aug 2025 (Snapshot)			
County Durham and Darlington NHS Foundation Trust	95%	0	0	0	0	244	0	2,751	66%	5,243	82%	693	81%	5%	5%
Gateshead Health NHS Foundation Trust	95%	0	0	0	0	48	0	1,294	75%	2,183	85%	420	95%	11%	15%
North Cumbria Integrated Care NHS Foundation Trust	96%	22	14	4	0	132	88	2,061	61%	2,461	67%	503	87%	20%	
North Tees and Hartlepool NHS Foundation Trust	92%	4	1	0	0	31	0	1,081	45%	3,389	82%	462	92%	2%	62%
Northumbria Healthcare NHS Foundation Trust	93%	3	0	0	0	0	0	2,220	88%	5,276	95%	736	88%	8%	20%
South Tees Hospitals NHS Foundation Trust	94%	22	10	1	1	28	0	1,669	62%	4,180	83%	833	89%	9%	12%
South Tyneside and Sunderland NHS Foundation Trust	93%	67	32	2	0	54	0	2,299	58%	4,146	76%	947	85%	21%	24%
The Newcastle Upon Tyne Hospitals NHS Foundation Tr	85%	65	17	0	0	57	1	2,776	69%	4,704	81%	1,199	84%	3%	3%
North East Ambulance Service	98%														
North West Ambulance Service	96%														
Yorkshire Ambulance Service	98%														
North East and North Cumbria Providers	97%	183	74	7	1	594	89	16,151	67%	31,582	83%	5,793	87%	10%	21%

5. Learning from Winter 24/25

5.1 Last year winter in South Tyneside and Sunderland, like in many areas nationally, was extremely challenging due to a range of reasons including infection control issues leading to temporary bed closures, workforce capacity issues, high levels of respiratory illness, the increase in people needing hospital care and then subsequent social care support for discharge. This was further compounded with additional mental health demand stemming from the ongoing rising cost of living, with many people describing detriments to their wellbeing and quality of life.

5.2 A review of the South Tyneside and Sunderland Winter Plan 2024/25 was undertaken in May 25 involving a wide range of partners, with the key purpose of:

- Reflecting and evaluating how winter 24/25 had gone
- To review the effectiveness and outcomes of the winter schemes funded to support both Place systems over winter
- To consider the learning and opportunities to improve on how winter pressures are managed for 25/26

5.3 What went well:

- Extended Emergency Assessment Unit on the Sunderland Royal Hospital site meant less patients were admitted and more patients discharged home
- Ambulance cohorting guidelines were adjusted to facilitate better ability to cohort with appropriate risk management in place (Ambulance cohorting is a process where ambulance clinicians handover the care of their patient to an emergency department clinician immediately after triage, even when bed availability is challenged. This allows ambulance crews to attend other incidents more quickly)
- Direct line into Same Day Emergency Care (SDEC) up and running which increases paramedic pathway options
- Transformation of community services and implementation of virtual ward pathways has meant that more patients were safely managed in the community
- Phased implementation of the Care Co-ordination Hub (from March 25), bringing together a range of community services to optimise joined up working and maintaining patients in the community where it is clinically appropriate to do so should put us in a good position for this winter
- Transformation of community services and implementation of virtual ward pathways has meant that more patients can be safely managed in the community
- District Nursing service continues to have lower vacancy levels due to successful recruitment drive
- Excellent support from community teams at Emergency Department to move people out of ED if there was potential to manage patients in the community

- Additional capacity in primary care through in hours appointments and Acute Respiratory Hubs to see and treat more people safely in the community.

6. Focus for Winter 25/26

Planning for winter locally in South Tyneside and Sunderland commenced in May 25 with a winter workshop focused on review of winter 24/25 and planning for winter 25/26. An overview of initiatives and developments being taken forward for winter across South Tyneside and Sunderland in 25/26 are:

- **Community care, reablement and step down ('return to independence') beds** – a clear focus on getting patients home or to their usual place of residence and ensuring that effective reablement is in place across the whole pathway. An overall aim is to decrease risk of the patient losing mobility and independence and promoting home first. The Guiding You Home (GYH) programme is now in place to support transformation and enabling measures in this area. Discharge pathways and discharge processes in particular will be considered to optimise recovery for patients in the correct care setting. Working to ensure that the right people are given the right care in the right setting to maximise their chance to go straight home is the overriding purpose of the Guiding You Home programme work.

- **Frailty and delivering care closer to home** – further development of integrated frailty and responsive services in the community with a focus on supporting people to live at home and improve health outcomes. Enhancements to the neighbourhood community frailty team offers will be put in place during winter. Additionally, implementation of phase 3 of virtual wards to create step up provision will also contribute to managing patients in the community via 'hospital at home' style care. This will further support frail patients with complex issues and ensure that admissions for patients living with frailty are avoided.

- **Further developing capacity in community services** – The Care Co-ordination Hub was operationalised in March 2025 and work is ongoing to use this to develop capacity in community services. This is because community services can now accommodate higher acuity patients safely. This in turn supports avoiding preventable hospital admissions. Work will continue on developing the Care Co-ordination Hub so that it can be used for maximum impact across all health and social care partners. Additional digital monitoring initiatives will be deployed for respiratory patients who may be at high risk of admission, should their respiratory conditions exacerbate. If a change in observation is seen, advice and services will be put in place to mitigate further respiratory deterioration.

- **Urgent care pathways and avoiding unnecessary admissions** – supporting the system to help reduce Emergency Department attendances and admissions remains a key focus, in particular minimising long waits in

the ED department. Options for streaming patients to the most appropriate service or team in the community as an alternative to admission (where clinically appropriate) will be a central pillar of winter preparedness across Sunderland (and South Tyneside). Additionally, developing and using Same Day Emergency Care (SDEC) services will be key to assess, diagnose and treat patients on the same day of arrival at hospital. Well established relationships between hospital clinical teams and community clinical teams are in place to ensure optimal patient pathways are in place.

- **Transition from Hospital** - Despite good collaborative working, the numbers of Sunderland patients who are Community Ready (Discharge Ready) with no right to reside in hospital each day, over the winter period and beyond, remains high so continued development of reablement and discharge pathways will remain, further supported by transformation work under the Guiding You Home programme.

- **Primary care** - In common with the previous 2 years, general practice will step up delivery of Acute Respiratory Hubs (ARH) to support management of patients with respiratory conditions. Also, primary care will deliver enhanced frailty support across both South Tyneside and Sunderland to support winter pressures and keep patients safely in their place of residence (where clinically appropriate).

- **System approach** - Operational arrangements across health and care partners are in place to manage patient flow between services. Working together, the system will use the Sunderland and South Tyneside Surge Group, which includes a wide range of partners, to take the actions needed when the Sunderland and South Tyneside health and care system is under increased pressure. All partner organisations in Sunderland and South Tyneside are stronger when they all work more closely together. Each partner organisation will have in place a range of measures to help them manage the pressures of winter. Health and care providers along with the voluntary sector will be actively involved in joint planning for winter and working together to support individuals who draw on care in the system. A key feature of delivery in 25/26 will be to maximise senior decision makers at key points in the patient pathway (general practice, ED, Care Co-ordination Hub).

- **Supporting mental health services** – Cumbria, Northumberland and Tyne and Wear (CNTW) Mental Health Trust, is working closely with partners to both have robust mental health services in place, and also to ensure people are able to maintain their health and wellbeing in the community. Work is ongoing to focus on high intensity users and to ensure that waits for mental health services are minimised.

- **Supporting children's services** – Recognising that services for children and young people face challenges, particularly each winter, a key focus will remain on delivery of services for this cohort, including having additional consultant sessions in paediatric ED to ensure timely senior

decision-making and avoid unnecessary admissions (subject to sign off of winter funding).

- **Maximising Winter Vaccination Programmes** – see below.

7. Winter Vaccination Programme 25/26

7.1 The winter vaccination programme incorporates both the annual influenza vaccination programme and the Covid-19 booster programme. Seasonal vaccination remains a critically important public health intervention and a key priority for 2025 to 2026 to reduce morbidity, mortality and hospitalisation associated with flu, Covid and RSV at a time when the NHS and social care will be managing winter pressures. The vaccination programme prioritises individuals at a higher risk of severe illness, such as the elderly, those with underlying health condition and frontline healthcare workers to protect those most vulnerable in the community.

7.2 The recently published NHS England » Urgent and emergency care plan 2025/26 highlights the importance of increasing vaccination rates to help deliver a better winter for both patients and staff. The plan sets out several ambitious steps to move from treatment to prevention and reduce demand on urgent and emergency care.

7.3 In February this year the national flu immunisation programme 2025 to 2026 letter was published. This sets out the importance of vaccination to provide direct protection to those who are at higher risk of flu associated morbidity and mortality and to reduce transmission to all age groups through the vaccination of children. The programme is critical in supporting NHS and adult social care resilience through the winter months when hospital admissions are at their peak, demand on adult social care is high, and GP practices see an increased number of patients. The letter confirmed that the eligible cohorts for the flu programme remain unchanged.

7.4 Flu Vaccine Eligibility for Winter 2025/2026.
In June the Government accepted final Joint Committee for Vaccination and Immunisation (JCVI) advice and announced the cohort eligibility regarding a COVID-19 Autumn/Winter 2025/26 vaccination programme.

7.5 Those eligible for flu vaccination are as follows:

- pregnant women
- all children aged 2 or 3 years on 31 August 2025
- primary school aged children (from Reception to Year 6)
- secondary school aged children (from Year 7 to Year 11)
- all children in clinical risk groups aged from 6 months to less than 18 years.
- those aged 65 years and over
- those aged 18 years to under 65 years in clinical risk groups (as defined by the Green Book, Influenza chapter 19)
- those in long-stay residential care homes

- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

7.6 All frontline health care workers, including both clinical and non-clinical staff who have contact with patients, should be offered flu vaccine from the start of October (exact date to be confirmed) as a vital part of the organisation's policy for the prevention of the transmission of flu. Employers should make the vaccine accessible for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes. Further communications from NHS England will describe operational considerations.

7.7 Social care workers directly working with people clinically vulnerable to flu should also have the flu vaccine provided by their employer. There are circumstances where frontline staff, employed by specific social care providers without access to employer led occupational health schemes can access the vaccine through the NHS free of charge.

7.8 Providers are expected to deliver a 100% offer to eligible groups. They should ensure they make firm plans to equal or improve uptake rates in 2025 to 2026, particularly in those cohorts where uptake has been lower (health and social care workers, clinical risk groups, children aged 2 and 3 years old, and pregnant women). Providers should also ensure they have robust plans in place to identify and address health inequalities for all underserved groups, and it is expected progress will be made on reducing unwarranted variation and improving uptake.

7.9 Programme dates

As stated in the National Flu Immunisation Programme letter, flu vaccinations:

- Pregnant women and all eligible children will start from **1st September 2025.** For school aged cohorts, vaccination in schools should be completed by **12 December 2025** with further catch-up opportunities as appropriate.

- All other adult flu cohorts will start from **1 October 2025** and will run until the **31 March 2026.** Although, we anticipate that the majority of vaccinations should be completed by the end of **November 2025** to provide the best possible protection going into winter.

7.10 The start date for adult flu vaccinations aligns to COVID-19 vaccinations to support co-administration of flu and COVID-19 wherever possible and provide the best possible protection as we head in to winter.

7.11 COVID-19 Vaccine Eligibility for Winter 2025/26 - The announced and authorised cohorts eligible for a COVID-19 vaccine in AW 2025/26 are:

- residents in a care home for older adults
- all adults aged 75 years and over
- persons aged 6 months and over who are immunosuppressed, as defined in tables 3 and 4 of the COVID-19 chapter of the Green Book.

7.12 The COVID-19 programme will run from **1 October 2025 to 31 Jan 2026**. However, the majority of COVID-19 vaccinations should be completed by **19 December 2025**.

7.13 South Tyneside and Sunderland Offer **-** Both Covid and flu vaccines will be offered to eligible cohorts in South Tyneside and Sunderland through a combination of GP practices and Community Pharmacies.

7.14 There are six Primary Care Networks (PCNs) across Sunderland, made up of 38 practices. All 38 practices have signed up to deliver flu vaccinations and all 6 PCN's have signed up to deliver the Covid vaccination. This will mean that that both vaccines will be offered at all 38 practices in Sunderland.

7.15 Patients will either be invited to book an appointment or can contact the own practice to arrange this. Patients can choose to have both Covid and flu vaccines together (co-administration) or they have they have the choice to receive them separately.

7.16 In South Tyneside there are 3 PCN's made up of 20 practices, and all have signed up to deliver both flu and Covid vaccinations. The Covid vaccinations will be support by South Tyneside Health Collaboration but will be offered in individual practices this year rather than at separate hubs.

7.17 There are also several Community Pharmacies in South Tyneside and Sunderland that have signed up to deliver both flu and Covid vaccinations. These appointments can be booked via the National Booking System (NBS).

7.18 School aged children who are eligible for the flu vaccination will be offered the vaccine in their school by the local School and Immunisations Service. (SAIS) This service will be provided by Intra Health once again for the 2025/26 season.

7.19 Pre-school children who are eligible for vaccination will be offered this via their GP practice. For winter 2025/26 there is also a pilot underway that allows 2–3-year-olds to be vaccinated in a community pharmacy setting. 45 pharmacies have signed up for this pilot across South Tyneside and Sunderland.

7.20 Patients who are residents of long stay care homes will be prioritised for both Covid and flu vaccinations at the start of the campaign and housebound patients will also be visited if they consent to be vaccinated. All care homes should be visited within the first six weeks of the campaign.

7.21 In South Tyneside this is support by the local GP Federation and in Sunderland this is carried out by the individual practices.

7.22 The Integrated Care Board (ICB) will be working with local partners to provide communications so that patients are aware of the options provided and how to access them. This will complement the national vaccination campaign communications and individual letter patients may receive.

7.23 Letters have also been sent to individual care home manager encouraging them to promote vaccination to their staff.

7.24 **Local Immunisation Steering Group (LISG)** - A new Local Immunisation Steering Group (LISG) has been established in 2025. This is a joint group across both South Tyneside and Sunderland made up of system partners from the ICB, Local Authorities, Public Health, SAIS, South Tyneside and Sunderland Foundation Trust (STSFT) and General Practice. The purpose of this group is to oversee the delivery of all vaccinations and immunisations across both places (not just winter vaccinations), monitoring uptake and working together as a system to improve rates of uptake. The group will continue to think creatively on how best to support and improve uptake across communities., and will have a specific focus on those areas of historically low uptake such as:

- Pregnant women
- Health and Social care workers
- Minoritised groups
- Geographical areas of low uptake linked to deprivation
- 2-3 year olds

7.25 In summary, there are significant activities underway in relation to vaccination across South Tyneside and Sunderland. Vaccination remains the best defence against flu and COVID-19 for both the patients and the NHS.

8. Key Continuity and Resilience Risks – Winter 25/26

8.1 The following risks to service continuity and resilience will be managed through the Sunderland and South Tyneside Local A&E Delivery Board, the Sunderland and South Tyneside Surge Group, the Sunderland Vaccination Board, the Guiding You Home Programme Board and each partner's winter planning and assurance process:

- COVID-19 may impact on demand and/ or reduce system staff capacity. The vaccination programme targeted at health and care staff should help to mitigate this risk.

- Seasonal winter demands may impact on our available capacity. Winter resilience plans across the system have been targeted to increase staff capacity and resilience.

- Energy supply - each organisation operating from a building estate has contingency plans in place.

- Adverse weather plan – cold weather, floods, snow, and heatwaves. Each organisation has contingency plans in place. ICB Business Continuity Plans include plans for risks associated with adverse weather conditions.

- Community resilience - working with the Local Authority and community partners, work is being undertaken to help build resilience in the population, identifying the most vulnerable residents such as frail people or people at risk of respiratory conditions, promoting winter ready approaches, supporting voluntary and community services and opportunities to offer health interventions as appropriate.

- Improving the outcomes of people discharged from hospital - through the transformation work taking place under the Guiding You Home programme principles.

8.2 The Sunderland and South Tyneside Local A&E Delivery Board, Guiding You Home Programme Board, and Surge groups will monitor system plans and provide assurance to Place Committee on delivery of winter plans and appropriate management of risk.

9. Recommendation

9.1 The Health and Wellbeing Board is recommended to:

a) Receive and support the winter vaccination plan for Sunderland
b) Receive and support the update on the development of plans for winter 25/26
c) Agree to receive further details through the Place Committee assurance reports