

## SUNDERLAND WINTER PLANNING

### REPORT OF ALL TOGETHER BETTER SUNDERLAND

#### 1.0 Purpose of the Report

- 1.1 The purpose of this report is to provide an overview of the winter resilience plans for 2023/24.
- 1.2 The report also informs the Health and Wellbeing Scrutiny Committee of the winter vaccinations programme for Sunderland. This incorporates both the annual influenza vaccination programme and the autumn/winter Covid-19 booster programme.

#### 2.0 Background

- 2.1 This year, NHS England published the Urgent and Emergency Care Recovery Plan, underpinned by an extensive programme of work to deliver improvements across urgent and emergency care ahead of winter.

This plan, along with the NHS's primary care and elective recovery plans, and the broader strategic and operational plans and priorities for the NHS, provides a firm basis for preparing for the 2023/24 winter period.

The guidance stipulates that interventions over winter should contribute towards the two key ambitions for UEC performance of:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24.

- 2.2 On 27 July 2023, NHS England sent a letter to all ICBs and NHS and Local Authorities providers on the approach to winter planning for the upcoming 2023/24 winter season. This is the earliest this letter has been sent out, reflecting the importance of early planning and the scale of the challenge experienced last winter.

This was accompanied by a 'system roles and responsibilities' document which sets out the responsibilities of each part of the system and provides greater clarity on what actions should be undertaken to prepare well for winter.

The letter builds on the commitments and key ambitions laid out in the Urgent and Emergency Care recovery plan, and it sets out four areas of focus for systems:

- i **Ensuring high-impact interventions are in place** – ten high interventions are highlighted, including Same Day Emergency Care (SDEC), care transfer hubs, virtual wards and acute respiratory infection hubs.

- ii **Completing operational and surge planning** – considering multiple possible scenarios, including how to mobilise additional capacity to respond to peaks in demand while protecting hospital elective recovery.
  - iii **Effective system working across all parts of the system-** including acute trusts, community care, elective care, children and young people, mental health, primary care, social care and the VCSE sector, with the ICB playing a vital role as system leaders.
  - iv **Supporting the workforce** - systems and providers should protect the wellbeing of their staff, including by encouraging flu vaccination uptake, and continue to improve retention.
- 2.3 Last winter in Sunderland, like many areas nationally , was extremely challenging due to a range of reasons including; the recovery from the covid pandemic, workforce capacity issues, high levels of respiratory illness, the increase in people needing hospital care and then social care support to be transitioned out of hospital and the mental health consequences of the rising cost of living, with many people describing detriments to their wellbeing and quality of life.
- 2.4 A review of the Sunderland Winter plan 2022/23 was undertaken in May involving a wide range of partners, with the following learning points being identified-:

#### **What went well...**

- Covid & Flu vaccination Programme-with a recognition the numbers of people vaccinated could always be improved upon
- Integrated Surge and Emergency planning across the whole Sunderland Health and Care system with delivery of key actions across both the in and out of hospital system to facilitate removal of obstacles to respond to pressures.
- Winter schemes that were put in place in 22/23 being driven by clinical teams who continued to work in very different ways to support winter pressures.
- Throughout 22/23, the collaborative approach to partnership working across the health and care system in Sunderland has been central to the success of managing the increased pressures and the continuous rapid response that has been achieved to support patient care.

Key successes from the 22/23 winter plan are highlighted by exception below:

- **Integrated Discharge Approach:** Continuing to develop the Discharge to Assess model by bringing health and social care teams together to co-ordinate rapid discharge to manage patients in their own home quicker, whilst freeing up hospital capacity to support increased demand. The appointed an Integrated Discharge Team co-coordinator continues to be a crucial part of ensuring a joined-up approach to support the transition from hospital.

- **Age UK Discharge Services:** Continuation of the discharge service with a full complement of staff to support rapid hospital discharge.
- **Transport:** Providing additional and flexible transport provision to support transition from hospital and Emergency Department 24/7.
- **Bed Capacity:** Co-ordinating sufficient out of hospital bed capacity to manage patients within the community, flexed and reduced at pace throughout the year.
- **Emergency Departments (ED) Rapid Assessment Treatment (RAT) Model:** this service contributed to the improvement of North East Ambulance Service (NEAS) handover and ED performance targets thus improved patient care.
- **Primary Care:** General practice continued to increase the number of appointments offered in hours, as well as stepping up and down 'over spill' clinics and delivery of Acute Respiratory Hubs (ARH) to support practices under extreme pressure. This has been crucial in managing primary care demand, especially given the increase in demand on these services.
- **End of Life:** Additional rapid response domiciliary care for End-of-Life patients has been key in supporting patients to die at home.

### Areas of improvement

As part of the evaluation of last year's Winter plans, areas for improving winter resilience were considered within the winter planning process for 23/24:

- **Community Care home step down beds** – whilst Care Home providers responded brilliantly to the requirement to support people who no longer needed hospital care to be stepped down from hospital, it is recognised there was an over reliance on the use of step-down beds in care homes. Partners felt it was important to focus on getting patients home in first instance, rather than transferring the patient from a hospital bed into care home bed, therefore, increasing risk of the patient losing mobility and independence.
- **Funding:** Using winter funding for only the winter period is not helpful, as partners are unable to recruit to temporary posts, impacting on system resilience. Therefore, there must be an increased balance between investing recurrently in schemes which we know will help, not only in winter but all year, to improve system capacity and resilience, alongside having a smaller range of schemes which could be mobilised over the winter period.
- **Domiciliary care provision-** as a health and care system there was identified a need to continue to work with the domiciliary care market to help providers, to develop new ways of working, increase service capacity, and support providers to make job roles in this important sector more attractive to work in.
- **Transition from Hospital** - Despite good collaborative working, the numbers of Sunderland patients who were Community Ready (Discharge Ready) with

no right to reside in hospital, each day, over the winter period and beyond, remained high.

### **3.0 Overview on Winter Planning for 2023/24**

#### **3.1 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 Command-and-Control Group, which includes a wide range of partners, to take the actions needed when the Sunderland health and care system is under increased pressure.

From the learning from the pandemic and from the responses last winter, it demonstrated that, on a day-to-day basis, all partner organisations in Sunderland 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.

At a system level, the Command-and-Control group will drive the delivery of the system resilience plans, manage times of surge and do all it can to maintain daily patient flow between all partners, ensuring people are cared for in the right place at the right time, so that they can achieve the best health outcomes.

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 of the system.

#### **3.2 Development of a new transition from hospital service model.**

Following evaluation of last year's winter plans, and from listening to stakeholders, providers, staff, carers, and patients on how the 'transition from hospital' process and services currently operate, it was agreed to invest, recurrently, into enhancing and reconfiguring the transition from hospital model and service provision used in Sunderland.

A business case has been submitted to the ICB to enhance and reconfigure Sunderland's system 'transition from hospital services with the aims to:

- i Improve discharge - Once people no longer need hospital care, enable the person to be discharged home or in a community setting, quickly, as the best place for them to continue recovery.
- ii Expand care outside hospital – to enable people to receive more care closer to, or at, home, to avoid the deconditioning and prolonged recovery that can accompany a hospital stay.
- iii Make it easier to access the Right Care, at the Right Time in the Right Place

The proposed new transition from hospital model includes: -

- Establishing a new 'Transfer of Care Hub', which will be responsible for the safe and timely discharge of patients from hospital, using a 'Home First' approach through Discharge to Assess services.
- Enhancing the 'Discharge to Assess' model by investing in the expansion of a new hospital to home (Health Care Assistant) bridging service.
- Increasing the staffing resource at Farmborough Court Intermediate Care Centre to enable the service to accept a higher acuity level of patients being 'stepped down' from hospital.

The proposed new model should contribute to a reduction in the number of Sunderland medically optimised patients needing support to be discharged by 25% from the agreed base line of last winter.

The achievement of this target will of course depend on the wider health and care system, as set out in the NHS UEC Recovery Plan, including planned increases in social care capacity and improvements in access, and levels of flu and covid being no higher than last winter.

However, significant collaboration between partners has been undertaken between partners in Sunderland, through the All Together Better Alliance, to design these new service arrangements. This includes, aligning the proposed new model with the restructure of the Local Authority's social worker teams and the reablement at home service. Therefore, partners feel these proposed changes to the 'transition from hospital' model will help reduce delays in hospital discharges, enable the Sunderland system to be more resilient and ensure patients receive the right care in the right place at the right time.

### **3.2 Covid and Flu Vaccination programme**

Seasonal vaccination remains a critically important public health intervention and a key priority for 2023 to 2024 to reduce morbidity, mortality and hospitalisation associated with flu at a time when the NHS and social care will be managing winter pressures whilst continuing to recover from the impact of the coronavirus (COVID-19) pandemic.

The 2023-24 seasonal vaccine delivery programme was anticipated to start early in October 2023. However, following an announcement by the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA) which details the risks presented by the new BA.2.86 variant of Covid-19.

While it is difficult to predict the combined effect of the large number of mutations on severity, vaccine escape and transmissibility, expert advice is clear that this represents the most concerning new variant since Omicron first emerged.

The UKHSA has determined the most appropriate intervention with the greatest potential public health impact is to vaccinate all those eligible, quickly.

Following this advice, the Secretary of State for Health and Social Care has asked NHS England to bring the vaccination programme forward, to start earlier, and to accelerate the delivery of the programme to vaccinate eligible people more quickly.

NHS England would like as many people as possible to have been vaccinated by the end of October. DHSC are providing additional support to the NHS to enable this to happen.

### **Influenza and Covid-19 Vaccination Cohort Eligibility**

The eligible cohorts for flu vaccinations have remained largely unchanged with the exception of removing the eligibility for 50-64 years olds this season.

The below groups will be eligible for a flu vaccine from 1 September 2023:

- those aged 65 years and over.
- those aged 6 months to under 65 years in clinical risk groups (as defined by the Green Book, chapter 19 (Influenza))
- pregnant women
- all children aged 2 or 3 years on 31 August 2023
- primary school aged children (from Reception to Year 6)
- 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

The eligible cohorts to receive the Covid-19 vaccination include:

- residents in a care home for older adults
- all adults aged 65 years and over.
- persons aged 6 months to 64 years in a clinical risk group, as laid out in the Immunisation Green Book
- frontline health and social care workers
- persons aged 12 to 64 years who are household contacts (as defined in the Green Book) of people with immunosuppression persons.
- aged 16 to 64 years who are carers and staff working in care homes for older adults.

### **Campaign timings**

For operational expediency and in line with public health recommendations – wherever possible, flu and COVID-19 vaccines should be administered at the same time.

The best protection is usually provided by getting vaccinated with as short a gap as possible before exposure to circulating influenza and COVID-19 viruses, hence the previously advised later start date of early October.

However, considering the changes in risk balance from a new COVID-19 variant set out above, flu and COVID-19 vaccination for adults should now be brought forward for this year to start in September to maximise uptake of both vaccines.

For providers, this means that:

- From 11 September 2023, systems must start vaccination for care home residents and those who are housebound. The plan is to systems to ensure that all residents are vaccinated before 22 October 2023.
- From 11 September 2023, COVID-19 and flu vaccinations can commence for those eligible via Local Booking Systems (LBS), starting with those who are most at risk, including those who are immunosuppressed, in the usual way.
- On 18 September 2023, this will be complemented by the National Booking System (NBS) which will become available to allow eligible people to book a COVID-19 vaccination online (using NHS.uk), via the NHS App or by calling 119. National COVID-19 vaccination invitations will also start from 18 September.

UKHSA has advised that children's flu LAIV vaccines will be available to order from 4 September 2023, for delivery the following week. General practice should continue to prioritise vaccination of 2–3-year-olds, while school age immunisation services should rapidly commence vaccination of eligible school aged children.

### **Sunderland Offer**

Both Covid and flu vaccines will be offered to eligible cohorts in Sunderland through a combination of GP practices and Community Pharmacies.

There are six Primary Care Networks (PCNs) across Sunderland, and all have signed up to deliver the Covid vaccination. This will mean that the vaccine will be offered at all 38 practices in Sunderland alongside the flu vaccination. Patients will wither be invited to book an appointment or can contact the own practice to arrange this.

There are also 31 Community Pharmacies in Sunderland that have signed up to deliver both flu and Covid vaccinations. These appointments can be booked via the National Booking System (NBS)

School aged children who are eligible for the flu vaccination will be offered the vaccine in their school and this is provided by the local School and Immunisations Service. (SAIS)

Patients who are residents of long stay care homes, or those who are housebound will be referred into the Community Nursing Team who will visit them. These patients will be prioritised with the completion date aim of 22nd October 2023.

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.

The Covid and flu vaccination 2023/24 plan for Sunderland will place an emphasis on inequalities. A set of principles will underpin the vaccination programme as follows:

- To use a community approach
- To promote informed choice as being an integral part of the decision-making process
- To promote and use a wide support network and broaden community links.
- To use a co-administered approach as appropriate and as per guidance to administer the Covid vaccine.

System partners in Sunderland will continue to think creatively on how best to support and improve uptake across communities. In the past this has included:

- Mobile clinics and pop ups, such as roving buses, temporary clinics at supermarkets, shopping centres, places of worship and events.
- Capacity building such as community champions and ambassadors and support for local voluntary sector organisations that have established links and trust with targeted communities, working to improve vaccine confidence.
- Outreach activities such as bespoke health days and events, door knocking, dedicated clinics, and clinical outreach, supported by pre-engagement and communications.

Vaccinations are our best defence against flu and COVID-19 ahead of what could be a very challenging winter, and with the potential for this new covid variant to increase the risk of infection, the plan for Sunderland will follow the latest expert guidance and by bringing the covid vaccination programme forward, with people able to get their flu vaccine at the same time, it will help to maximise protection for the people of Sunderland.

### 3.3. System Winter Schemes

On top of each partners Winter planning and additional service capacity, through the Command-and-Control group, a range of system schemes are being planned and developed to support the overall resilience of the wider system.

These schemes include: -

<b>Scheme</b>	<b>Description</b>
	<b>Transition from hospital</b>
Hospital Transport	Additional transport during day and overnight to support transition from a hospital bed, Emergency Department / Same Day Emergency Care Unit
Age UK Discharge Service	Provide support to people to facilitate discharge and prevent unnecessary readmission back into hospital



Additional Domiciliary Care Hours	Working with Local Authority to commission additional domiciliary care capacity during key times during the winter period when Domiciliary care availability is extremely stretched.
Homelessness PODs	To provide alternative short-term accommodation to prevent unnecessary admission and support discharge of patients deemed as homeless.
Additional Staff Capacity	Additional IDT Staff capacity (Homeless Officer; Discharge System Co-ordinator; Trusted Assessor; CHC Nurse)
	<b>Prevent unnecessary admission into hospital and support community services resilience.</b>
Acute Respiratory Infection Hubs	To support the prioritisation of acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.
Consultant Connect	Provide advice & guidance to GPs by consultants and to help reduce unnecessary admission to hospital or attendance at ED
Mental health support	Develop two community mental health hubs preventing unnecessary admission into hospital.
GP Out of Hours service	Relocate the 'out of hours' GP service into the Urgent Treatment Centre on Sunderland Royal Hospital site.
Additional Arrangements in General Practice over "Winter" 2023/24	To help maintain standards of access during times of increased demand, GP practices are offered the opportunity to provide a set number of hours per week (based on list size) to provide same day bookable face to face or telephone consultation appointments with a clinician (GP or ANP) who can see, treat and discharge/signpost the patient
	<b>Ambulance Handover</b>
Ambulance Handover scheme	Put in place a Rapid Assessment and Treatment Scheme in the Emergency Department to support improved Ambulance Handover.
Safer Streets initiative	Provides a service to the support the Sunderland night-economy and reduces the need for Ambulances services and attendance at ED.
	<b>System Contingency Funding</b>
	<p>System Contingency Funding to enable partners at times of extreme pressures to make application in respect of funding for</p> <ul style="list-style-type: none"> <li>overtime or additional clinical &amp; staffing resource</li> <li>spot purchasing of any additional service capacity during peak surge periods.</li> <li>Social Work staff working at times of surge over weekends and bank holidays</li> </ul>

### 3.4 Mental Health services

To help manage the pressure on Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust the following measures have been agreed.

- Daily patient flow meetings to support capacity and identify any potential community or, crisis admissions.
- Robust process to identify patients who can continue with their treatment within the community via Crisis Team or other services.
- Bed management work across 24 hours, with support from on call Directors should out of pathway need to be considered.
- Robust off duty process to manage staff levels.
- Wednesday mid-week review of safer staffing for the remainder of the week.
- Friday locality meeting with senior leadership assuring staffing level over weekend and any bank holidays.
- Clear escalation process supported by on-call.

### 3.5. Interdependencies with other service developments

Over the last year several service initiatives have been developed which will contribute this winter to system winter planning and resilience.

These schemes include:

- **Virtual wards:** from September the implementation of virtual wards In Sunderland will start, this will increase system capacity to improve the level of care to prevent admission to hospital and improve transition from hospital.
- **Two Hour Urgent Community nursing response:** increasing the volume and consistency of referrals to improve patient care, ease pressure on ambulance services, and avoid admission.
- **High Intensity Users of the Emergency Department:** a new model is being deployed in Sunderland , this includes; the establishment a High Intensity Steering Group with representation from range of city partners, e.g. ED, Community Mental Health, Social Prescribing, Drug and Alcohol Services, Social care, the High Intensity user worker being re-aligned to sit alongside Social Prescribing team, a multi- agency panel approach that will review patients on current ED frequent flyers list and agree on interventions for supporting teams to take forward
- **Adult Social Care:** The government is providing a further £570 million of ringfenced funding across financial years 2023 to 2024 and 2024 to 2025 to local authorities to improve and increase adult social care provision, with a particular focus on workforce pay. The expectation is that this additional funding will support more workforce and capacity within the adult social care sector. This will help to ensure that appropriate short-term and intermediate care is available to reduce avoidable admissions and support discharge of patients from hospital when they are medically fit to leave.

### **3..5 Key Continuity and resilience risks**

The following risks to service continuity and resilience will be managed through operational Command and Control group and each partner's winter planning and assurance process.

- Covid-19 may impact on demand and/ or reduce system staff capacity. The Covid 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.
- Industrial action may impact on services ability to provide accessible and safe care. Robust arrangements are in place, following a range of industrial action in health services. The learning from responding to these periods of industrial action will be used to mobilise appropriate business continuity plans over winter.
- 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 people who use home oxygen/people who require dialysis, promoting winter ready approaches, supporting voluntary and community services and opportunities to offer health interventions as appropriate.

## **4. Assurance**

### **4.1 Command and Control Group**

- Each Health and Care organisation in Sunderland has its own command and control structure.
- The Sunderland System also has a Command-and-Control group, facilitated through the All Together Better Alliance (ATB), which brings together a wide range of partners with the following purpose: -
  - coordination on the response to surge in demand or sustained pressure on Sunderland health and social care system services
  - enable, as a system, to quickly take decisions and agree additional system escalation measures /actions to rapidly identify and mitigate

against bottlenecks, system pressures, surge in demand on individual services and any associated risks.

- The Command-and-Control Group will meet throughout the winter period to respond to and manage periods of significant exceptional pressure and elevated system risk as a whole system.
- The Command-and-Control group will coordinate the winter plans.
- The Command-and-Control group will monitor the system plans and provide assurance through to Place Committee on delivery of winter plans.

## **5.0 Recommendation**

The Health and Wellbeing Scrutiny Committee is recommended to:

- Receive and note the winter vaccination plan for Sunderland.
- Receive and support the proposed Winter Plan for 23/24

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