

East Sussex County Council Health Overview and Scrutiny Committee (HOSC)

Sussex System Winter Plan 2024/25 November 2024

1. Introduction

- 1.1 This report provides a summary of the approach to the Sussex System Winter Plan that spans the period from November 2024 to March 2025. The report highlights the Sussex wide and East Sussex specific approaches and aims to provide information to the East Sussex County Council HOSC that the health and social care needs of the local population will be met over the winter period. The final Winter Plan was considered and agreed by the NHS Sussex Integrated Care Board on 27 November 2024.
- 1.2 The Sussex System Winter Plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population. It is an annual national planning requirement and provides assurance that the system and partners have the necessary measures in place to deliver health and care for the local population.
- 1.3 We know there has been continued increased demand across primary, secondary, community and mental health services. Over the winter months this can become increasingly challenging as there are seasonally driven increases in illness such as acute respiratory illness, flu, Covid, and norovirus, together with the impact of cold weather and the ongoing impact from the cost-of-living crisis which constrains the ability of the most vulnerable in our population to keep themselves well.
- 1.4 The key focus of the plan is action to support people to stay well and to maintain patient safety and experience. We will focus on five key areas as part of this:
 1. Prevention and case finding to support people to stay well and to target additional support to our most vulnerable populations to prevent hospital admission where possible
 2. Same day urgent care to help maximise access to urgent help for local people, reducing the need for people to attend Emergency Departments
 3. Improvements in discharge to support patient flow to help people to get home from hospital in a timely way and to ensure good access to inpatient beds when people need them

4. Sound operational management to ensure we have robust mechanisms in place with clear coordination across the system and rapid routes for escalation where required
 5. Oversight, governance and escalation to ensure we have the right oversight in place.
- 1.5 Our plans are underpinned by a series of principles designed to ensure that a focus on quality and safety is maintained. These are:
- Maintaining the quality and safety of services is the primary objective of all system partners
 - System partners will work together to ensure timely access to services for the entire population, supported by a clinical risk-based focus at times of surge in demand
 - We will prioritise the most vulnerable and at risk
 - System resources will be targeted in the areas where we will get greatest impact or in the areas of greatest need
 - We will protect the wellbeing of our workforce
 - System partners will work together to balance clinical risk
 - Our clinical leaders will be at the heart of decision making throughout the winter period.

2. Sussex system approach to developing our Winter Plan

- 2.1 The Sussex system approach to developing our Winter Plan was driven by two key influences.

National requirements

- 2.2 Every year NHS England issue guidance to local systems setting out key priorities. This includes a planning and financial framework and focuses on:

- Providing safe care over winter, including a focus on access to urgent and emergency care with the further development of same day emergency care; the development of access hubs, and the further development of virtual wards.
- Supporting people to stay well, including the national flu immunisation programme; the COVID-19 autumn/winter vaccination programme for eligible groups; and the Respiratory Syncytial Virus (RSV) Vaccine
- Maintaining patient safety and experience.

- 2.3 In addition to this, NHS England has indicated specific requirements for all trusts and provider organisations. These relate to:

- reviewing general and acute core and escalation bed capacity plans
- reviewing and testing full capacity plans.

- ensuring the fundamental standards of care are in place in all settings at all times:
- ensuring appropriate senior clinical decision-makers are able to make decisions in live time to manage flow.
- ensuring plans are in place to maximise patient flow throughout the hospital, 7 days per week.

Sussex requirements

- 2.4 In addition to the national requirements, the Sussex system considers what specific priorities or areas of focus are required to best meet the needs of the local population, based on locally observed demand and capacity, and the governance arrangements required to ensure all parts of the system work together to best mitigate the risks for the entire population.
- 2.5 We bring together actions and intelligence at neighbourhood, place and system level, and prioritise the areas of focus so we can respond effectively together. We also undertake a learning exercise after winter every year to ensure that the system follows a cycle of continuous improvement. We therefore build on learning from previous years to improve our framework for system oversight with a focus on the key actions all system partners are taking to deliver continued access to safe services.
- 2.6 Together with our key priority areas of focus, we have the following four areas of work that underpin these:
- Demand and Capacity modelling
 - Principles designed to ensure that we maintain a focus on quality and safety
 - Clinical risk monitoring and escalation processes
 - Clinical Leadership.

3. Key Areas of Focus

Prevention and Case finding

- 3.1 The key aim is to support our population to stay well and ensure we have proactive care in place for those most at risk.
- 3.2 Our vaccination programme is central to this in protecting the Sussex population and we are working with partners to optimise the take up of this within eligible populations.

- 3.3 For the Covid vaccination we are working with across Sussex with network of providers which include 24 local Primary Care Networks (PCN), 107 Community Pharmacies and 3 General Practice Federations to develop and deliver our programme. In Sussex there are 609,706 people eligible for the Covid Booster as of 11th November 2024, 291,285 doses have been administered¹. In East Sussex 209,830 people are eligible for a Covid Booster, as of 11th November 2024, 93,154 doses have been administered.
- 3.4 As with previous campaigns we will be working alongside our local public health colleagues, engagement teams and local providers to deliver our targeted access and inequalities programme.
- 3.5 Flu Vaccination: Sussex has a total eligible cohort of 1,009,239 people. Between 1 September 2024 and 11 November 2024, 470,125 vaccinations have been administered. In East Sussex there are 335,636 eligible people and as of 11th November 2024, 96,195 vaccines have been administered. Flu vaccinations are delivered across a range of providers organisations and settings, including general practice.
- 3.6 Respiratory Syncytial Virus (RSV) Vaccinations: In August it was announced that the NHS would be rolling out a new vaccination for RSV for all adults turning 75 after 1st September 2024, women who are 28 weeks pregnant or more, and a catch-up programme for adults between 75-79 years. Sussex has a total eligible population of 75-79 years old of 93,612 and in East Sussex the eligible population is 34,812. To date, 28.9% of older adults (27,073) have been vaccinated in Sussex, including 9,127 in East Sussex. Communication promotions are underway, with news stories being shared, films with clinicians, targeted social media and work through community and voluntary groups to share the message.
- 3.7 **Case finding** is the Sussex system proactive approach to identifying those patients most at risk of needing non-elective care or urgent and emergency care over the winter months. We want to better support these people and will focus on:
- Identifying at risk individuals and ensuring a proactive care approach is taken to minimise the risk of a deterioration in their health
 - Optimising VCSE support, and reprofiling existing resource to focus on at risk patients
 - Ensuring that there are clear alternatives to acute admission and should their health deteriorate.

¹ The Federated Data Platform does not yet show uptake for the full eligible population for AW24 and therefore the data provided will be subject to change.

- Ensuring that we have a clear 7-day support offer for care home in order to reduce the risk of admission for vulnerable residents.
- 3.8 This is supported by General Practice who are best placed to identify those in most need who can be supported by a multi-disciplinary teams' approach linked to wider voluntary and community sector support offers.
- 3.9 In East Sussex there are services designed to support this proactive approach including the colocation and joint triage of ASC and Community nurses in Eastbourne, supporting long-term frequent attenders in Hastings, improved Multidisciplinary Teams (MDT) working in Lewes, a hydration project in Rother and clinics in community settings in Wealden.

Same Day Urgent Care

- 3.10 The approach to improving same day urgent care for the winter period focuses on four key areas to: improving access to same day non-urgent care services; improve flow in the Emergency Departments; improve access to community physical and mental health services; and ensure people are supported by our services out of hospital where possible and appropriate.
- 3.11 To respond to this we are focusing on:
- Optimising our existing services such as Urgent Treatment Centres to make sure people are seen in a timely way that responds to need
 - Increasing capacity in the system by increasing how we use virtual wards to support people and increasing the use of pharmacy services
 - Navigating people to the right service and implementing our unscheduled care hubs which will support the utilisation of alternatives to hospital and reduce conveyances to hospital by the ambulance service.

Improving discharge from hospital

- 3.12 Our aim is to reduce the number of patients in acute, community and mental health beds who are ready to be discharged home or to their onward setting of care. This improves patient outcomes and experience as well as supporting system flow. We have a system wide discharge improvement programme to focus on rapidly reducing the numbers of people waiting for discharge and freeing up bed capacity to support patient flow over the winter months.

3.13 The four workstreams that will support this are:

- Implementation of the SAFER patient flow bundle
- Support to patients to stay active whilst in hospital to minimise any deterioration in their health and well-being
- Optimisation of the Transfer of Care Hubs which are multi-disciplinary hubs focused on getting the right support in place to enable timely discharge
- Development of a needs-based demand and capacity model to help us get the right type of support in place to respond to people's needs.

3.14 In East Sussex, specific work includes the implementation of a control centre to support management of the sites based on live data, and increasing staffing to enable expansion of Respiratory Virtual Wards to a capacity of 66 beds by March 2025. In addition, Home First (Minerva) and therapy resources will be increased to support discharge and patient flow.

4. Workforce and Wellbeing

4.1 As in previous years, maintaining the capacity and resilience of our workforce will be key to the delivery of safe and high-quality services and is an important part of our plan.

4.2 A range of targeted action is in place to help us: manage our temporary workforce; improve our staff wellbeing; increase uptake of vaccinations amongst staff; manage our staff absences; maximise opportunities to share staff; work with our voluntary and community sector; and minimise the risk of the cost of living on staff. This will be regularly monitored throughout the period.

5. Clinical Leadership

5.1 We will ensure effective clinical leadership throughout winter, and we will focus on key metrics that help us understand how the system is performing and any action we may need to take to continue to ensure safe and effective access to care.

6. Public Communication

6.1 A coordinated system wide communications and engagement plan has been developed with system partners to ensure clear communications are in place to support operational delivery over the winter period. This includes global approaches

to key messages for the public, partners, and staff, as well as targeted and focused approaches based on data and insight.

- 6.2 The plan will bring together activity over the Winter period, covering Flu and Covid-19 vaccinations, preventative advice and support to key audience groups such as respiratory advice for children and young people and urgent and emergency care pathway information.
- 6.3 Our communications plans will focus on addressing health inequalities, and insight will shape communications activity and ensure that work considers the whole population.

7. Sound Operational Management and Governance and Oversight

7.1 Our objective is to ensure that the Sussex system has robust operational management in place with clear coordination across the system and rapid routes for escalation where required.

7.2 The following systems and processes are in place to support this objective:

System Co-ordination Centre (SCC)

a dedicated operational team who provides support interventions across the ICS on key systemic issues that influence patient flow.

Winter Standard Operating Model

seven days a week capability to monitor and respond to operational pressures in the system.

ICB Rapid improvement approach

a multi-disciplinary team that can respond in an agile way to emerging pressures.

Protect the delivery of elective care, cancer and diagnostic services

system capacity will be prioritised for the effective operational management of elective care throughout winter.

7.3 We have clear governance for overseeing delivery of the winter plan, with clear routes to escalation where needed. This includes clear roles and responsibilities; clear reporting; implementation of national escalation frameworks; and clear underpinning policies in place.

8. Individual organisational plans

8.1 Underpinning the overarching Sussex system winter plan, each of our provider Trusts have developed their own winter plans and have contributed to the system wide demand and capacity modelling.

- 8.2 These ensure a specific focus on ensuring the right capacity is in place, the right processes are in place to support timely care and good patient flow, the use of all extra capacity and schemes in place are maximised and robust infection prevention and control measures are maintained.
- 8.3 Local authorities play a role in many of the initiatives that are developed to support winter and as in previous years, our approach to planning has been in collaboration across all organisations Sussex wide, and with a focus on each place, including East Sussex. In addition to work focusing directly on supporting the plan, work is underway to consider any further action that could be taken to support people living in or at risk of deprivation.

9. Conclusion

- 9.1 The approach to the Winter Plan will enable us to focus on the action we need to take to maximise support for people this winter focusing on particular initiatives that will help keep people well; avoid unnecessary hospital admission; and ensure access to safe services for local people. The plan was approved by the NHS Sussex Integrated Care Board on 27 November 2024 and will be closely monitored over the winter as part of a whole system approach.