REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **I**
DATE OF MEETING:	**24 July 2025**	
REPORT TITLE:	**Winter Planning Briefing**	
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EXECUTIVE SPONSOR:	**David McClay, Chief Officer for Strategy, Digital & Integration**	
PRESENTED BY:	**Alison Rowswell, Director of Localities and Strategic Commissioning**	

PURPOSE	DESCRIPTION	SELECT
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	☐
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	☐
Discuss	To discuss, in depth, a report noting its implications	☒
Note	To note, without the need for discussion	☐
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	☐

LINKS TO STRATEGIC OBJECTIVES
(Please select any which are impacted on / relevant to this paper)

- ☒ Objective 1: Improve the health and wellbeing of the population
- ☒ Objective 2: Reduce inequalities
- ☒ Objective 3: Provide the best care and support to children and adults
- ☒ Objective 4: Strengthen care and support in local communities
- ☒ Objective 5: Respond well to complex needs
- ☐ Objective 6: Enable broader social and economic development
- ☐ Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT

This is a briefing to outline the work currently taking place in preparation for Winter. The full Winter Planning document will be shared with the system and Committee when it has been finalised for sign off.

REPORT TO COMMITTEE / BOARD

Introduction

The Somerset System Winter Plan sets out the arrangements for winter planning and service delivery. The plan has been produced in collaboration with the main stakeholders and is owned by all members of the Somerset Integrated Care System.

An executive lead within Somerset ICB will be identified with responsibility for winter planning.

System leaders have been asked to develop and test collective winter plans, which will be signed off by every Board and Chief Executive within each system by Summer 2025. Regions will work with systems to stress-test and refine their plans in September 2025.

The Urgent and Emergency Care Plan (UEC) 2025/26 (NHS England » Urgent and emergency care plan 2025/26) was released in June 2025 which outlines the actions to be taken to improve urgent and emergency care. The UEC Plan outlines that, as a minimum, winter plans should show how systems will:

- Improve vaccination rates
- Increase the number of patients receiving care in primary, community and mental health settings
- Meet the maximum 45-minute ambulance handover time standard
- Improve flow through hospitals with a particular focus on patients waiting over 12 hours and making progress on eliminating corridor care
- Set local performance targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings

We are currently working with system partners to develop a draft winter plan that includes the recommendations and learning from last winter and the requirements from the UEC plan. In addition, a system escalation plan will support this document, to ensure a whole-system approach. To achieve this system colleagues have been asked to nominate representatives who can contribute and provide feedback on their respective winter preparedness and responses. The draft Somerset Winter Plan will be further developed at a Winter Workshop scheduled for 18th July.

Our approach to winter planning this year will also focus on analysing A&E and emergency admissions data from previous years to try and better understand the potential demand for services, looking for changes of pattern in demand which then provides us with an opportunity to do something different for winter. We will also link with Primary Care Networks regarding proactively managing people at home to avoid emergency admissions.

The information below provides an example of some of the programmes of work that is taking place within the five priority areas identified in the UEC Plan. This will be further described in the full Winter Plan:

Somerset ICB Autumn/Winter 2025 Vaccination Strategy Summary

In line with NHS England's national correspondence on the Flu and COVID-19 vaccination programmes, and reflecting the priorities outlined in the recent Urgent and Emergency Care Plan, Somerset ICB has developed a comprehensive and integrated vaccination strategy for the Autumn/Winter 2025 campaign. This plan includes Flu, COVID-19, and Respiratory Syncytial Virus (RSV) vaccinations, and is designed to protect our most vulnerable populations.

The flu vaccination programme will target adults aged 65 and over, while the COVID-19 campaign will begin with those aged 75 and over. Both programmes will also prioritise individuals who are immunosuppressed with the seasonal campaigns beginning on 1 Oct 2025 to maximise co-administration for the over 75y cohort. Respiratory syncytial virus (RSV) will continue to form a core part of the winter programme, with an expanded cohort for this season. A priority focus for the seasonal campaign will be to improve the uptake across the healthcare workforce. The Autumn/Winter 2024 figures show national averages of 40% for flu and 21% for COVID-19, while NHS Somerset recorded 44% and 43% respectively.

In response to the low national averages and uptake NHS England has set a target to increase flu vaccine uptake among healthcare workers by at least 5%, a benchmark Somerset ICB is also adopting for COVID-19. To meet these targets, we are focusing on leadership engagement across partner organisations, raising awareness among staff of the importance of seasonal vaccination and improving access to vaccination through convenient booking and delivery options across Primary Care, Trust and community settings. RSV as a key element of the seasonal campaign began successfully in Autumn/Winter 2024 with a catch-up campaign for the 75–79 age group with the aim of achieving a 100% offer rate by 31 August 2025.
For Autumn/Winter 2025, the programme will be extended in line with NHS England's target of 60% uptake among adults aged 60–74 and this will be delivered with the support of all providers.

Two further areas of focus are the 2–3-year-old flu vaccinations and vaccinations for pregnant women. Uptake among 2–3-year-olds in Autumn/Winter 2024 reached 49.1%, with the National uptake being 42.4%. Uptake amongst pregnant women was 40.8% with the National uptake being 34.8%. To support the children's campaign a proposed regional pilot is being developed through Public Health colleagues and will see Health Visitors supporting flu vaccinations in young children. In addition, we will continue to have the support of the Somerset NHS Foundation Trust (SFT) outreach team for maternity services, which contributed to a significant improvement in flu uptake among pregnant women in the 2024 campaign. Both campaigns begin on 1 Sep 2025. Somerset ICB's ongoing work to address health inequalities and improve access to vaccinations remains central to our strategy. Roving vaccination teams, led by SFT, will continue to engage with low-uptake communities, building on the success of the 49,000 additional vaccinations delivered in Autumn/Winter 2024 through this approach.

We are confident that our well-developed system-wide plan will deliver improved uptake in line with national targets. Somerset's position as one of the top-performing ICBs—ranked sixth nationally for Spring/Summer 2025 delivery—demonstrates the effectiveness of our approach. We remain committed to protecting the health and wellbeing of our population and staff throughout the forthcoming Autumn/Winter season.

Increase the number of patients receiving care in primary, community and mental health settings

Call before Convey

We are looking to implement a call before convey model to support crews on scene with decision making to explore alternative options ahead of conveyance. This is due for implementation mid-August 2025.

Care Coordination Centre

We are looking to further develop and expand the role of the care coordination model to increase the proportion of patients that can be managed in our community based urgent care services. This will include introducing direct referrals from South Western Ambulance Service NHS Foundation Trust (SWASFT) Emergency Operations Centre.

Primary Care

A communications plan is in place to increase primary care awareness of GPs alternative care pathways and the Care Coordination Centre. We are also reinvigorating and refreshing both general practice and patients' awareness of the services offered by community pharmacies to increase uptake of Pharmacy First and the 7 clinical pathways.

We will work with primary care to ensure patients with respiratory illnesses have had their action plans reviewed and updated as well as issued with rescue packs to reduce exacerbations and/or reduce the severity of the exacerbation so they can be managed in the community.

Primary Care will continue to promote the Acute Community Eye care Service (ACES) for eye issues to both patients (as this is a self-refer service) and GPs and Community Pharmacy as well as the dental triage option via 111 for urgent dental pain.

Mental Health

Within Mental Health, plans are in place to reduce average Length of Stay by 7% in 2025/26, in-line with operational planning trajectories. There are 7 key actions identified to support length of Stay reduction plans. A transformation work plan is in place and monitored by NHS England.

Meet the maximum 45-minute ambulance handover time standard

The 45-minute handover standard will be implemented in July 2025 and a task and finish group has been established to work through actions to help drive down handover times towards the 15 minute standard.

Improve flow through hospitals with a particular focus on patients waiting over 12 hours and making progress on eliminating corridor care

Mental Health

Action plans are underway to support a 5% reduction of 12 hour waits for mental health (MH) presentations in ED in 2025/26 in-line with operational planning trajectories. Alternative crisis options further support this work, including the NHS 111 'press 2 for mental health', the 24/7 MH crisis line, crisis safe spaces, and MH ambulance. The home treatment team and Psychiatric Liaison Team work together to help ensure people are moved from ED within 24 hours. Work is underway to improve communication and escalation processes. The Mental Health Liaison Team aim to see people in ED within 1 hour.

Somerset NHS Foundation Trust are reviewing how the home treatment team operates to help better align with Urgent Treatment Centre (UTCs) to support this metric, reducing the number of people that need to be seen in ED. In addition, the 24hr wait metric forms part of the UEC plan, with reporting to ICB Executives, Urgent and Emergency Care Delivery Group and Somerset NHS Trust Foundation Trust Board. Performance in June 25 was 0.

System Flow

System Flow is one of the Somerset System Priority Work Programmes. Weekly oversight and monitoring of no criteria to reside takes place through the System Flow Group. An Intermediate Care review is taking place to improve the offer to the population of Somerset moving forward including increasing Pathway 1 capacity, ensuring we have the most appropriate Pathway 2 capacity and providing a spot purchase Pathway 3 model to support people to get to the right setting, as close to home / family as possible. The additional Discharge Fund is available for 2025/26 to support schemes to improve discharge.

A single Transfer of Care Hub has been implemented which aims to reduce variation, be more accessible to the community, provide less restrictive Pathway 1 flow and enable effective Multi-Disciplinary Team (MDT) discussions reducing steps within the current process.

Front Door Flow

There has been further work at both Somerset hospital sites which has improved flow actions including:

- In June 2025 Yeovil District Hospital implemented increased Rapid Assessment and Treatment (RAT) cubicles and are starting to see a reduction in 12 hour delays
- Musgrove Park Hospital are looking to improve flow from the Acute Medical Unit (AMU) to medical beds – focus on making efficiencies
- RATing is in place across both sites with the senior nurse and Emergency Physician In Charge (EPIC) working closely together

Set local performance targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings

We are actively working with system partners to develop and agree clear, measurable objectives that support improved discharge performance. Monthly trajectories are currently being explored, with ongoing discussions taking place with acute providers. These trajectories will be pathway-specific and aligned with national expectations, supporting both a reduction in length of stay and the timely discharge of medically fit patients.

Internal discharge delays, particularly those exceeding 48 hours post-medical optimisation, are a key area of focus within the System Flow Work Programme. Our aim is to eliminate internal discharge delays beyond 48 hours through a combination of clear trajectory setting, pathway optimisation, and operational improvement. Performance will be monitored through existing governance routes, including the System Flow Group with escalation processes in place to address areas of underperformance. Trajectory actions being taking include:

- Discharge by Pathway – trajectory produced and agreed by the System, with the ambition of Pathway 0: 85%, Pathway 1: 10%, Pathway 2: 4%, Pathway 3 1% and discharges aligned to the emergency admissions operational plan
- Reduce variation in Pathway 0 discharges to bring weekend discharges in line with weekdays. A draft trajectory is in development and will be signed off by the System
- Eliminate process delays over 48 hours – a draft trajectory is in development and will be signed off by the System

Learning from Winter 2024/25

A key part of winter planning is a review of the previous winter to identify themes and actions that can inform preparedness for the following year. Due to the significant pressures last winter, the Somerset system started the de-brief process in April 2025 and held a winter learning event on 1 May 2025. This provided clear insight into the areas of opportunity for improving the system this year. The group reviewed the impact of the previous plans as well as developing recommendations to move forward into the next winter plan to take forward as part of business as usual and for inclusion in this year's winter plan.

The review included:

- Survey of actions from the previous plan – (including extent of implementation and lessons learnt)
- Review of performance data
- Explore what we did / what was experienced beyond that outlined in the plans
- Individual conversations with leads
- Workshop to discuss the above information.

The learning and recommendations gathered as part of this debrief will be used to inform the winter planning for 2025/2026. The recommendations and what we are doing to take these forward are included below, some of which are outlined in more detail earlier in this report.

Recommendation	Actions
Direct Referrals to the Care Coordination Centre	
Ensure plans to increase direct referrals from the SWASFT Emergency Operations Centre (EOC) to the Care Co-ordination Centre are in place ahead of winter. This is intended to reduce ambulance conveyances by enabling suitable patients to be managed by the community services or in other care setting without the need for an ambulance.	There is a continued recruitment drive to maintain EOC establishment and in addition maintaining EOC clinical numbers to support appropriate pathways of lower acuity patients overnight supporting 999 call handlers and clinicians to provide urgent in-home care for clinically assessed patients, with follow-up services available the next day. An ITK link to increase direct referrals from the EOC to the Care Coordination Centre is being planned for introduction in September 2025.
Call Before Convey	
Implement a Call Before Convey model to reduce conveyances to hospital, where an	Implementation of call before convey scheduled for mid-August 2025.

alternative may be available. Providing frontline crews with access to senior clinical advice (through the Care Coordination Centre) and multidisciplinary teams, supports safe decision-making and access to community-based care pathways.	
Respiratory Pathways	
Explore opportunities to increase access for common respiratory infections outside of a hospital setting, increasing access to earlier diagnosis and treatment.	We plan to increase the number of patients diagnosed with COPD and Asthma by increasing capacity of spirometry services. This will enable people to be effectively managed before winter rather than needing an emergency admission. In addition, work is underway in increasing the number of patients who receive their annual vaccinations for Flu, COVID and Pneumonia. We will establish a task and finish group to explore options to provide further support for respiratory patients this winter.
Care Homes - Flu Preparedness and Vaccination	
Ensure robust plans are in place for flu vaccination across care home staff and residents, including timely delivery and uptake. Strengthen infection prevention control (IPC) measures and outbreak response protocols to reduce avoidable transfers to hospital.	Care home residents remain a vulnerable group and are a priority for the seasonal campaign. Building on progress made during the Autumn/Winter 2024 campaign, which saw a structured approach to vaccine delivery in these settings, SFT will this year be embedding care home discharge protocols to support co-administration of vaccines as part of the Autumn/Winter 2025 strategy. Opted-in Primary Care Networks for COVID and Flu administration will continue with early vaccination in the Care Home setting to achieve 100% offer and >80% uptake for Autumn/Winter 2025.
Care Homes - Direct Access and Support	
Explore opportunities to strengthen direct lines of communication and clinical support to care homes.	We continue to advocate access to community services as an admission avoidance mechanism and to ensure people receive the right support at the right time in the right place via the Care Coordination Centre including access to community based urgent care services such as Urgent Community Response, Rapid Response and Hospital at Home. We plan to undertake a communications campaign with care homes and hold a workshop to explore further opportunities to maximise support to Care Homes via the Care Coordination Centre. A multi-faceted approach continues to be implemented to enhance infection prevention and control (IPC) across care homes, with a focus on education, proactive support, early

	intervention, and quality assurance. These initiatives aim to reduce avoidable hospital admissions, particularly from urinary tract infections (UTIs), respiratory infections, and outbreaks of communicable diseases. Care Home Education Programme: A targeted training programme designed for care home staff to improve knowledge and skills in core IPC practices. Includes modules on hand hygiene, PPE, catheter care, hydration, antimicrobial stewardship, and early identification of infection.
Urgent Treatment Centres (UTCs) – Including Temporary Short Term Closure Processes Due to Pressures	
Review and clearly communicate opening hours and temporary short term closure procedures for UTCs to ensure seamless redirection of patients when services are temporarily unavailable.	Procedure for temporary short term closures is currently being reviewed. We are also working with NHSE on the development of a standardised Standard Operation Procedure. We will ensure the Directory of Services always accurately reflects opening hours and any short term closures.
Transport Deep Dive	
Undertake a system-wide review of patient transport capacity and coordination, including non-emergency transport and discharge pathways. Addressing delays or inefficiencies in transport can improve patient flow and reduce length of stay during high-pressure periods.	A system wide group will be established to understand the transport issues and put in place actions that can be taken forward.
Communications Strategy	
Put in place a winter communications plan aimed at system partners, clinicians, and the public. Key messages should cover access to services, appropriate pathways, flu and COVID vaccination, and managing seasonal illness. Internal communications should also support consistent use of pathways such as Call Before Convey and Care Coordination Centre referrals.	Communications plan is being developed.

Next Steps

During the Winter workshop being held on 18 July, system colleagues will review the draft Winter Plan, identify any gaps or risks, and make further recommendations. The revised draft will then be reviewed at the Urgent and Emergency Care Delivery Board later in July, followed by a review by the ICB Management Board on 11 August.

The final Winter Plan will be presented to the NHS Somerset Integrated Care Board on 25 September 2025.

A regional Winter workshop is taking place on Wednesday 23 July with representation from across the Somerset system which will help inform the plan.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	Equality and diversity is at the heart of Somerset ICBs work, giving due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including financial performance. The Somerset Winter Plan aims to ensure equity in access to services for all Somerset Residents, even during periods of surge.
Quality	The Somerset Winter Plan aims to improve the quality of service delivery for patients throughout the year. Governance and Quality are being considered as part of the planning process and will be included in the final document.
Safeguarding	The Somerset Winter Plan aims to ensure safe patient care throughout the year. Where potential risks have been identified, actions will be enacted to mitigate against these risks. A safeguarding summary will be included in the final plan.
Financial/Resource/ Value for Money	Financial and resource implications will be identified as part of the planning process.
Sustainability	N/A
Governance/Legal/ Privacy	No legal or privacy concerns. Oversight of the Winter Plan sits with the Urgent and Emergency Care Delivery Group. System operational performance monitoring will be undertaken by the System Coordination Centre.
Confidentiality	N/A
Risk Description	Risks and mitigating actions will be considered during the Winter Workshop and outlined within the final Winter Plan.