

ICB Winter Commissioning Plan Template

1. Document Control

Field	Detail
ICB name	North East and North Cumbria ICB
Plan period	Winter 2026/27
Executive winter lead	Dr Neil O'Brien, Chief Medical Officer
Senior responsible officer(s)	Craig Blair, Director of Commissioning Marc Hopkinson, Director of System Resilience Robin Hudson, Medical Director
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Date approved	Summary presented to SCSC on 8 th Sep ICB Board on 29 th Sep
Approving body	ICB Board

2. Executive Summary

The NENC ICS Winter Plan 2026/27 sets out the ICB commissioning response to ensuring safe, effective and resilient urgent and emergency care services during the winter period. The plan has been developed in response to national urgent and emergency care priorities and learning from the 2025/26 winter debrief.

Winter preparedness is identified as a key organisational priority for NENC ICB. Although the region performs comparatively well against all urgent and emergency care metrics, the plan recognises sustained pressures across ambulance services, emergency departments, community services, mental health, primary care, discharge pathways and elective care. The plan therefore focuses on reducing avoidable and unwarranted demand, improving patient flow, strengthening community and home-facing alternatives, and ensuring robust escalation and system oversight.

The plan combines existing commissioned capacity with targeted additional investment to strengthen prevention, care closer to home and system flow. Key interventions include vaccination and public communications, enhanced primary care and pharmacy access, Acute Respiratory Infection hubs, Urgent Community Response, Virtual Wards, mental health crisis pathways, Same Day Emergency Care, the OPTIMISE COPD programme and additional discharge transport capacity. These measures are intended to reduce avoidable deterioration, attendance and admission, support earlier discharge and protect acute capacity throughout the winter and specifically during periods of peak pressure.

A dedicated ICB winter commissioning budget of £500,000 has been identified. Current proposed allocations comprise £268,000 for OPTIMISE and £79,200 for additional Patient Transport Service capacity, leaving £152,800 as contingency, subject to final confirmation. A separate request for £140,000 of non-recurrent communications funding has also been approved.

Preparedness has been supported through the fortnightly ICB Winter Planning Assurance and Delivery Group, a multiprofessional group constituted from across the ICBs commissioning, quality, medical and corporate teams, and a structured operational assurance process, including one-to-one meetings with each NHS trust. Evidence has been tested across demand and capacity, workforce, patient flow and discharge, escalation, infection prevention and control, corridor care and provider-specific risks. Operational oversight will continue through the System Coordination Centre, established UEC governance and system escalation arrangements.

The principal residual risks relate to sustained respiratory demand, workforce constraints, discharge and social care capacity, variation in service maturity and associated access across the geography, infectious disease outbreaks and extended periods of extreme surge. These risks will be monitored through established assurance arrangements, with contingency funding, mutual aid, targeted commissioning and escalation mechanisms available to support a coordinated system response.

3. Purpose, Scope and Planning Principles

The purpose of this document is to set out the NENC ICB Commissioning Winter Plan for 2026/27, describing how the ICB has prepared for, and will respond to, winter pressures across urgent and emergency care. It outlines the planning process followed, learning from winter 2025/26 along with reflections from the Regional Winter Testing event (17th September 2026), national requirements, key priorities, risks, assurance arrangements and the actions required to maintain safe, effective and resilient services.

The plan is intended to provide assurance that NENC ICB and system partners have a coordinated, deliverable and measurable approach to winter preparedness, aligned to NHS England expectations and local strategic priorities, for the ICB this specifically includes the develop of a Winter Commissioning Plan. This plan sets out how the ICB will commission and coordinate schemes to support winter preparedness and responses across the local health and care system.

The plan covers ICB commissioning arrangements across North East and North Cumbria, involving the ICB, our Urgent and Emergency Care Network, local accident and emergency delivery boards (LAEDBs), NHS providers, primary care, community services, mental health services, ambulance services, local authorities, social care, and wider partners.

4. Alignment with National Guidance

NHS England's letter, *Winter planning 2026/27 – expectations and assurance*, dated 17 July 2026, sets out the national approach to winter planning and assurance for

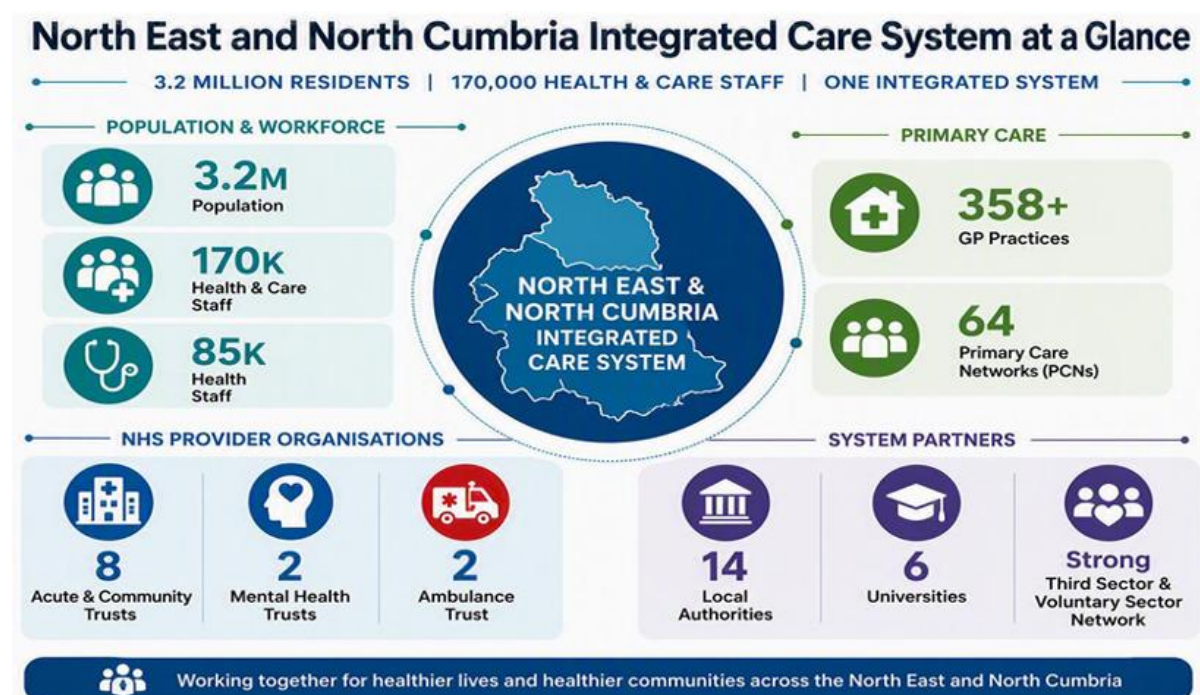
2026/27. It outlined expectations for ICBs, NHS trusts, ambulance services, regional teams and wider system partners, including the requirement for robust, clinically led and deliverable winter plans.

ICBs are expected to:

- Identify a named SRO
- Produce a draft commissioning plan by the end of Aug-26
- Obtain Board Assurance Statement sign-off by 7th October
- Participate in regional stress testing of both ICB and Provider winter plans, coordinated and facilitated by NHS England
- Ensure commissioning plan is considered against whole-system operational preparedness across urgent and emergency care, primary care, community services, mental health, social care, IPC and discharge pathways

5. Local Winter Context

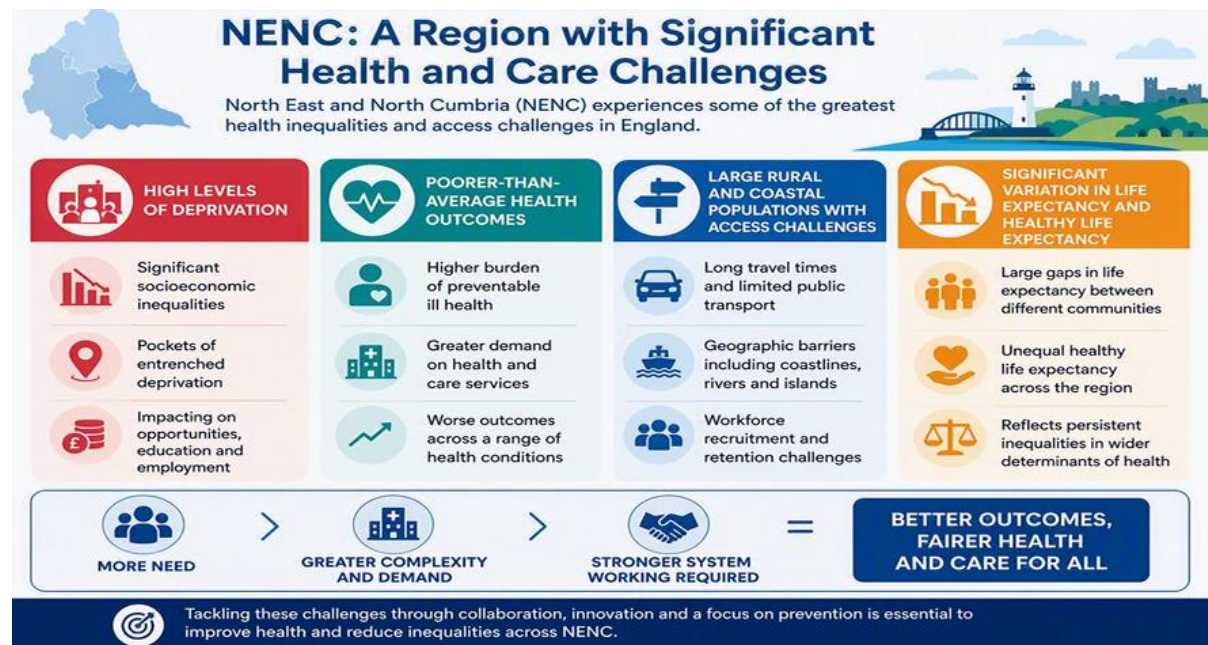
The North East and North Cumbria is a large and complex Integrated Care System, with a wide geographic footprint and significant variation across local areas. Our system is supported by the NENC Urgent and Emergency Care network (UECN) and currently has five Local A&E Delivery Board (LAEDB) footprints. These forums ensure that local priorities are discussed and addressed between partners.



The geography of NENC is a limiting factor in service delivery, including rural access challenges, variation in local service maturity, and the need for equitable provision across urban, rural and deprived communities.

Populations most at risk during winter include people with respiratory illness, older people with frailty, care home residents, people with learning disabilities and autism, pregnant women, children and young people, frontline health and care workers, and people living in more deprived communities. These groups are identified as requiring

targeted interventions, particularly around vaccination, community-based care, proactive management and communications.



A key demographic and health need is the region's high burden of respiratory disease. The NENC system has the **highest prevalence of COPD in England**, at **2.8% compared with the national average of 1.86%**, affecting approximately **92,000 patients**. Many of these patients live in areas of **high deprivation**, making respiratory care, prevention and targeted proactive support a major winter priority. Overall, the demographic picture presented is of a large and diverse system with significant health inequalities, high respiratory disease prevalence, areas of deprivation, rural access challenges, and several vulnerable population groups who are likely to experience increased pressure and risk during winter.

The ICB UEC governance structure below aligns strategic oversight through the **UEC Network Board** with clinical advice, system resilience, specialist delivery groups and local operational forums. Supported by consistent performance reporting and a dedicated **ICB Winter Delivery and Assurance Group**, it will enable coordinated winter planning, clear assurance and escalation, and system-wide delivery against the priorities of respiratory pathways, prevention and care at home, and improved hospital flow and discharge.

The UEC Network is made up of LAEDBs and wider system partners. A key role of the UECN is to support the coordination of the system response to urgent and emergency care, ensuring patients receive the right care, in the right place, when they need it. The Network aims to ensure urgent care is delivered in the most appropriate setting, including access away from emergency departments and closer to people's homes in line with its vision; "To improve urgent and emergency care outcomes, performance and experience across North East and North Cumbria by reducing unwarranted variation and enabling safer, more equitable and higher-quality access through system-wide transformation."

The table below identifies the agreed NENC system UEC priorities. Together, these priorities will support delivery of the ICB Winter Plan by preventing avoidable deterioration and respiratory demand, expanding timely care closer to home, and improving access to the most appropriate urgent care pathway. Alongside more effective ambulance handovers, front-door streaming, SDEC, clinical and IPC standards, discharge and patient transport, this will reduce avoidable ED attendance and admission, shorten delays and long waits, release capacity, and improve system resilience, patient safety and flow during periods of winter pressure.

Delivering Safer Urgent & Emergency Care - Right Place, First Time		
Enhancing the respiratory pathway	Maximising preventative & home facing offer	Improve in-hospital flow and discharge
- Review targeted proactive care approach - Further improve access and integration to urgent care including ARI hubs, hospital @home step up/down, 2Hr UCR (including 111 booking and paramedic access) - Implement NENC wide approach to Optimise	- Increase vaccination rates for those at risk - Embed and enhance Care Coordination Hubs and MDT approach for Respiratory & Frailty patients across system - Increase alignment with NENC Urgent Care principles & ensure existing urgent care provision is maximised across the system including enhanced community pathways and 24/7 alternative models (including 111 booking and paramedic access)	- Develop alternative pathways to ED for individuals in mental health crisis whilst continuing to reduce all ED waits >12hrs - Delivery of ambulance handover standards and improving average handover times - Embed Clinical Operational Standards and IPC Standards - Implementation of Model ED principles including improved referral routes to SDEC with standardisation where possible - Enhance discharge models and PTS availability
Ensure we clearly communicate, engage and involve the public and staff in understanding appropriate available services & access routes Improve vaccination rates across staff groups Ensure all available services are visible and appropriately prioritised within DOS Tracking and monitoring progress through the respiratory lens as a key indicator of improvement		

6. Winter Preparedness

6.1 Winter Planning Assurance and Delivery Group

A fortnightly ICB Winter Planning Assurance and Delivery Group has been established to coordinate and support development of the 2026/27 ICB Winter Plan and Board Assurance Statement. The multidisciplinary group brings together commissioning, clinical, quality, system resilience, neighbourhood, finance and operational leads to review progress, test evidence, oversee key milestones and resolve gaps or risks. It provides a clear governance route for coordinating contributions across pathways, monitoring delivery of agreed actions and ensuring the final plan reflects both the ICB commissioning response and wider system preparedness.

6.2 Operational Winter Preparedness

Alongside the planning group, the ICB has undertaken a structured operational winter preparedness process, including one-to-one assurance meetings with each NHS trust across the system. These discussions provided direct review and constructive challenge of provider readiness, including demand and capacity, workforce, patient flow and discharge, escalation arrangements, infection prevention and control, corridor care, key operational risks and planned mitigations. Findings, gaps and actions from the trust meetings have been consolidated into risk-based system assurance statements, providing further evidence to inform the ICB Winter Plan, Board Assurance Statement and regional winter testing process.

NHS England's Model Emergency Department (Model ED) blueprint, published in February 2026, sets out a whole-system approach to improving patient flow and experience, reducing unwarranted variation and strengthening urgent and emergency care resilience. The national expectations for winter require Trusts to implement the Model ED, acute and discharge pathways, supported by rapid assessment and streaming at the front door; effective Same Day Emergency Care and Extended Emergency Medicine Ambulatory Care (EEMAC); dedicated pathways for frailty, mental health and children and young people; real-time operational management and escalation; close working with inpatient specialties; action to eliminate corridor care; and stronger, seven-day discharge arrangements.

To establish a baseline, NHS England asked each NENC provider with a Type 1 emergency department to complete the national Model ED self-assessment tool in June 2026, covering the Model ED acute response, corridor care and discharge enabling workstream. All ten NENC sites completed the assessment. The ICB subsequently consolidated and reviewed the returns to identify common gaps, variation and priorities for improvement. The review found that no organisation fully met all elements of the guidance. The most significant themes were limited EEMAC provision, inconsistent redirection at the front door, variable senior decision-maker coverage and access to 24/7 urgent care, gaps in digital streaming and interoperability, incomplete mental health, paediatric and frailty pathways and continuing workforce, estate and discharge constraints.

These findings were considered directly through the ICB's operational winter preparedness process, including structured one-to-one reviews with each provider. The discussions tested whether the gaps identified in the June self-assessments had since been addressed, how remaining actions were reflected in Trust winter plans and Board Assurance Statements. Providers were challenged to describe how Model ED principles would be embedded locally, how planned changes would improve front-door decision-making, flow and discharge, and how unresolved risks would be mitigated before and during winter. Progress will continue to be reviewed through established ICB assurance, contracting and urgent and emergency care governance arrangements, with targeted support and challenge where delivery remains off track.

6.3 System Co-ordination

To provide system coordination, oversight and escalation management for organisational pressures and risks, the ICB continues to provide and deliver the North East and North Cumbria System Coordination Centre (SCC) which operates between 08:00 and 20:00, seven days a week. The system is also supported by a NENC ICB Director on call (both Strategic and Tactical) during the out-of-hours period.

The SCC is a constituent part of the ICB and, as such, will facilitate collaboration within the system through its operational and clinical leadership. The SCC is the single point of contact (SPOC) for local system partners, providers and NHS regional stakeholders.

The SCC will provide senior system leadership, constructive challenge and, where necessary, a system-level response in and out of hours to manage escalation and

de-escalation processes, especially where ICB intervention is needed to avoid or mitigate organisational or system pressure and where external support might be required in accordance with agreed system escalation frameworks and plans. This will include:

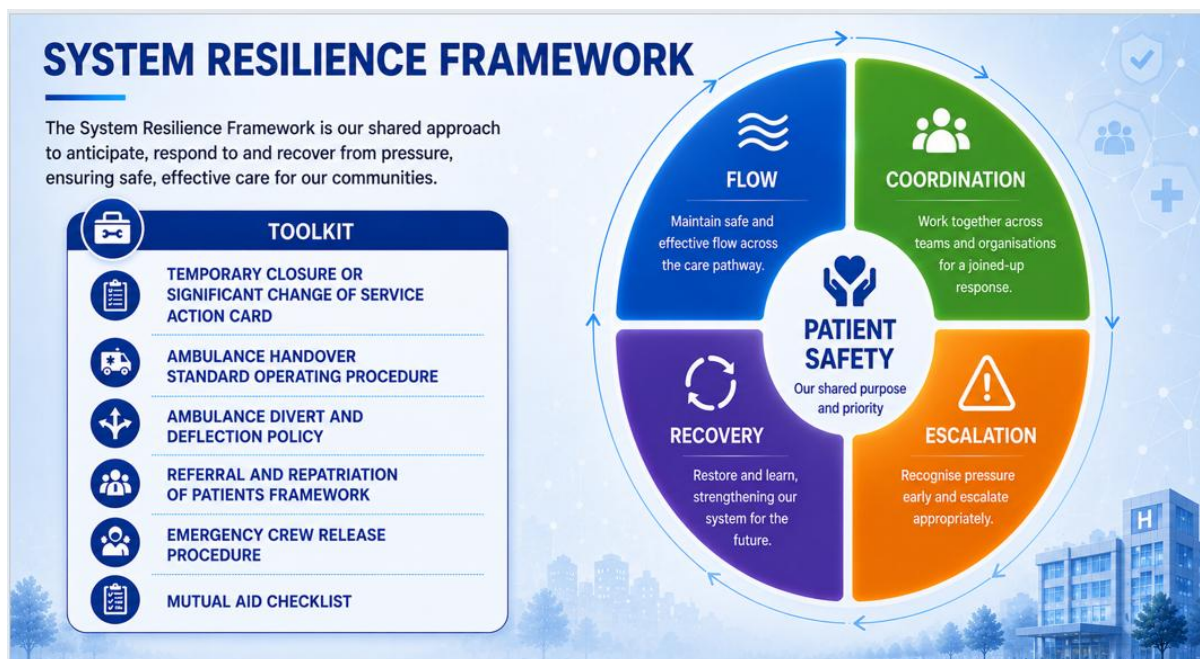
- Maintaining awareness with the operational situation across the area and being sighted on any developing issues which may result in coordination arrangements being implemented as OPEL scores increase across agreed thresholds;
- Supporting the ICB Incident Coordination Centre during any major incidents;
- Brokering agreements across the system to ensure mutual aid is available if required to re-balance pressures (e.g. acute and community services).
- Liaising with bordering ICS on any issues which may impact upon their own pressures and advise NHSE if there are any actions that cannot be taken locally in partnership.
- Commissioning additional resources (beds, staff, etc.) and ensuring local system demand management initiatives are working during times of surge;
- Ensuring a full investigation and debrief take place following a system-wide escalation to a Critical Incident, sharing findings with all ICS partners and ensuring actions are implemented.
- Liaising with NHSE North East and Yorkshire Regional Operations Centre (ROC) in alignment with the OPEL Framework (Publication Reference PRN01379) February 2025.



Whilst all health and social care providers already have their own detailed organisational plans to deal with any increased demand or incidents, the System

Resilience Framework is designed to enhance the effectiveness of these local procedures through the adoption of proactive management processes and best practice that will be used across NENC ICS.

The System Resilience Framework sets out the way in which operational pressures or incidents are recognised by the System Coordination Centre and importantly how the SCC team will manage demand at site, system or across the ICS using the pre-agreed standard operating procedures and action cards that are included in the document. The framework also ensures that a standard and consistent approach is taken to managing these 'surges', incidents or outbreaks of communicable disease.



6.4 Directory of Service

The DoS Team regularly validates service profiles, contact details and access arrangements, including ahead of bank holidays and seasonal pressures. Following the ICB restructure, provider and stakeholder contacts were comprehensively reviewed. Established governance involving providers, clinicians, commissioning and contracting teams supports prompt escalation and resolution of inaccuracies.

Changes to services, referral criteria and clinical access are managed through ICB contract governance and updated on the DoS as required. Issues identified through validation, provider feedback or operational activity are logged, prioritised and resolved through agreed routes, ensuring information remains accurate and reliable.

General practice capacity is monitored through GP OPEL reporting via the RAIDR app, providing system-wide visibility of pressures. Capacity changes or temporary closures across community and urgent primary care services are managed through the SROG Temporary Closure or Significant Change of Service process and the DoS Emergency Change Request process.

The DoS Team works closely with NEAS, the SCC and the OCC to manage out-of-hours closures and service changes. Together, GP OPEL reporting, emergency change processes and established partnership working ensure the DoS reflects current capacity and directs patients to the most appropriate available service.

7. Commissioning Plan by Pathway

7.1 Vaccination

Vaccination programmes remain a core component of the NENC winter preparedness approach for 2026/27, supporting population health protection, reducing inequalities and mitigating winter pressures across health and care services. NHS England is the primary commissioner for RSV, pneumococcal, flu and COVID-19 vaccination programmes, with the ICB and system partners supporting local delivery, provider relationships and targeted uptake. Strategic oversight is provided through the ICS Vaccination Strategy and Partnership Group, supported by six place-based Local Immunisation Groups, each with local winter vaccination plans focused on improving access and addressing areas of lower uptake.

For 2026/27, RSV and pneumococcal vaccination will continue to be delivered through established primary care and trust pathways, with all GP practices required to deliver relevant programmes and all NENC trusts signed up to offer RSV vaccination to pregnant women. The winter flu and COVID-19 campaigns will build on the 2025/26 programme, which vaccinated over one million eligible people for flu and more than 270,000 for COVID-19. Delivery will be available across GP practices, community pharmacies, trusts, schools, care homes, residential settings and outreach provision, including targeted support for housebound people, people experiencing homelessness, and communities affected by rurality, deprivation or other access barriers.

The programme will also prioritise vaccination of eligible children and young people through primary care, community pharmacy and school-age immunisation services, with enhanced access for 2- to 3-year-olds and targeted follow-up in schools where consent return rates are lower. Communications and engagement will build on the Be Wise Immunise campaign, using multilingual resources, trusted voices and community champions alongside national NHS England materials to promote uptake across eligible cohorts.

Cost of service – No additional cost

7.2 Primary Care, NHS 111 and Same Day Access

General Practice

Over the winter period, general practice is open as normal during core hours (08:00–18:30), Monday to Friday, in line with core contractual requirements. General practice is not required to open at weekends or on public bank holidays and, as such, in addition to weekends, practices will be closed on Friday 25 December (Christmas Day), Saturday 26 December (Boxing Day) and Monday 28 December (in lieu of Saturday 26 December 2026). Practices will also be closed on Friday 1 January 2027.

Enhanced access

Primary Care Networks are required to provide or sub-contract enhanced access to their registered patients during 'network standard hours' on evenings, 18:30-20:00 and on Saturdays 09:00-17:00. They must provide 60 mins per 1,000 weighted population.

The PCN Directed Enhanced Service (DES) contract sets out, in relation to enhanced access, that: 'Where a PCN cancels any Enhanced Access appointments or where appointments cannot be offered (for example, but not limited to, a bank holiday), the PCN must make up the cancelled time by offering additional appointments within a two-week period, unless an alternative time period is agreed with the commissioner.'

In advance of the Christmas and New Year period, which creates extended periods without access to routine primary medical care, neighbourhood teams will continue to work with PCNs to confirm their planned enhanced access opening and closure arrangements. This information will then be shared across practices, the ICB and system partners to ensure there is clarity regarding which services are available to patients during this time.

Pharmacy

Planning of pharmacy provision, particularly in relation to the Christmas and New Year period has commenced, led by the Pharmacy and Optometry Team in the ICB who are liaising with neighbourhood teams to gather their views on the first draft of the directions for pharmacy across this period.

This involves working with pharmacies to confirm their intended opening and closing times across this period to ensure access routes are clear. The final notification, which will be circulated to all stakeholders a few weeks before Christmas, will include additional pharmacies opening across NENC. These, along with the above enhanced access arrangements will be shared with practices to support them to signpost patients.

Pharmacy First

Pharmacy First will continue to operate during the winter period. Pharmacy First will offer support to patients, either referred from general practice, NHS 111 or NHS 111 online, or presenting on a walk-in basis, in relation to sore throat, sinusitis, otitis media (children), urinary tract infections (women), shingles, infected insect bites and impetigo.

NHS App

The NHS App as a point of contact will continue to be available to patients during the winter period to order repeat medication.

Practices will be advised to consider early reminders to patients to renew repeat prescriptions to reduce necessity of emergency supply or same day repeat prescriptions around the Christmas period and reduce strain on all parts of primary care.

Cost of services – No additional cost

7.3 Community Services, Virtual Wards and Frailty

Urgent Community Response (UCR) provides rapid, multidisciplinary support to people experiencing a health or social care crisis in their own home or usual place of residence, including care homes. The service is a core component of the North East and North Cumbria ICB winter resilience offer, helping people access timely assessment, treatment and support closer to home, with the aim of avoiding unnecessary hospital attendance or admission wherever clinically appropriate.

During winter, UCR supports system flow by providing a timely alternative pathway for people whose needs can be safely met in the community, reducing pressure on ambulance services, emergency departments, acute beds and social care. Through coordinated input from community nursing, therapy, medical, prescribing and wider health and care colleagues, UCR helps stabilise people at home, supports recovery, and enables ongoing care planning where required.

Across the NENC system, UCR forms a key component of the wider Home First approach, working closely with Hospital at Home (H@H), Virtual Wards and Integrated Single Points of Access (iSPA) to provide coordinated assessment, treatment and escalation pathways. The NENC continues to develop our UCR offers, strengthening links with NEAS, primary care, care homes and community services to improve patient flow and reduce avoidable pressure on acute hospitals.

The strategic ambition is to create a more integrated urgent care model, with streamlined access, consistent clinical triage and enhanced collaboration between community and acute services. This approach supports the delivery of care closer to home, improves patient experience, and contributes to system resilience by ensuring that hospital resources are reserved for those patients who require acute inpatient care.

The annual planning process has identified additional seasonal capacity to be commissioned across UCR over the winter period. This will be reflected through the agreed seasonal plan and trajectory, setting out expected increases in activity, responsiveness and capacity to support winter demand, strengthen admission avoidance, and maintain equitable access across the NENC footprint with the intention to minimise the impact, occurrence and severity of UEC system surge.

Cost of service – No additional cost

Virtual Wards, also known as Hospital at Home, provide hospital-level care to people in their own home or usual place of residence, including care homes, where this can be delivered safely and appropriately. As part of the North East and North Cumbria ICB winter resilience offer, Virtual Wards support people to receive timely multidisciplinary assessment, monitoring, treatment and clinical oversight outside of an acute inpatient setting.

During winter, Virtual Wards provide an important alternative to hospital admission (step-up) and support earlier discharge for patients (step-down) who require ongoing acute care but do not need to remain in a hospital bed. This helps improve patient flow, releases acute capacity, and contributes to reducing pressure across

emergency departments, ambulance services and inpatient wards, while enabling people to recover in a familiar environment.

Virtual Wards form a key component of the wider Home First approach and work alongside Urgent Community Response (UCR), Integrated Single Point of Access (iSPA), primary care, community services and acute hospital teams. The aim is to deliver care closer to home, improve patient experience, support independence, and reduce unnecessary demand on acute hospital beds while maintaining patient safety and quality of care.

We have established key components of the national Virtual Ward model, including consultant oversight, multidisciplinary team working, remote monitoring capability, personalised care planning and access to hospital-level diagnostics and interventions. The assessment also identifies opportunities to strengthen clinical leadership, pharmacy provision, diagnostics, digital enablement, out-of-hours support and consistency of access across pathways.

As healthcare demand continues to increase, Virtual Wards provide an important opportunity to deliver high-quality, person-centred care in the community while improving patient flow across the wider urgent and emergency care system. Continued development of these services, alongside greater integration with UCR and care co-ordination functions, will support the ambition of creating a more responsive, sustainable and joined-up model of care across the NENC system.

The annual planning process has identified additional seasonal capacity to be commissioned across Virtual Ward pathways over the winter period. This will be reflected through the agreed seasonal plan and trajectory, setting out expected increases in available capacity, occupancy and activity to support winter demand, strengthen admission avoidance, enable timely discharge, and maintain equitable access across the NENC footprint.

Cost of service – No additional cost

Acute Respiratory Infection (ARI) services provide timely assessment and treatment for people with acute respiratory symptoms, supporting patients to access the right care in the right place and reducing avoidable pressure on general practice, urgent treatment centres, emergency departments and acute hospital services. The model is particularly important during winter, when seasonal respiratory infections, including flu, RSV, COVID-19 and other viral or bacterial infections, can increase demand across the health and care system.

Across North East and North Cumbria, Neighbourhood Health teams are implementing the ARI scheme across their local footprints to provide additional community-based respiratory capacity throughout the winter period. This will support more consistent access to same-day or timely clinical assessment, help manage lower-acuity respiratory presentations outside hospital, and strengthen the interface between primary care, community services, NHS 111 and urgent and emergency care pathways.

The ARI service will form part of the wider NENC ICB winter resilience offer by supporting early clinical intervention, appropriate infection management and escalation where required, while helping people receive care closer to home.

ARI services must be mobilised in each locality for a period of at least 16 weeks over the Winter months of 1st October through to the 31 March 2027. Neighbourhood teams have worked with local systems to understand, based on historic trends, the key timeframes for effective operation of the scheme based on local need and services will be commissioned over the period that best suits this local need.

The hubs should operate as a shared hub model, serving patients across more than one practice population or locality and operate on a same day face to face access model.

Minimum operating hours are, Monday to Saturday: 12:00 to 18:00 and Sunday: 12:00-16:00.

The hubs are for patients aged three months and over with acute respiratory symptoms likely to be due to infection, who require face-to-face assessment but do not require hospitalisation. Exclusions include patients aged over three months with underlying complex respiratory needs, housebound patients, patients who have been triaged by a GP or NHS 111 and have severe symptoms requiring hospital admission, and immunocompromised patients who are open to secondary care.

Indicative appointment numbers, based on data captured during previous seasonal periods, have been shared with providers to support mobilisation of the service.

Additional capacity on bank holidays has been agreed across the ICB, recognising that this will bolster the system's response during these periods. The locations and providers of this additional capacity will vary according to local need and the service models in place.

Additional capacity will be stepped up on 25 December, 28 December and 1 January 2027, providing a maximum of eight additional hours per day per site. The additional capacity will predominantly be provided by GPs or Advanced Nurse Practitioners to ensure patients can be managed appropriately and to reduce the impact on wider services.

Implementation through Neighbourhood Health teams will enable local delivery approaches to be tailored to population need, while maintaining a shared system objective of improving responsiveness, reducing avoidable hospital attendance and supporting safe, effective winter care.

Cost of service – No additional cost

OPTIMISE is a targeted anticipatory care programme for high-risk COPD patients across North East and North Cumbria. The 2025/26 pilot demonstrated clear clinical and system benefits, including:

- Improved patient management
- Reduced urgent and emergency care activity (53% reduction in ED presentations in OPTIMISED cohort)
- 1,833 fewer non-elective COPD bed days compared with the same 17-week period in the previous winter
- A 9% reduction in bed days (68% reduction in bed days in the OPTIMISED cohort)

- An 89% reduction in 999 calls in OPTIMISE cohort compared to activity in the same patients in previous year
- An estimated £690k notional system benefit against a £144k programme cost

A business case was developed to request rollout across the whole geography in 2026/27 and was supported by the Neighbourhood Health Sub-Committee on 1 July 2026, with subsequent Executive Director endorsement to enable sustainable, equitable and consistent delivery across NENC practices ahead of winter 2026/27. This was then approved by via the Leadership Committee on 12 August 2026.

Implementation is in progress for October 2026 by Neighbourhood Health teams, with support from the Medical Team.

Cost of service – £268,000 (approved by Leadership Committee on 12 August 2026)

7.4 Mental Health, Learning Disability and Autism Pathways

NENC ICB will assure resilient all-age urgent mental health pathways throughout winter, including NHS 111 mental health access, crisis helplines, community crisis teams and liaison psychiatry at all emergency departments. Providers will optimise capacity against demand, maintain crisis plans for high-risk people and frequent attenders, and strengthen access to safe havens, crisis cafés and community crisis beds to prevent avoidable conveyance and emergency department attendance.

The ICB will oversee timely assessment, admission, inpatient flow and discharge, with a focus on reducing waits over 24 hours, minimising out-of-area placements, undertaking regular reviews of delayed and stranded patients, and coordinating step-down support with community services, local authorities and social care. Children and young people will have access to age-appropriate crisis assessment, alternatives to emergency departments and safe escalation routes.

Across all pathways, providers will identify and record the needs of people with a learning disability or autistic people and make reasonable adjustments, including accessible communication, carer involvement, quieter environments, flexible assessment and avoidance of unnecessary moves. Delivery, demand, capacity, long waits, out-of-area placements and discharge delays will be monitored through established system assurance and escalation arrangements.

Cost of service – No additional cost

7.5 Same Day Emergency Care (SDEC)

Same Day Emergency Care (SDEC) enables clinically appropriate patients who would otherwise require hospital admission to be assessed, diagnosed and treated on the same day, without the need for an overnight inpatient stay. It provides a timely alternative pathway at the acute front door, supporting rapid access to senior clinical decision-making, diagnostics, treatment and discharge planning.

During winter, SDEC services are an important part of the urgent and emergency care resilience offer, helping to reduce avoidable admissions, improve patient flow, and support emergency department and inpatient capacity. Effective SDEC

pathways can also improve patient experience by reducing delays and enabling people to return home safely on the same day where clinically appropriate.

Across North East and North Cumbria, the ICB is working with Trusts to further enhance and optimise the SDEC offer across the footprint. This ongoing work will focus on strengthening access, consistency, clinical pathways, referral routes and utilisation, supporting a more resilient system response over the winter period and ensuring patients receive the right care, in the right place, at the right time.

ICB actions

- Increase direct access to SDEC from emergency departments, ambulance services, NHS 111 and primary care through targeted communications with providers and referrers.
- Strengthen activity reporting through ECDS, provider-level datasets and benchmarking to support oversight, improvement and consistent utilisation.
- Embed SDEC within wider urgent and emergency care pathways, including urgent treatment centres, virtual wards, urgent community response and acute frailty services.
- Integrated SDEC between medicine and the surgical specialities with genuine in-reach by the surgeons into ED

Provider actions

- Increase the use of SDEC for respiratory, frailty and ambulatory-sensitive conditions, supported by local clinical pathway development and clearer referral criteria.
- Strengthen links between SDEC, virtual wards and urgent community response pathways through local communications, clinical engagement and shared learning opportunities.
- Extend opening hours and enhance weekend provision where gaps are identified, subject to local service models and workforce capacity.
- Reduce avoidable delays in the SDEC pathway by reviewing internal processes, handoffs and discharge arrangements, with further provider detail to be confirmed.
- Reduce inappropriate referrals and minimise avoidable SDEC refusals through clearer referral guidance, feedback to referrers and provider review of acceptance criteria, with further detail to be confirmed.

7.6 Discharge PTS

Additional **Patient Transport Service** capacity will be commissioned over the winter period to support safe and timely discharge from acute and community hospitals. The scheme will provide a responsive transport offer for patients who are clinically ready to leave hospital but require appropriate transport to return home, to their usual place of residence or to an onward care setting. Capacity will be aligned to periods of peak demand, including evenings and weekends, and coordinated through existing discharge and transport arrangements to minimise avoidable delay.

By removing transport-related barriers, the scheme will improve patient flow, reduce avoidable length of stay and release bed capacity for patients requiring urgent and

emergency care. Delivery and utilisation will be monitored through system operational arrangements, with activity, timeliness, patient outcomes and impact on discharge performance reviewed throughout winter to ensure capacity is targeted effectively and can respond flexibly to emerging pressures.

Demand has been modelled, taking into account historical commissioning arrangements during the winter period.

Cost of service - £660 per day per vehicle (Nov-Feb, 120 days - £79,200)

8. Demand, Capacity and Planning Assumptions

Demand and capacity have been considered through system-wide modelling of baseline, seasonal surge and extreme surge scenarios, informed by historical activity, local population need, provider operational plans and known winter risks. The plan aligns existing and additional capacity—including primary and community care, ARI hubs, UCR, Virtual Wards, SDEC, mental health crisis pathways and discharge transport—to anticipated pressure, with performance, capacity constraints and emerging risks monitored through established governance, the System Coordination Centre and escalation arrangements so resources can be targeted or flexed as required.

9. Infection Prevention Control

The ICB is assured that system providers have established infection prevention and control arrangements in place for winter, including access to appropriate PPE, respiratory protective equipment fit testing, staff training and local risk assessment processes. Provider organisations remain accountable for compliance with relevant national guidance and the Health and Social Care Act 2008 Code of Practice, with assurance monitored through established quality, workforce and system oversight arrangements. Plans include mechanisms to monitor infection prevalence, PPE stocks, fit-testing capacity and workforce impacts, with clear escalation routes and mutual aid arrangements to support rapid scaling during infectious disease surges. Any identified gaps or emerging risks will be managed through provider governance and system escalation processes to protect patients and staff and maintain continuity of safe care.

The ICB works with system partners through established health protection and operational governance arrangements to coordinate the response to infectious disease incidents and outbreaks. Escalation is managed through agreed local pathways, with the System Coordination Centre providing a single point of contact for providers and regional partners, coordinating system pressures and convening multi-agency responses where required. Commissioning and provider arrangements cover timely access to clinical assessment, diagnostic testing, treatment, vaccination and post-exposure prophylaxis, aligned with local outbreak plans, multi-agency protocols and NHS England's commissioning guidance for ICBs.

The NENC ICB is leading a sustained programme to improve and standardise infection prevention and control (IPC) across all ten foundation trusts, recognising IPC as fundamental to patient safety, operational resilience and preparedness for

winter pressures and future infectious disease threats. Initial diagnostic work identified strong commitment and pockets of excellent practice, but also variation driven by leadership and culture, operational pressures, ageing estate and limited isolation capacity.

Priorities for 2026/27 include:

- strengthening board-level accountability
- sharing learning and self-assessment across providers
- reinvigorating the regional IPC improvement collaborative
- embedding IPC within quality and contractual oversight
- improving regional measurement
- extending prevention into community settings

These actions will support safer patient flow, reduce avoidable infection and lengthy hospital stays, and improve system resilience throughout winter.

10. Communications and Public Engagement

A coordinated regional communications approach will support delivery of the ICB Winter Plan by helping people across North East and North Cumbria stay well, access the right care first time, and understand how the health and care system is preparing for winter 2026/27.

The communications plan will be delivered through the established region-wide Here to Help campaign, alongside targeted activity including Be wise, immunise, Pharmacy First, NHS App promotion, respiratory health campaigns and surge communications during periods of high demand. Activity will be aligned to national campaigns and the UEC network priorities, with messaging focused on prevention, self-care, appropriate use of services and reducing avoidable pressure on urgent and emergency care.

Key messages will encourage the public to take up winter vaccinations, use pharmacy, NHS 111 online, GP services and urgent treatment centres appropriately, order repeat prescriptions early, keep a well-stocked medicine cabinet, use the NHS App, and seek help for mental health needs through the right routes. Tailored campaigns will also support people with respiratory conditions, including COPD and asthma, and promote actions to reduce the spread of winter illnesses.

The approach will be system-wide, with communications coordinated through NHS, local authority, public health, VCSE, Healthwatch, LRF and partner networks. Toolkits and shared assets will support consistent messaging across local channels, while paid media, social media, community voices, local media and targeted digital content will be used to reach priority audiences and communities with lower uptake or higher levels of need.

Communications will be informed by data and insight, including vaccine uptake, NHS App usage, service pressures and patterns of urgent and emergency care demand. Real-time intelligence from the System Coordination Centre will support responsive messaging during periods of high demand, including bank holidays, Christmas and New Year.

Evaluation will take place during and after campaigns, using measures such as reach, engagement, partner amplification, vaccine uptake, Pharmacy First activity, NHS App usage, emergency medication requests and other operational indicators agreed with programme teams, such as reductions in low-acuity ED attendance. More detailed information on communications and campaign activity is included in Appendix B.

£140,000 of non-recurrent funding has been agreed via the September Leadership Committee to secure specialist media buying and campaign support, enabling targeted winter communications at scale on vaccination, Pharmacy First, the NHS App and appropriate service use, with an agency appointed through three quotations ahead of the planned September launch.

11. North East and Yorkshire Winter Testing

On 17 September 2026, the ICB and partners from across the North East and North Cumbria system participated in the NHS England North East and Yorkshire Winter Plan Testing Event. The regional exercise tested winter response plans against progressively increasing demand and 'in-extremis' scenarios, assessed organisational and system leadership arrangements under sustained pressure, and provided an opportunity to identify common issues, share learning and incorporate the findings into final winter plans and Board assurance.

For the NENC system the exercise highlighted three central issues: demand materially exceeding plan assumptions; insufficient capacity across acute, community, primary care and discharge services; and the need to understand why the drivers of deterioration had not triggered earlier mitigating action. Winter plans should therefore contain stronger early-warning indicators, clearer escalation triggers, earlier deployment of mitigations, a more robust Local A&E Delivery Board response, and explicit arrangements for recovery and de-escalation. They should also describe how primary care and community capacity can be flexed towards urgent demand, including deployment at the front door, while maintaining safe access for high-risk patients and how we can apply consistent regional interpretation of IPC requirements and coordinated public messaging.

12. Financial Framework

An ICB winter commissioning budget of £500,000 has been identified to support winter preparations and delivery. This budget is in addition to pre-existing and already commissioned services such as UCR, H&H and ARI.

The proposal is to utilise the budget for already agreed schemes such as OPTIMISE and secure additional patient transport which is set out in the detail of the plan. This leaves £152,800 available and it is recommended that this is utilised as a contingency to be used throughout the winter period.

Allocations:

- Existing commissioned services - £0 additional cost
- Optimise - £268,000

- PTS - £79,200 (to be confirmed)
- Total allocated - £347,200
- Contingency - £152,800

As detailed above a separately funded £140,000 has also been agreed and identified to support the deployment of the winter communications campaign.

13. Board Assurance Statement Preparation

The 2026/27 Winter Planning Board Assurance Statement (BAS) has been populated through an ICB-led, multidisciplinary assurance process aligned to the NHS England domains. Evidence from commissioning, clinical, operational, quality, finance, workforce, primary care, provider and LAEDB leads was collated and triangulated against the winter commissioning plan, provider preparedness, demand and capacity modelling, pathway-specific plans, financial allocations and escalation arrangements. Gaps, risks and outstanding actions were tested through established UEC and system resilience governance, with executive oversight and challenge, before presentation to the ICB Board for approval and submission by the national deadline.

The detailed BAS are included in appendix C and can be summarised as follows:

BAS Self-Assessment Dashboard		
ICB		
Overall Assessment Rating: 5 - Full assurance		
Section	Assessment Area	Rating
Section A	Governance	5 - Full assurance
Section B	Prevention and vulnerable cohorts	5 - Full assurance
	Flow, occupancy and discharge	4 - Substantial assurance
	Demand, capacity, and surge management	3 - Moderate assurance
	Primary Care, NHS 111 and admission avoidance	4 - Substantial assurance
	Community Health Capacity	5 - Full assurance
	Whole System Response	5 - Full assurance
	Leadership, operational grip and resilience	5 - Full assurance

The main gaps across the domains of the BAS framework are:

- 2.2 Relating to the elimination of corridor care and system level oversight of, and mitigation of risk, during periods of increased demands. All Trusts have plans and the intention to eliminate corridor care, at this stage we do not have absolute confidence that corridor will be eradicated during periods of surge. However, mitigation is by way of robust processes for the identification and implementation of escalation spaces within commissioned UEC facilities.
- 3.1 System wide demand and capacity modelling informing the NENC winter plans. Although work has been taking place in some localities and operational planning submissions include seasonally adjusted plans over the winter period, the capacity and capability for the system to undertake a detailed

capacity and demand exercise has not been available. Work is continuing to develop the capacity and capability in this area in advance of the planning period and ahead of winter planning next year.

- 4.2 General practice contractual requirements including opening hours, use of online consultations, clinically urgent same day appointments.
- 4.3 Relating to PCN enhanced access appointments being available and that PCNs make available, to NHS 111, any unused appointments on the day as per the DES requirements. All PCNs are providing enhanced access appointments, there remains variation in delivery across NENC and NHS 111 booking.

14. Appendices

- Appendix A: Equality and health inequalities impact assessment



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Winter Plan 26-27 Fi

- Appendix B: Communications plan



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- Appendix C: Board Assurance Statement



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