

Completing this Template (Please read this before completing this template)

There are three sections to this template as detailed below:

Section	Comments	Complete
PART A	This allows you to provide details of the proposed change, the reasons why this change is necessary and your assessment of the impact of this change.	Yes, by All
PART B	This section must be completed where a negative impact was identified during completion of PART A. Completing PART B enables you to describe the mitigations you will put in place to reduce any negative impact, your risk rating of the initial and residual risk and the action plan to implement the mitigations.	Only if negative impacts identified in PART A
PART C	This section allows <u>YOU</u> to give <u>YOUR</u> recommendation as to how this EQIA should be signed off. You must ensure that the form is signed by the Project Lead completing the EQIA Template and the Lead accountable for the project and authorising this EQIA	Yes, by All

Please refer to the following documents for further information/guidance:

- Guidance for Completing the EQIA Template
- Equality Quality Impact Assessment Policy (ICBP056), especially Appendix 5
- Risk Management Strategy (ICBP037)

Please be aware that EQIAs may be subject to Freedom of Information requests.

SECTION - PART A

Completing PART A

- PART A **MUST** be completed by all those proposing a change.
- Please refer to the Appendix 5 of the EQIA policy for further guidance on completing an EQIA.
- **Please be aware** that EQIAs may be subject to Freedom of Information requests.

Reference Number: (To be used on ALL correspondence)		Quality Team Use Only
Proposal Title:	NENC ICB Winter Commissioning Plan 2026/27	
Proposal Overview (Brief Description of the proposed change)		
Proposed Change:	The NENC ICB Winter Commissioning Plan 2026/27 sets out the ICB's commissioning response to winter pressures across urgent and emergency care and describes how the ICB and system partners will maintain safe, effective, equitable and resilient services. It adopts a whole-system approach involving the ICB, Local Accident and Emergency Delivery Boards, NHS providers, primary care, community services, mental health services, ambulance services, local authorities, social care and wider partners. Its priorities are to prevent avoidable deterioration, strengthen care closer to home, improve access to the most appropriate urgent care pathway, improve hospital flow and discharge, and support coordinated escalation during surge and extreme surge.	
Current State:	The system performs comparatively well across a range of urgent and emergency care measures but remains exposed to sustained winter demand, respiratory illness, workforce constraints, discharge delays, social care capacity pressures, variation in local service maturity and access, infectious disease outbreaks and periods of extreme surge. National requirements for 2026/27 require ICBs to produce a clinically led and deliverable commissioning plan, identify a named executive winter lead, undertake whole-system demand and capacity planning, test surge and extreme surge arrangements, and obtain Board approval of the Winter Plan and Board Assurance Statement.	
Anticipated Effects:	The plan is expected to improve quality, safety, patient experience, equity and system resilience through targeted vaccination and respiratory support, Acute Respiratory Infection services, urgent community response, virtual wards, primary care and community pharmacy access, mental health crisis pathways, improved hospital flow and discharge, patient transport and coordinated escalation. Residual risks will remain from sustained demand, workforce and social care constraints, variation in local delivery, infectious disease outbreaks and extreme surge. These will be monitored through established governance, operational escalation, contingency funding, mutual aid and targeted commissioning.	
Summary of Change		
Commissioning a service/pathway of care		☐
De-commissioning a service/pathway of care		☐

Re-designing a service/pathway of care	☐
Creating/reviewing a policy/procedure	☐
Other (Please specify below)	☒
Other – overarching planning document.	
Neighbourhood:	North East and North Cumbria wide.
Proposal Discussions Held With (Who has been involved in the discussions – should include relevant clinical lead)	
Name	Role

Who will be impacted by this proposal?	Engagement Completed	Engagement Planned
Staff ☒	☐	☐
Service User / Patients ☒	☐	☐
Carers ☒	☐	☐
Other Public Sector Organisations ☒	☐	☐
Voluntary / Community groups / Trade Unions ☒	☐	☐
Others, please specify below: ☐		
	☐	☐
	☐	☐
	☐	☐
Funding arrangements and/or financial implications for proposal (Briefly list each)		
An ICB winter commissioning budget of £500,000 has been identified. Proposed allocations are £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 is being progressed. Existing commissioned services, including urgent community response and Acute Respiratory Infection services, have no additional cost within this allocation.		
Evidence (Briefly detail evidence used to support this change. Include known gaps in available evidence and the plans to address them.)		
The assessment draws on learning from winter 2025/26; national winter planning requirements; the ICB Winter Commissioning Plan; whole-system demand and capacity considerations; provider preparedness discussions; patient flow and discharge evidence; workforce, infection prevention and escalation assurance; pathway-specific plans; and governance through the Winter Planning Assurance and Delivery Group, Urgent and Emergency Care arrangements and System Coordination Centre. Known gaps and outstanding actions will continue to be reviewed through established assurance and Board processes.		

Equalities Impact	Negative	Neutral	Positive
Age	☐	☐	☒
Disability	☐	☐	☒
Gender Re-assignment	☐	☒	☐
Marriage/Civil Partnership	☐	☒	☐
Pregnancy and Maternity	☐	☐	☒
Race and ethnicity	☐	☐	☒
Religion or belief	☐	☒	☐
Sex	☐	☒	☐
Sexual Orientation	☐	☒	☐
Other (see appendix 5 and provide detail)			☒
	☐	☐	☐
	☐	☐	☐
Equalities Overall Impact	☐	☐	☒

Supporting Evidence (Briefly list)

The plan aims to provide equitable access to urgent and emergency care and reduce unwarranted variation in availability, access, quality and outcomes. Targeted vaccination, respiratory support, Acute Respiratory Infection services, urgent community response, virtual wards, mental health crisis pathways, NHS 111, primary care and community pharmacy should benefit groups at increased risk of deterioration or hospital admission. Potential barriers include unequal availability across urban, rural and deprived communities, digital exclusion, language and accessibility barriers, lower uptake among underserved groups and variation arising from short-term commissioning.

Positive Impact (List each impact)

Improved access to preventive, community-based and urgent care pathways; targeted support for people at increased winter risk; accessible alternatives to hospital; and monitoring intended to reduce unwarranted variation.

Where **Negative Impacts** are identified please list each impact and their corresponding mitigation in Part B.

Health Inequalities Impact	Negative	Neutral	Positive
CORE 20	☐	☐	☒
CORE 20 PLUS	☐	☐	☒
Health Inclusion Groups	☐	☐	☒
Health Inequalities Overall Impact	☐	☐	☒

Supporting Evidence (Briefly list)

The plan explicitly recognises deprivation, rurality, ageing, respiratory disease and other long-term conditions as factors increasing winter risk. It includes targeted vaccination, proactive respiratory care, community services, urgent community response, virtual wards, mental health alternatives and communications designed to support people at greater risk of poor access or

outcomes. Risks remain from inconsistent local delivery, limited capacity, workforce pressures and variation in uptake.

Positive Impact (List each impact)

The plan targets vulnerable populations, supports care closer to home, strengthens preventive interventions and enables monitoring of access, uptake, outcomes and experience for communities at increased winter risk.

Where **Negative Impacts** are identified please list each impact and their corresponding mitigation in Part B.

Quality Impact Assessment	Negative	Neutral	Positive
Patient Safety	☐	☐	☒
Clinical Effectiveness	☐	☐	☒
Patient Experience	☐	☐	☒
Well Led	☐	☐	☒
Sustainable	☐	☒	☐
Workforce	☐	☒	☐
Performance	☐	☐	☒
Strategic Objectives	☐	☐	☒
Quality Overall Impact	☐	☐	☒
Supporting Evidence (Briefly list)			
The plan brings together whole-system commissioning, operational assurance, pathway improvement, escalation and governance. It supports safe alternatives to admission, improved patient flow and discharge, coordinated surge response and performance monitoring. Risks remain from capacity pressures, workforce constraints, discharge delays, social care limitations, infectious disease outbreaks and extreme surge.			
Positive Impact (List each impact)			
Improved patient safety and experience; earlier intervention; more care delivered closer to home; better hospital flow and discharge; stronger escalation arrangements; and improved system resilience.			
Where Negative Impacts are identified please list each impact and their corresponding mitigation in Part B.			

Overall Conclusion			
	Negative	Neutral	Positive
Equalities	☐	☐	☒
Health Inequalities	☐	☐	☒
Quality	☐	☐	☒
Combined Overall Impact	☐	☐	☒

Next Steps

Have any **Negative** impacts to this change been identified in **PART A**?

- If **YES** complete **PART B**
- If **NO** proceed to **PART C**

SECTION - PART B

Completing PART B:

- Only complete PART B if **NEGATIVE** impacts were identified when completing PART A.
- List each **NEGATIVE** impact and their corresponding mitigation under the relevant domain.
- Complete the Initial and Residual Risk Scores (see ICBP037 Risk Management Strategy for further guidance).
- Complete the action plan.
- **Please be aware** that EQIAs may be subject to Freedom of Information requests.

Domain	Impact (include evidence demonstrating impact)	Initial Risk Score			Mitigation/Monitoring Arrangements	Residual Risk Score		
		Impact	Likelihood	Risk Score		Impact	Likelihood	Risk Score
Equality	Potential unequal availability or access across urban, rural and deprived communities; digital exclusion; language, communication or accessibility barriers; lower uptake among underserved groups; and variation in local delivery.	4	3	12	Use population health and service-utilisation data to identify variation; provide non-digital, accessible and translated information and routes into services; undertake targeted communications and community engagement; monitor access, uptake, outcomes and experience by relevant population groups; and complete scheme-level assessments where material service changes are proposed.	4	2	8
Health Inequality	People living in deprived or rural communities and those with respiratory disease, frailty, long-term conditions or other vulnerabilities may experience disproportionate winter risk or	4	3	12	Target vaccination, respiratory support and proactive care; monitor access and outcomes using population-health and utilisation data; address digital, language and accessibility barriers; support care	4	2	8

	inconsistent access.				closer to home; and review local variation through established governance.			
Patient Safety	Sustained demand, infectious disease outbreaks, capacity pressures, ambulance handover delays, crowding, delayed discharge and extreme surge may increase risks to timely and safe care.	4	3	12	Daily operational coordination through the System Coordination Centre; use of the NENC System Resilience Framework and escalation action cards; monitoring of pressure, capacity, flow and long waits; mutual aid; contingency funding; targeted commissioning; executive and clinical leadership; and provider-level assurance.	3	3	9
Clinical Effectiveness	Variation in pathway maturity or local implementation may reduce the effectiveness of commissioned interventions.	4	3	12	Pathway-specific clinical leadership; monitoring of activity and outcomes; provider assurance; review through urgent and emergency care governance; and completion of scheme-level assessments where required.	3	3	9
Patient Experience	Demand, waiting times, inconsistent access, digital or communication barriers and discharge delays may adversely affect experience.	4	3	12	Promote appropriate access through NHS 111, primary care, pharmacy and community pathways; provide accessible information; monitor long waits, complaints and experience; strengthen discharge arrangements; and use targeted communications.	3	3	9
Well Led	Failure to coordinate delivery, escalation or mutual aid could undermine the system response.	4	3	12	Oversight through the Winter Planning Assurance and Delivery Group; daily operational coordination through the System Coordination Centre; executive and clinical leadership; established urgent and emergency care governance; Board	3	3	9

					assurance; and clear escalation routes.			
Sustainable	Short-term funding and seasonal capacity may create sustainability or transition risks.	3	3	9	Benefits monitoring, use of contingency funding, targeted commissioning, review of utilisation and outcomes, and clear consideration of scheme continuation or exit.	3	2	6
Workforce	Workforce constraints, sickness, vaccination uptake and high operational pressure may affect delivery.	4	3	12	Provider workforce assurance; escalation and mutual aid; staff vaccination and infection-prevention arrangements; executive and clinical cover; occupational health and staff-welfare measures; and monitoring of absence and capacity.	3	3	
Performance								
Strategic Objectives								

EQIA Action Plan

Develop your action plan, based on the mitigations identified and ensure that progress against actions is documented and monitored.

ACTION PLAN						
Item	Date Initiated	Action/Item	Lead	Target Completion	Progress	Open/Closed
1.	14.09.26	Complete remaining winter assurance actions and evidence gaps.	Winter Planning Assurance and Delivery Group.	Before Board review on 29 September 2026	On track	Open
2.	14.09.26	Monitor access, uptake, outcomes and patient experience across relevant population groups and geographies.	Commissioning, quality and population-health leads.	Throughout winter 2026/27	On track	Open
3.	14.09.26	Maintain operational oversight, escalation and mutual-aid arrangements through the System Coordination Centre and established urgent and emergency care governance.	System resilience and operational leads.	Throughout winter 2026/27	On track	Open
4.	14.09.26	Monitor delivery, benefits and risks associated with winter funding and contingency arrangements.	Commissioning and finance leads.	Throughout winter 2026/27	On track	Open
5.	14.09.26	Submit the approved Board Assurance Statement by 7 October 2026.	ICB executive winter leadership	7 October 2026	On track	Open
6.						

SECTION - PART C

Completing PART C

- PART C **MUST** be completed by all those proposing a change.
- Tell use which outcome **YOU** would recommend for signing off this EQIA.
- Ensure the completed template is signed by the Project Lead completing the EQIA Template and the Lead accountable for the project and/or authorising this EQIA
- Submit to nencicb.qualityandsafety@nhs.net

Recommendations

Based on YOUR assessment, please indicate which course of action YOU are recommending to the Quality Team/Decision Makers.

Outcome	Risk Rating	Description	Tick One
Outcome One	Green	No major change to service/function required. Proceed no mitigations needed.	☐
Outcome Two	Yellow	Adjust the service/function. Proceed with minor mitigations.	☒
Outcome Three	Amber	Continue the service/function with sufficient mitigations in place to minimise risks and negative impacts. Proceed with significant mitigating actions in place.	☐
Outcome Four	Red	Stop and rethink- QIA shows actual or potential significant harm. Review service and function with senior responsible officer.	☐
Please explain the rationale for your recommendation:			
The proposed interventions are principally improvements, enhancements or additional winter capacity within existing commissioned pathways rather than wholly new services or strategies. The plan has the potential to improve quality, safety, patient experience, equity and system resilience. Material residual risks remain from sustained demand, workforce, discharge and social care capacity, service variation, infectious disease outbreaks and extreme surge. These risks are recognised within the Winter Commissioning Plan and are subject to established mitigation, monitoring, escalation, contingency funding and system governance. The recommendation is therefore to proceed with the NENC			

ICB Winter Commissioning Plan 2026/27, subject to continued delivery of the identified mitigations, completion of scheme-level assessments where required, and ongoing review of access, outcomes and impacts throughout winter.

KEY:

Rating:	Green	Yellow	Amber	Red
Approval Level:	Deputy Director of Quality	Director of Nursing	EQIA Star Chamber Panel	EQIA Star Chamber Panel

EQIA Template Completion

Completed by (Name and Role of Project Lead completing EQIA Template)	
Andrew Rowlands, Head of Commissioning – Ambulance and Urgent and Emergency Care	Date: 14.09.26
Authorisation (Name and Role of Lead Accountable for the project and Authorising EQIA)	
 Dr Neil O'Brien, Chief Medical Officer, NENC ICB	Date: 16.09.26

1. Ensure the completed EQIA Template is approved at the appropriate group/meeting.
2. Send the completed EQIA Template to: nencicb.qualityandsafety@nhs.net
3. File for your audit purposes as appropriate.

For further advice or guidance on this form, please contact: nencicb.qualityandsafety@nhs.net