

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD

30 SEPTEMBER 2026

Report Title:

ICB Winter Commissioning Plan 2026/27 and Board Assurance Statements

Purpose of report

To present the ICB Winter Commissioning Plan 2026/27 and completed Board Assurance Statement, enabling the Board to consider system preparedness, residual risks, proposed investment and governance arrangements, and to approve the documents for submission to NHS England.

Key points

- The plan sets out the North East and North Cumbria ICB commissioning response for safe, effective and resilient urgent and emergency care through winter 2026/27. It reflects national requirements and learning from the 2025/26 winter debrief.
- The commissioning response combines existing capacity with targeted actions across vaccination and communications, primary care and pharmacy, ARI hubs, Urgent Community Response, Virtual Wards/Hospital at Home, mental health crisis pathways, Same Day Emergency Care, OPTIMISE for high-risk COPD patients and additional discharge transport.
- The implementation of OPTIMISE has already been approved by the Leadership Committee and a mobilisation plan is in place.
- Planning and assurance have been coordinated through the fortnightly ICB Winter Planning Assurance and Delivery Group, one-to-one assurance meetings with each NHS trust, established UEC governance and the System Coordination Centre.
- The Board should focus on whether the plan and Board Assurance Statement provide sufficient evidence of preparedness, whether the residual risks and mitigation are acceptable, and whether the proposed financial approach is supported.
- A £500,000 ICB winter commissioning budget has been identified: £268,000 for OPTIMISE (already approved) and £79,200 for additional Patient Transport Service capacity, leaving £152,800 proposed as contingency.
- The draft Board Assurance self-assessment records is included within the report and providers assurance across all domains although not fully assured.
- Flow, occupancy and discharge, demand, capacity and surge management, primary care and admission avoidance remain areas of risk as we head into the winter period.
- The ICB and NENC system partners attended a regional winter plan testing event on 17th September'2026. This was a component of the board assurance statement and the exercises identified a number of improvements that can be made as we approach the winter period.
- The ICB is required to submit completed Board Assurance Statements to NHS England on 7th October'26 which have been approved by the ICB Board.
- Trusts are required to make a separate submission of their Board Assurance Statements on the 30th September'2026. They have committed to sharing their submissions with the ICB to review.

Risks and issues

- Sustained respiratory and infectious disease demand may exceed planned capacity, particularly given the region's high COPD prevalence and vulnerable population cohorts.
- Workforce constraints, sickness and periods of sustained or extreme surge may affect the ability of providers and commissioned services to maintain safe capacity and flow.
- Discharge delays and constraints in community and social care capacity may increase occupancy, length of stay and the risk of corridor care.
- Although Trusts have plans to eradicate corridor care, at times of significant pressure, there remain capacity constraints which will likely mean some cases of corridor care. In order to mitigate against this risk all Trusts have clear processes in place to identify and implement escalation spaces, including the undertaking of Equality Impact Assessments (EQIA).
- Variation in service maturity, access and operating models across the ICB geography may lead to inequitable access or inconsistent delivery, including rural access challenges.
- PCN enhanced access appointments are in place, but links to NHS 111 are not yet consistent across all PCNs and further work is required to develop availability through the Directory of Services.
- Although Trusts have submitted plans and given assurances around demand and capacity, a system wide demand and capacity analysis has not been fully undertaken. The ICB is part of a regional programme focused on demand and capacity as we approach the annual planning round and using a continuous improvement process, we will work with system colleagues to develop more robust demand and capacity models for future planning exercises.
- Local Accident and Emergency Delivery Boards (LAEDB) are not fully functional in all historical LAEDB footprints. This remains a risk to the delivery of UEC priorities and winter planning requirements. Mitigation is by way of seeking Provider CEO support for the relaunch of LAEDB across NENC, as supported by the Urgent and Emergency Care Network.

Assurances and supporting documentation

- A fortnightly multidisciplinary Winter Planning Assurance and Delivery Group is overseeing evidence, milestones, gaps and delivery actions.
- One-to-one assurance meetings with every NHS trust have tested demand and capacity, workforce, patient flow and discharge, escalation, infection prevention and control, corridor care and provider-specific risks.
- The System Coordination Centre operates 08:00 to 20:00, seven days a week, supported by an out-of-hours ICB Director on-call arrangement (Tactical and Strategic), and provides operational oversight, coordination, mutual aid and escalation to NHS England where required.
- Provider IPC arrangements include PPE, fit testing, staff training, local risk assessment, monitoring and escalation. Health protection response is coordinated through established local pathways and the SCC.
- A full EQIA has been undertaken and approved in line with established ICB processes and governance.
- Appendices/supporting documents: (1) ICB Winter Commissioning Plan 2026/27; (2) completed Board Assurance Statement; (3) surge and extreme surge test outputs following the regional exercise; (4) Equality and Health Inequalities Impact Assessment; and (5) Communications Plan.
- Assurance remains conditional on closure and documentation of the outstanding actions listed under risks and issues.

Recommendation/action required

The Board is asked to:

- Review and approve the ICB Winter Commissioning Plan 2026/27.
- Approve the completed Board Assurance Statement for submission to NHS England following completion of the required CEO and Chair sign-off.
- Approve the delegation of any material changes to the ICB Board Assurance Statements to the Chief Medical Officer because of any material impact from Trust submissions on the 30th September 2026
- Note the principal residual risks, mitigations and assurance arrangement which will be managed through established winter governance and the SCC.
- Approve the proposed use of the £500,000 winter commissioning budget, comprising £268,000 for OPTIMISE, £79,200 for additional Patient Transport Service capacity subject to final confirmation, and £152,800 retained as contingency.

Acronyms and abbreviations explained						
ARI - Acute Respiratory Infection BAS - Board Assurance Statement COPD - Chronic Obstructive Pulmonary Disease ICB - Integrated Care Board IPC - Infection Prevention and Control LAEDB – Local Accident and Emergency Delivery Board NENC - North East and North Cumbria OPEL - Operational Pressures Escalation Levels PCN - Primary Care Network PTS - Patient Transport Service QEIA - Quality and Equality Impact Assessment SCC - System Coordination Centre SDEC - Same Day Emergency Care UEC - Urgent and Emergency Care UCR - Urgent Community Response						
Sponsor/Approving Chief Officer	Dr Neil O'Brien, Chief Medical Officer					
Date approved by Chief Officer	18.09.2026					
Report author	Andrew Rowlands, Senior Head of Commissioning with the support of the Winter Planning Delivery and Assurance Group Matt Thubron, Acting Business Intelligence Manager					
Link to ICP strategy priorities						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						✓
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper?	Yes		No	✓	N/A	
Equality analysis completed	Yes	✓	No		N/A	
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	Yes	✓	No		N/A	
Essential considerations						
Financial implications and considerations	Winter budget of £500,000 plus £140,000 to support a communications campaign have been identified on a non-recurrent basis and agreed with David Chandler.					
	Approval: Richard Henderson, Director of Finance 18/09/2026					
Contracting and Procurement	Not applicable					
Commissioning Team	Secondary Care and Neighbourhood commissioning teams.					
Digital implications	Not applicable					
Clinical involvement	Dr Robin Hudson, Medical Director Dr Claire Adams, Respiratory Clinical Lead Dr Neil O'Brien, Chief Medical Officer					
Health inequalities	EQIA completed and included within the paper					

Patient and public involvement	Not applicable but full communication plan is in place
Partner and/or other stakeholder engagement	North East and North Cumbria NHS Foundation Trusts
Other resources	Not applicable