NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	5 November 2026
Title of paper	Urgent and Emergency Care Delivery and Winter Planning 2026/27
Presented by	Professor Craig Harris, Deputy Chief Executive (interim), Chief Commissioning Officer & Emergency Accountable Officer
Author	Wendy Lewis, Director of System Coordination and Flow
Agenda item	16
Confidential	No

Executive summary

This report provides

- An addition to previous board papers following NHS England requirements for winter plan assurance processes for winter 26/27.
- An illustration of the lead measures for winter and examples of how these are planning to be achieved in the context of one locality in the new NHS England and ICB operating model.
- An indication of the operational plan being developed for meeting ICB responsibilities in support and coordination of the system and delivery of the providers' plans.

Public and Stakeholder Engagement

Insights, captured through a range of engagement programmes, working with partners and through ICB public correspondence, evidence that members of the public feel timely discharge, access to local services, medications being made available promptly are important to them when it comes to urgent and emergency services. Understanding what is available locally is often a barrier with some areas not clear on what services are available in their area and there is a perception of inequitable access to urgent care especially in rural areas. There is a recurring theme that communications should be clear on when urgent and emergency services should be used and where people need to go to get help. Challenges around digital exclusion and travel are regularly reported, and the need for improved services to support drug and alcohol addiction and mental health.

Many people are unaware of how to access appropriate care, leading them to default to A&E, which emphasises the need for clear communication and education about available services.

These themes have been considered and built into coordinated and aligned communications and engagement plans to support urgent and emergency care delivery over winter. This is coordinated through the ICB, hospital trusts, primary care, local authorities and community partners.

Recommendations

The Integrated Care Board is requested to:

- Note the content of the report

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

Implications	Yes	No	N/A	Comments
Associated risks			✓	
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications			✓	

Where paper has been discussed (list other committees/forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**
-	-	-

Conflicts of interest associated with this report
Not applicable

Impact assessments	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Professor Craig Harris, Deputy Chief Executive (interim), Chief Commissioning Officer & Emergency Accountable Officer

Integrated Care Board – 5 November 2026

Urgent and Emergency Care Delivery and Winter Planning 2026/27

1. Introduction

1.1 The purpose of this report is to update the Board regarding Winter Planning 2026/27, providing a practical example from one locality showing how the winter plan's outcome measures translate into specific delivery actions following completion of NHS England's board assurance process.

1.2 Previous board papers outlined the process required by NHS England for winter plan development 2026/27 and provided the overview of ICB plans for oversight and support of winter delivery including the role of the System Coordination Centre. Appendix A illustrates the roles and responsibilities in the new NHS structures.

1.3 This paper utilises components from a series of submitted plans to respond to the board's request and illustrate the key actions across system partners.

2. Outcome measures

2.1 The outcome measures identified across all Winter Plans center around the urgent and emergency care constitutional standards:

- Category 2 response times
- 4 hrs in ED
- 12hrs in ED
- Not meeting criteria to reside (NMC2R)

2.2 Process measures that are consistent across all plans, and in line with NHS England expectations:

- Ambulance handover within 45minutes (HO45)
- Attendance and admission avoidance supported by Single Point of Access (SPoA)
- Reduction in patients receiving corridor care (progress towards eradication of corridor care)
- Improved discharge processes through hospital and local authority pathways.

2.3 Monitoring the delivery of Winter Plans will be via several routes within LSC governance and operational structures.

2.3..1 Site management or Winter Rooms mobilised and managed by each provider.

2.3..2 Daily operational oversight by System Coordination Centre, including twice daily scheduled contacts with each provider and NHS England North West Regional Operations Centre.

2.3..3 Weekly informal touch point meetings for each of the localities including NWAS, Local Authorities and key VCFSE partners.

2.3..4 Monthly UEC Delivery Boards.

2.3..5 NHS England North West – winter operating model yet to be confirmed.

2.4 Where performance, risk or sit-rep based escalation requires additional oversight, LSC ICB's winter plan allows agility to respond and support through the SCC and Director of Operations.

2.5 The plans are underpinned by system-wide collaboration across acute, community, primary care, local authority and VCFSE partners and overseen by UEC Delivery Boards and specific measures are held by each partner, overseen by the UECDBs' Winter plans.

2.6 All UEC Delivery Boards have improvement plans that reflect the same three priorities and the paper below follows these priorities as a worked example without recreating the full detailed plan:

Workstream	**Associated lead measure**
Keeping people safe and well at home	Cat 2 response time, 4 hour and 12 hours in ED, corridor care, HO45, SPoA,
Reducing time away from home	NMC2R, 12 hours in ED, discharge processes
Getting people home	NMC2R, eradication of corridor care, discharge processes

2.7 The UECDB schemes funded by the ICB's Capacity Investment Funding are integral to winter plan delivery and have been focussed in 26/27 on attendance/admission avoidance schemes and support for earlier discharge with contract management in place.

3. Example - Fylde Coast and Blackpool Teaching Hospital

3.1 Board asked for a practical example from a locality illustrating how the measures translate into specific delivery actions. Below is an outline of Fylde Coast's key actions relating to the identified measures.

Background to the Plan

3.2 Winter actions, governance and delivery oversight arrangements are aligned to the Fylde Coast UEC Improvement Plan workstreams, with oversight and monitoring of delivery through Fylde Coast UECDB that is co-chaired by Janet Barnsley, BTH Chief Operating Officer and Wendy Lewis, Director of System Co-ordination and Flow, ICB.

3.3 BTH's operational ambulance improvement group is in place with a work programme to target improvements in application of NHS transport eligibility criteria to Non- Emergency Patient Transport, Handover 45 and category 2 response times.

3.4 Fylde Coast system has held two winter planning events in June and September 2026 with all system partners to discuss individual organisation's plans and identify any gaps and key actions to support preparation for winter and delivery over the winter pressures.

3.5 Actions were based on local and regional lessons learned from last winter, understanding of Fylde Coast management of ED pressures over Q1 and Q2, and following Exercise Aegis in September.

3.6 Bed modelling has been completed by Blackpool Teaching Hospitals to achieve recommendations in the Operational Planning Guidance with 85% occupancy by Christmas eve and these have been included within delivery plans.

3.7 Ongoing iteration of BTH's delivery plan is the responsibility of the provider and will appropriately be continuing as preparations and seasonal challenges present and reflect the acute trust response.

Outcome Measures – Key Delivery Actions

3.8 **Keeping people safe and well at home** (Admission and attendance avoidance)

3.8.1 Full implementation of Fylde Coast. Single Point of Access multi-disciplinary team to ensure that any patients with a sub-acute urgent care need can have their care needs managed in their own home or within a community setting.

3.8.1.1 The SPOA is expected to maintain its outcomes:

- 1.5% of MDT intervention resulting in conveyance to ED
- NWAS to maintain 87% deflection from 999 or ED following MDT involvement.

3.8.2 BTH Same day care provision - remote prescribing; central phlebotomy bank and extended phlebotomy provision in ED; pharmacy led discharge. Measurable impact being defined based on performance from testing in Q3.

3.8.3 Maximise use of Virtual Wards and remote monitoring across all specialities and increase utilisation of step up from ED. Current utilisation = 83% to be improved to a more usual 98-100% utilisation

3.8.4 Proactive care models are in place to provide support to those residents who are at higher risk of needing urgent care this winter in two priority

city wards using proactive outreach and wider scale targeted support for those patients with long term conditions who have not accessed routine care.

3.9 **Reducing Time Away from Home**

3.9.1 Ensure throughput within the Medical Assessment Centre (MAC) is achieved with clear in-reach from specialities.

3.9.2 Adherence to Board round procedures as per GIRFT UEC operational standards with a targeted improvement plan with key medical wards. Supported by BTH Winter Room and Quality Improvement team.

3.9.3 Extended Therapy Assessment Team evening shifts to prevent continued stay or admission for assessment. Measurable impact being defined based on performance from testing in Q3.

3.9.4 Transfer of Care Hub team changing their operating model to ensure senior staff are available to ward and board rounds to support and challenge discharge decisions.

3.9.5 Lancashire County Council and Blackpool Council changing operating model to have hospital based Social Workers enabling earlier discharge planning with TOCH and onwards.

3.10 **Getting People Home**

3.10.1 Implementation of Not Meeting Criteria to Reside (NMC2R) improvement programme supported by MIAA with a focus on ward processes and early escalation of discharge delays.

3.10.2 Lancashire County Council and Blackpool Council adapting working processes within TOCH to reduce triage and package of care delays by 50% with executive and Directors of Adult Social Service leadership.

3.10.3 Reduction in length of stay at 7, 14 and 21days enabled by a case review by Divisional Directors of Nursing of a selection of patients to identify any missed opportunities.

3.10.4 Chief Nursing Officer leading discharge process implementation on key wards.

3.10.5 Winter Room/Incident Command Centre being mobilised by 1st December with processes updated by last year's learning points.

3.11 The combination of the above actions, with the additional actions described within provider's detailed internal plans, will benefit patients and the LSC populations.

3.12 The implementation of the plan will ensure that people remain safe and well at home and should they have to be admitted to hospital, the actions will support a reduction in the time spent away from home.

4. Next steps

4.1 SCC will implement an early warning system for operational pressures by 16th November via the SHREWD system.

4.2 By 31st October SCC will have developed an operational delivery winter plan that collates all Place and provider plans, as illustrated in Appendix A, that will support ICB Executives and on call colleagues with the effective ICB responses to operational challenges.

4.3 The ICB is still awaiting confirmation of NHS England North West's winter operating model, on receipt of which the ICB Director of Operations will review and adapt operating plans to ensure system support and commissioning response is in place as required.

The ICB is waiting for feedback from NHS England national and North West teams on the BAS submissions and any related actions.

5. Recommendations

The Integrated Care Board is requested to:

- Note the content of the report

Wendy Lewis, Director of system coordination and flow

22nd October 2026

Appendix A

Winter planning process in Lancashire & South Cumbria from an NHS perspective

NHS Lancashire and South Cumbria Integrated Care Board

Winter plan development	• Winter Plans have been developed with stakeholder engagement through Urgent and Emergency Care Delivery Boards (based on their UEC Improvement Plans), ICB teams and SCC, leveraging learning from winter 2025/26.
Board Assurance Statements	• Winter Plans were required to be signed off by ICB and Trust Boards using the NHS England Board Assurance Statement template, and submitted to NHS England. • Drafts were shared with NHS England North West on 26 August 2026 for feedback to support refinement of plans. • Board Assurance Statements were approved and submitted in late September/ early October.
A winter planning exercise "Exercise Aegis" was held on 18 September 2026 across the North West region.	• Workshop to stress-test winter plans including approximately 40 leaders from the Lancashire & South Cumbria health and care system (Trusts, primary care, community services, ambulance service, integrated urgent care providers, local authorities, ICB) • Key themes identified included: improving visibility of system data, capacity and demand modelling, improved early warning systems and opportunities for digital solutions
Next steps	• The ICB Winter Plan will continue to be strengthened as required based on review of provider submissions, Exercise Aegis outputs. • Over October, the ICB Winter Plan will be converted into a Lancashire & South Cumbria operational delivery plan for winter that will continue to be developed as details from final provider submissions are shared and system and local actions confirmed.

Appendix B

Winter Operational Plan — Driver Diagram

Aim

LSC ICB will have an operational Winter Plan outlining all ICB escalation and respomse requirements by 18 November 2026.

Safety; Flow: corridor care; HO45; 12 hours; NMC2R

Primary drivers	Secondary drivers / actions
OPEL Framework	• SCC review OPEL criteria in each provider. • SCC and EPRR define alignments between OPEL4 and CI. • SCC SHREWD early-warning process implementation. • SCC adapts daily operating model.
Quality	• Quality team and SCC share intelligence on Quality Visits. • SCC establish routes to raise safety concerns in new ICB structures.

Provider Plans + UEC DB Plans	• SCC collate all plans into one document.
	• SCC conversation with each provider to understand the delivery plan behind their BAS.
	• Commissioners and SCC define specific actions for:
	  ◦ Discharging daily trajectories.
	  ◦ Primary care and Local Authority expectations.

Escalation Points	• EPRR refresh on-call briefing and monitoring over winter. • SCC review LERC SOP for 2026/27: localise; proportionate; standardised where possible. • Commissioners and SCC define expectations of key teams for LERC escalation. • NHS England confirm Winter Operating Model and call times (scheduled and escalation).

Outcomes / measures

Tailored response to escalation.	Defined exit criteria for OPEL 4 declarations.	No OPEL 4 declaration lasting more than 72 hours.