

Reference: FOI.ICB-2627/246

Subject: Winter Plans 2025-2026 and 2026-2027

I can confirm that the ICB does hold the information requested; please see responses below:

QUESTION	RESPONSE
1. Please provide me with your evaluation of your ICB's winter plan for 2025-2026	Please find enclosed document 'Winter Wrap Up & Lessons 2025/26 Review'
2. Please provide the winter plan for 2026-2027.	BNSSG Winter Plan for 2026/27 is being collated and is due for sign off at ICB board on 30 th September. It will be publicly available from October 2026, therefore, the ICB has applied Section 22 (Information intended for future publication) to this question. Once published it will be available on the ICB website: Events - BNSSG Healthier Together .

The information provided in this response is accurate as of 23 September 2026 and has been approved for release by Caroline Dawe, Director of Strategic Commissioning - Value and Delivery for NHS Bristol, North Somerset and South Gloucestershire ICB.

Winter Wrap Up & Lessons 2025/26 Review

A BNSSG system workshop was held 24th March in St. Monicas to assess our approach to Winter 2025-26. Key themes and actions summarised below and on the next slide:

- Need to re-assess our escalation approach for BNSSG - **COMPLETE**
- Increased corridor queuing and management of risk within the acute hospitals - **ACKNOWLEDGED**
- If available, need to release funding with councils this summer for a system proactive approach – **COMPLETE**
- Community and LA winter plans are required at local (place) level – **Through intermediate care program**
- Flexible interim funding options for complex and out of D2A patient pathways – **REVISED SOP**
- Ensure step up pathways (e.g. no pathway from P1 to P3 etc) – **FURTHER FOCUS REQUIRED**
- Confirm extension and flex to services now to allow for recruitment. E.g. F-ACE, CEMS to be extended now – not during autumn winter - **CONFIRMED**
- Early exposure to lunch and learn with modelling teams – re: place, housing, planned care, impact on health and social care teams for UEC - **OFFERED**

Enabling improved Community flow for 26/27

Sirona, AWP, LA feedback

1. Protect & Rebalance Capacity Between Urgent and Planned Care	• Maintain strong grip on UCR 2-hour performance <i>while deliberately releasing limited capacity back into planned pathways</i>, using controlled testing and trajectory-based review. • Identify locality-level capacity gaps and protect planned therapy time, supported by regular monitoring comparing actuals with forecasts.	7. Strengthen System Flow & Escalation Preparedness	• Start pathway-specific planning (e.g., stroke/ICSS, P1/P2) earlier—by September, not mid-winter. (Late winter funding limited recruitment and impact this year.) • Maintain weekly updates to acutes on available capacity in high-pressure pathways to manage expectations and flow.
2. Drive P2 Rehabilitation Flow Improvement	• Strengthen system grip on P2 pathway flow, focusing on reducing avoidable delays in step-down and improving onward care timeliness. • Apply consistent admission criteria and LOS management, as prolonged LOS remains a key constraint on acute flow.	8. Workforce Stability & Contingency	• Earlier surge recruitment for high-impact pathways (e.g., ICSS), avoiding December starts.
3. SPA Telephony & Urgent Access Reliability	• Clarify and update the SPA service specification ahead of winter.	9. Clarify PBUC Funding & Operational Model for 26/27	• Secure recurrent staffing funding to avoid reversion and protect 4-hour/triage performance.
4. Strengthen Data Quality, EMIS Usage & Standardisation	• Complete work of deferral/breach definitions and templates to give a reliable view of unmet need and avoid rework.	10. Enhance Demand Insight & System Coordination	• Continue demand investigations (e.g., PCN variation, MSK FCP impacts) and adopt GIRFT-linked solutions such as Community Appointment Days. • Progress system mutual-aid discussions and FCP expansion scoping.
5. Reduce Planned Nursing & Therapy Deferrals	• BRAG is embedded, and enhanced rostering to reduce deferrals and mitigate wound-care and planned-nursing harm risks. Continue work to embed deferral dashboards and improve accuracy of red/amber/blue scheduling.	11. Address known bottlenecks across the pathways - including bariatric needs, delirium and dementia support, brokerage KPIs, and 'off-pathway' discharges.	• A coordinated, proactive approach is required, If these issues are not resolved outside of winter, the system lacks the necessary elasticity to respond effectively during periods of escalation.
6. Establish D2A Pathway access for MH Patients	• Ensure referral routes in deployed and available to AWP staff for step down purposes.	12. Social care overtime for assessments	• Explore this option across all 3 local authorities for potential deployment across January and December