

Winter Planning 25/26

Board Assurance Statement (BAS)

Integrated Care Board (ICB)



Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the ICB's Board has oversight that all key considerations have been met. It should be signed off by both the ICB Accountable Officer and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Integrated Care Board's (ICB) name.

This section gives ICBs the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025**.

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the ICB Winter Plan for 2025/26.		
A robust quality and equality impact assessment (QEIA) informed development of the ICB's plan and this has been reviewed by the Board.	Yes	Developed by ICB UEC and Nursing & Quality teams. Attached at Appendix xxx
The ICB's plan was developed with appropriate levels of engagement across all system partners, including primary care, 111 providers, community, acute and specialist trusts, mental health, ambulance services, local authorities and social care provider colleagues.	Yes	All system partners have engaged to develop the plan and have established system and specific meetings to support this work. Full use of learning from last year and inclusion of new initiatives and capacity have been included in plan development.
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	The Plan will be tested at the Winter Stress Test on 29 th September 2025 and report to regional/national colleagues on 7 th October 2025
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Georgie Brown, Acting Director of Operations BLMK ICB. Each partner organisation also has a named Winter Director.
Plan content and delivery		
The Board is assured that the ICB's plan addresses the key actions outlined in Section B.	Yes	


Integrated Care Board:

Double click on the template header to add details

The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	Assurance on this is provided via the EQIA.
The Board is assured there will be an appropriately skilled and resourced system control centre in place over the winter period to enable the sharing of intelligence and risk balance to ensure this is appropriately managed across all partners.	Yes	The SCC (system control centre) operates 7 days a week, supported by ICB on call. Daily system calls and escalation processes in place.

ICB CEO/AO name	Date	ICB Chair name	Date

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
<p>1. Vaccination programmes across all of the priority areas are designed to reduce complacency, build confidence, and maximise convenience. Priority programmes include childhood vaccinations, RSV vaccination for pregnant women and older adults (with all of those in the 75-79 cohort to be offered a vaccination by 31 August 2025) and the annual winter flu and covid vaccination campaigns.</p>	Yes	 <p>BLMK ICB Flu Strategy & Improvem</p> <p>Vaccination programme covers all priority areas and cohorts. Targeted campaigns have been designed, using learning from previous winters and Covid 19.</p>
<p>2. In addition to the above, patients under the age of 65 with co-morbidities that leave them susceptible to hospital admission as a result of winter viruses should receive targeted care to encourage them to have their vaccinations, along with a pre-winter health check, and access to antivirals to ensure continuing care in the community.</p>	Yes	<p>National and GP invite sent to those eligible advising to get a flu vaccine</p> <ul style="list-style-type: none"> • Book appt with GP • Book appt via NHS website, App, 119 or • Walk-in to a Community pharmacy • Offer evening/weekend flu clinics across all PCNs. • Provide recognition for practices that meet or exceed targets. • Use SMS, email, and phone outreach from practices for reminders. • Proactive call/recall system to contact all at risk patients. • Deliver targeted flu vaccine information campaigns in community languages (e.g. Polish, Urdu, Bengali). • Partner with local VCSE groups, especially those supporting ethnic

		<p>minorities, elderly and disabled people.</p> <ul style="list-style-type: none"> • Use faith-based venues (mosques, churches, temples) for pop-up clinics or information sessions.
<p>3. Patients at high risk of admission have plans in place to support their urgent care needs at home or in the community, whenever possible.</p>	Yes	<p>A range of initiatives are in place/planned to support high risk patients including:</p> <ul style="list-style-type: none"> • All GP Practices are responsible for Flu vaccinations to residents in aligned Care Homes. • Collaboration with LA colleagues to support with completing consents in care homes. • Support co-administration of flu and COVID-19 wherever possible to provide the best possible protection as we head into winter. • Reviews for complex patients within each neighbourhood • Monthly virtual case conferences • Early identification of high need / high risk cohorts – risk stratification • Palliative care coordination service accessible via 111
Capacity		
<p>4. The profile of likely winter-related patient demand across the system is modelled and understood, and individual organisations have plans that connect together to ensure patients' needs are met, including at times of peak pressure.</p>	Yes	<p>Previous winter profiles have been used to develop arrangements for Winter 25/26. Additional initiatives look to address key causes of pressure and delay, i.e. UCCH, Virtual Wards and Dementia Beds. Escalation arrangements have been enhanced to monitor proactively and</p>

		to focus on key actions and mitigations to address pressures when they do occur.
5. Seven-day discharge profiles have been shared with local authorities and social care providers, and standards agreed for P1 and P3 discharges.	Yes	Discharge profiles and trajectories/thresholds have been developed across the system, by provider and by pathway and will be monitored throughout the winter period
6. Action has been taken in response to the Elective Care Demand Management letter, issued in May 2025, and ongoing monitoring is in place.	Yes	<p>All expectations from NHSE have been addressed ahead of winter with continuous improvement actions ongoing.</p> <p>We have delivered the primary care A+G incentive, have consultant connect and eRS to support A+G including teledermatology.</p> <p>FIT testing is available in primary care and CDCs, UCCH and VW to avoid long and costly admissions and I-REFER now in both trusts to minimise diagnostic demand or ensure the patient has the right test</p>
Leadership		
7. On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	All organisations have 24/7 on call arrangements in place and have been tested. This includes clinical, System Coordination

		Centre and Emergency Planning Support
8. Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	Through the system coordination centre and individual providers, supported by OPEL framework plans and capability in place to monitor real time pressures and early indications of system pressure.