North Central London Health and Care
Integrated Care System

JHOSC NCL Winter Plan 2025/26

21 November 2025

Planning for Winter 2025/26

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Our approach to planning is underpinned by a **commitment to collectively developing and testing the winter plan as a system** and prioritising how NCL will :

- Improve vaccination rates
- Increase the number of patients receiving care in primary, community and mental health settings
- Meet the maximum 45-minute ambulance handover time standard
- Improve flow through hospitals with a particular focus on patients waiting over 12 hours and eliminating corridor care
- Set local performance targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings

An outline plan summarising this approach is set out on slide 4. This builds on learning from winter 24/25 (slide 3) and our existing system commitment to effectively manage demand, address issues on the admitted pathway and support people home.

As such, we continue to enhance services to ensure that during this winter the NCL system is improving access to primary and community care; driving improvement to prevent avoidable admissions and discharge rates whilst making more effective use of community beds and care home facilities and using technology to support people to stay well at home.

To strengthen our position the **ICS and London Ambulance Service (LAS) have worked closely** to develop the NCL and LAS winter actions as part of the effective collaboration experienced to date. This emphasis is consistent with the national approach described at the recent regional winter workshop we attended as a system.

The **NCL Provider Chief Operating Officers and Local Authority Director's group** continue to oversee implementation of these plans, with further oversight from the NCL Flow Board. System and provider level plans have been signed off via the Board Assurance templates and plans shared across the system.

Learning from Winter 2024/25 – Key Trends

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Winter 2024/25 was characterised by **lower ED attendances** than the long-term average and **fewer ambulance conveyances per day** compared to last winter. This likely reflects the impact of **proactive demand management measures** at both system and provider levels. Despite some sustained pressures, multiple providers delivered **notable improvements in key performance metrics**, offering valuable learning for next winter.

What worked well:

1. Several sites saw a reduction in 12-hour breaches, even during the core winter period (Barnet Hospital, Royal Free Hospital, and in late winter, Whittington Hospital), demonstrating improved internal flow and optimised use of capacity
2. Improved ambulance handover performance, in the latter part of winter, particularly for the 45 minute and 60 minute thresholds
3. Some improvements in discharge timeliness at University College London Hospital and North Middlesex University Hospital, with significant improvements at both for discharges by 5pm and UCLH as an outlier with improvements in discharge by midday
4. BH and WH were both able to successfully reduce beds occupied by No Criteria to Reside (NCTR) patients during peak periods
5. Category 2 ambulance response times improved significantly post-January, correlating with the launch of the Integrated Care Coordination (ICC) Hub and improved handover times at acute sites
6. Virtual ward and Pathway 2 bed utilisation showed significant growth over winter.

Challenges/Areas requiring focus

1. 4-hour performance remains unpredictable across sites; BH and RFH showed improvements whilst other sites continued to face volatility and declining trends during peak winter.

2. Sustained pressures for admitted and non admitted pathways with most sites seeing an increase in mean time spent in ED, particularly from December to February

3. Ambulance handovers within 30 minutes remains challenged across NCL

4. Discharge processes remain inconsistent. With the exception of UCLH, midday discharge rates remained flat or declined, limiting flow in the morning.

Outline Winter 2025/26 Plan

APPROACH TO MANAGING WINTER

Learning from last winter  → Stress-test winter plan with scenarios  → Early identification of risk via monitoring of real time data (RAIDR)  → Monitoring of leading indicators via Winter Dashboard  → Workforce Resilience 

PRIORITIES TO SUPPORT UEC RECOVERY AND WINTER RESILIENCE

Prevention and Proactive Care

- Increasing vaccination uptake for high-risk patient cohorts.
- Identifying and coordinating proactive care for vulnerable patients.
- Empowering the public to use appropriate services.

Managing Demand

- Boosting Primary Care capacity and community care offers
- Expanding MH crisis alternatives to the north
- Enhancing ICC Hub model
- Digital Front Door and alternatives to ED including Pharmacy First.

Addressing issues on admitted pathway

- Strengthening processes to Improving flow and ambulance handover time.
- Embedding ‘Criteria to Reside’.
- Realising the Bed Productivity benefits for flow.

Supporting people home

- BCF Transformation Programme incorporating “Home First” and “Shift Left”
- Place based admission avoidance including improved discharge processes.

GOVERNANCE AND SYSTEM PROCESSES TO SUPPORT DELIVERY

- UEC governance structure linking to place and region
- System wide OPEL frameworks to support coordination and rapid escalation
- Clinically-led IPC forum to support management of risk and capacity closure

Essential requirements for NCL this winter

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NCL has developed several initiatives to support the pathways in UEC. However, it is important to **refine services at pace to support sustained Urgent and Emergency Care (UEC) recovery and resilience against winter pressures**. As such, a system we are working on these areas:

1. Implementing our targeting approach to increasing vaccination uptake for staff and vulnerable patients, including children
2. Primary care planing to undertake case review of vulnerable patients and mitigate the risks of unplanned admissions alongside targeted support to specific groups such as paediatrics.
3. Enhancement of the ICC Hub including implementation of the call before convey principle
4. Expanding the Mental Health Clinical Assessment Service (MHCAS) offer to north of NCL
5. Progessing the work recently started with Metropolitan Police to embed the principle of using community crisis centres for mental health patients not requiring physical health intervention.
6. The Mental Health Crisis Pathway Improvement Programme to support reducing long mental health inpatient stays, out of area placements and <24 hours wait in Emergency Departments for mental health patients requiring admission.
7. Develop a set of principles and ‘in extremis’ actions to support sites in flow distress
8. Realise outlined benefits from the NCL Non-Elective Bed Productivity Programme
9. Refine existing policies and procedures to reduce impact of Infection Prevention and Control in ED and to maintain G&A bed capacity
10. Optimise processes to support flow, such as criteria to admit methodology
11. Define how the System Coordination Centre will work through this year during transition

Progress will be tracked and reported in the weekly Chief Executive Officer (CEO) level system pressures report and **implementation overseen by the Chief Operating Officer level NCL Flow Operational Group, with accountability to the CEO level NCL Flow Board.**

25/26 Seasonal Vaccination - High Level Approach

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	Eligible Populations (focus)	Delivery Settings	Initiatives to Improve Uptake	Areas Scoped for Delivery
COVID-19	• 75+ • Residents in a care home (older adults) • Immunosupressed	• PCN Hubs • General Practices (satellite sites) • Community Pharmacies • Hospitals • Care Homes / Peoples houses • Outreach clinics	• Expansion of number of sites • National call/recall programme • Locally funded call/recall programme • Targeted communications campaign • Outreach clinics within communities • In-reach capacity in hospitals • Inequalities projects in partnership with vaccination steering groups (VSGs) • Flexible approach to managing vaccine supply	• Targeted vaccination capacity in the event of local outbreaks • In season communications and engagement (subject to lower uptake) • Surge capacity (in the event of widespread outbreaks) • Seasonal vaccination locally commissioned service
Influenza	• 65+ • <65 (in clinical risk group) • Pregnant women • 2 & 3 year olds • School aged children (4-18 year olds) • Residents in a care home (older adults) • Frontline NHS and social care workers	• General Practices • PCN Hubs • Community Pharmacies • Hospitals • Care Homes / Peoples houses • Outreach clinics • Schools • Homeless shelters & hotels	• National call/recall programme • Locally funded call/recall programme • Targeted communications campaign • Outreach clinics within communities • In-reach capacity in hospitals • Inequalities projects in partnership with vaccination steering groups (VSGs) • Working with VCSE to target clinically vulnerable • Working in partnership with education to improve access and uptake in schools	• Targeted vaccination capacity in the event of local outbreaks • In season communications and engagement (subject to lower uptake) • Surge capacity (in the event of widespread outbreaks) • Seasonal vaccination locally commissioned service
RSV	• Pregnant women • 75+ (prewinter)	• Maternity Units • Hospital (vaccination clinics) • General Practices • PCN Hubs	• Locally funded call/recall programme • Targeted communications campaign • Commissioned support to maternity units • Capacity within General Practice to vaccinate pregnant women (proactive and opportunistic) • Webinars with partners / communities	• Outreach delivery of vaccination • In-reach delivery within hospitals (75+) • In season communications and engagement (subject to lower uptake)

NCL COVID-19 Vaccination Coverage

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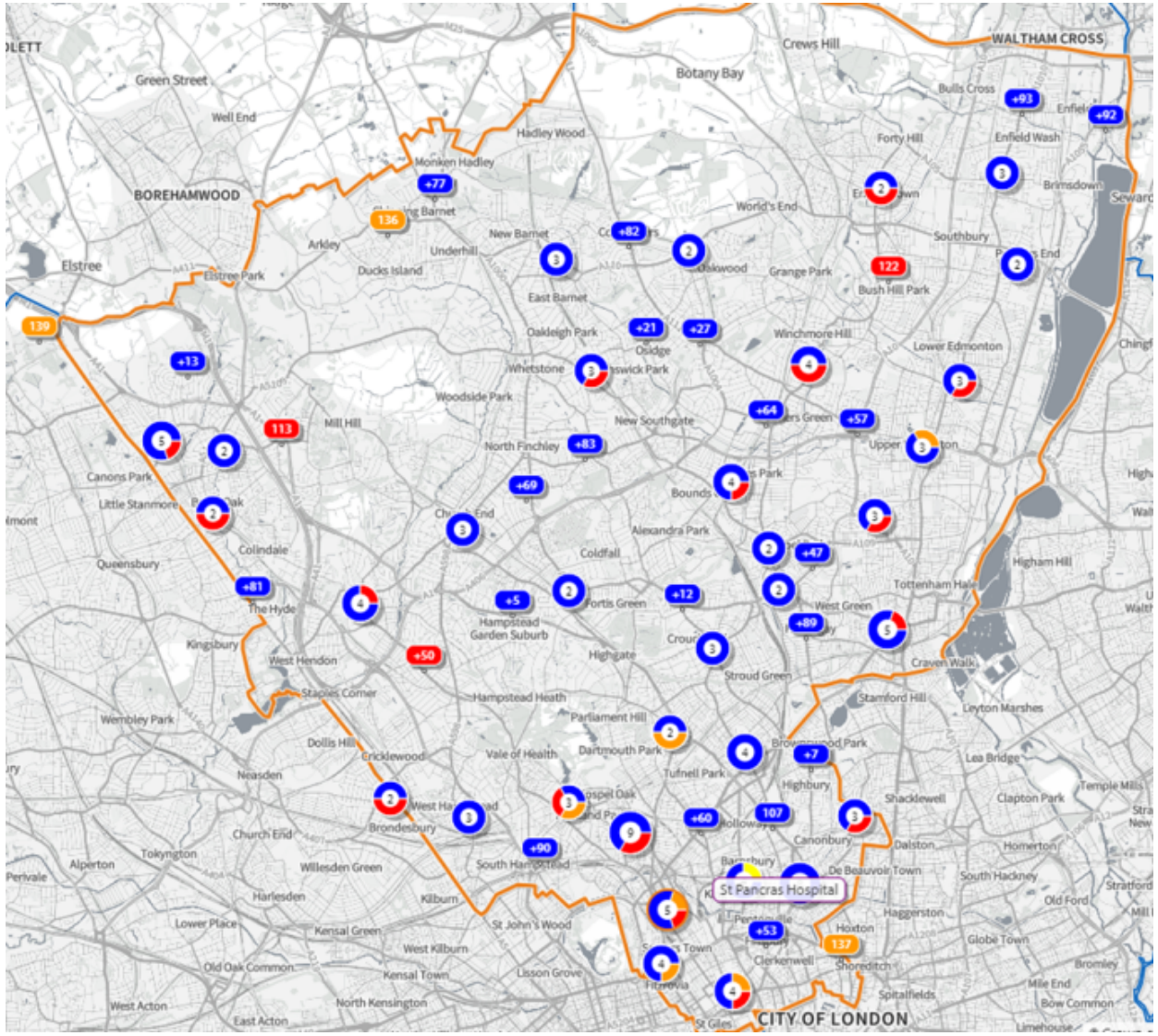

- Have got approx. 154 sites across NCL
  - 125 Community pharmacies
  - 25 PCNs
  - 4* NHS trusts
- We have ensured that there is a good geographical spread of sites across NCL
- There will be a capacity of approx. 90k* vaccinations per week (subject to demand and vaccination supply)
- On top of this, PCNs are working through local models which will include satellite clinics (practice-based delivery)
- UCLH will continue to delivery outreach vaccinations through the NCL Roving Team

Max Capacity (weekly)

Borough	CP capacit	PCN capac	NHS Trust	Total capacity
Barnet	22,350	3,700	0	26,050
Camden	16,560	16,480	10,200	33,040
Enfield	9,400	35,152	100	44,552
Haringey	8,830	3,600	0	12,430
Islington	10,350	1,000	334	11,350
Total	**67,490**	**59,932**	**10,634**	**127,422**

Likely Capacity (weekly)

Borough	CP capacit	PCN capac	NHS Trust	Total capacity
Barnet	20,400	3,700	0	24,100
Camden	14,510	15,850	1,700	30,360
Enfield	8,250	6,652	100	14,902
Haringey	8,630	3,600	0	12,230
Islington	9,250	150	334	9,400
Total	**61,040**	**29,952**	**2,134**	**90,992**

** Exact capacity to be confirmed in October 25*

Vaccination Delivery

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NCL has worked in partnership across system and place levels to increase access and reduce inequalities.
NCL is planning the following approach to deliver systematic and continuous engagement to improve confidence to people who are vaccine hesitant and marginalised groups through a 3 step approach.

1. Learning and Evaluation from HI approaches to date.

NCL will review the learning from the Spring 2025 campaign, including:

- **Face-to-face teaching** of pre-registered adult nursing, mental health & midwifery students at Middlesex University on the value of vaccination and NMC responsibilities in relation to patient vaccination
- Vaccination at **short stay inpatient units** where uptake was low.
- Opportunistic vaccination to the **immunosuppressed** cohort at UCLH's Macmillan Cancer Centre.

NCL will also review learning from a communications perspective. NCL ICB sent information from its Medical Director, including:

- **A poster** outlining eligible cohorts. Patients could scan a QR code and book a vaccination appointment via the National Booking System.
- **A letter** from the NCL ICB Medical Director about the Spring 2025 campaign
- A letter **template** which could be customised and sent to eligible patients

2. Identification of ongoing health inequalities

Data and Health Analytics

Local intelligence

NCL continues to experience variation between groups in terms of vaccination uptake.

The immunosuppressed cohort has particularly low vaccination uptake rates.

At the end of the Spring 2025 campaign, the immunosuppressed uptake was 15.6% in NCL against a London uptake of 15.4% and an England uptake of 25%.

HSCW uptake is also low, with a frontline HCW flu uptake of 34.9% across London. Nursing & midwifery is 33.9% and student uptake is 19.2%

3. Future planning Autumn 2025

Sustaining
Spreading
Scaling

NCL has a wealth of experience and expertise in delivering vaccinations to **underserved communities.** Building on the previous learning and depending on resources available, NCL is planning to:

- use **data based approach** to retain vaccination sites across NCL to ensure equity of access
- retain a central **outreach team** through the lead provider model to enable flexibility to target groups of lower uptake
- continue **place based/borough level immunisation and vaccination groups**. These groups will develop and implement hyperlocal plans for Autumn/Winter Covid vaccinations.
- Primary Care Networks will deliver a **call and recall** approach for vaccinations including immunosuppressed and marginalised groups.
- Actively contribute to the **London Vaccination Steering Groups** to learn from others and realise benefits pan-London.
- **Share learning from Middlesex University teaching** pan London to improve uptake in nurses, midwives and healthcare students.
- UCLH and the Whittington will work with UCL Partners to **evaluate the cost effectiveness of vaccinating in a hospital setting.**

- Programme Team has worked in partnership across system and place levels to increase access and reduce inequalities
- Key Factors that underpin the outreach approach include:
  - The clinic location and community targeted is data driven
  - Flex delivery dates and times to ensure equity of access (i.e. school holidays and religious festivals)
  - A local booking system facilitates appointment planning. Advertised 'walk-in' access targets those facing digital exclusion.
  - Tailoring of communication to ensure the service is accessible (working with London Vaccination Steering Groups)
  - Translated digital leaflets are provided via the UKHSA website and hard-copy leaflets in the top twelve NCL spoken languages.
  - Collaboration with stakeholders at local level, innovating to expand the offer and advertising of additional health and non-health services (such as cost of living advice) at outreach clinics to incentivise attendance amongst the intended population.
- UCLH delivers influenza vaccination, blood pressure checks, smoking cessation advice, loneliness checks, BMI checks and diabetes risk assessments

Workstreams to support proactive care & demand management

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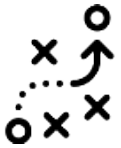
Neighbourhood Health – Focus will be on implementing the 6 core components of the “Neighbourhood Health Guidelines” to provide joined up, proactive care for complex health needs, including outreach to several frail, housebound and over 75s. NCL will also be Re-enforcing the “Your local Health” campaign to empower our population to access the right care.

Mental Health Crisis Assessment Service - Building upon the MHCAS in the south, which has seen a reduction in MH patients being assessed in EDs and fewer MH admissions to Acute beds, NCL aims to expand MHCAS offer to north of NCL. Additionally, work is focussed on making MHCAS the default pathway for police and paramedics



Directory of Services Review - Work is underway to review the DoS, to ensure that it is fit for purpose and to identify gaps in service provision at each Acute site. Phase 1 and 2 of the review is now complete, highlighting good progress across NCL, with greater access to alternate care pathways. Phase 3 involves working with our Acutes to understand variation and gaps in alternatives to ED and alternatives to admission

Demand Management: Integrated Care Coordination Hub

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The Integrated Care Coordination Hub (ICC Hub) is a single hub operating at system level, working across boundaries to coordinate Urgent and Emergency Care. It provides rapid access to a clinical consultation from an MDT of senior clinical decision makers, delivering expert advice or direct referral to alternative care pathways, to ensure patients are being seen in the most appropriate setting and decompress Emergency Departments (EDs).

The ICC hub is important for this winter to support LAS decision-making at pre-dispatch and pre-conveyance stages to reduce conveyances to EDs. Since inception on 6th January (on a test & learn basis) **it has contributed to significant reduction in LAS CAT 2 wait times from avg of 60 mins to 30mins across NCL.**

Similarly, **there has been notable increase in the numbers of NCL patients seen and treated by LAS paramedics resulting in less conveyances** to emergency departments. This will be a **crucial element of demand management** during winter; therefore, **planned key service delivery changes are as follows**:

1. Improving integration of the ICC with current services such as Same Day Emergency Care (SDEC) and Mental Health Crisis Assessment Service (MHCAS), including alignment with Urgent Community Response Single Point of Access (UCR SPoA).
2. Expanding capacity to include community alternatives such as Hospital @Home.
3. ICC digitalisation as part of future-proofing against seasonal and systemic pressures.

10

Workstreams to support flow at the Front Door

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Digital Front Door (DFD) pilot: NHSE funding received to establish an **e-triage pilot at RFH & BH sites to support improved flow at the ED front door** with. Anticipated benefits include a 7minute reduction in patient check-in times, 0.5% 4hr performance improvement and a 14% reduction in nurse triage assessment duration. Go-live is planned for September 2025 to support winter surge..

NHSE Acuity Programme: The introduction of a **standardised national triage acuity measurement has showed great benefit at the RFH moving from 35% to 85%+ triage within 15mins**. The objective of this programme is to improve patient safety in the waiting room through earliest identification of the most unwell patients. The national and regional teams are keen to roll this out further with interest from all NCL sites.

999 Transfer of Care (ToC) pilot: The solution will **automate the transfer of clinical data between the LAS patient record and Trust Electronic Patient Record (EPR)** with a view to reducing hospital handover times and increased clinical data quality. RFH & BH will be first to go live in NCL in parallel with the DFD pilot.

Pharmacy First Front Door Redirection pilot: The National Pharmacy First Programme provides **an opportunity for front door redirection for lower acuity attenders with an opportunity of 137 patients per day across NCL ED/UTC/WiCs** based upon 7 identified clinical conditions and minor ailments. The greatest benefit have been identified at NMUH site who are testing proof of concept with. The infrastructure and patient communications material is in place with go-live expected in July 2025 following provider internal information governance approval. WH & RFH site discussions have also commenced with a view to go-live ahead of winter.

GP Front of House: Additional **GP capacity in place to support streaming of low acuity primary care presentations at NMUH front door**. 28 appts are available each day and utilisation is consistently above 80% with positive patient experience feedback and a very low reattendance rate. Work has started to move towards a sustainable population health neighbourhood model for 2026/27.

111 Pathways: Work continues to improve access to primary care appointments by **increasing the number of direct bookings from NHS 111 through GP Connect**. This will help prevent patients with urgent needs from being directed to unscheduled care services. Urgent care and the primary care development team are working closely to increase appointment availability as practices adopt modern general practice principles. Utilisation has increase by 15-20% and is now in line with London peers.

Approach to improving flow in hospitals

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Improving flow through hospitals – All providers have local UEC improvement plans, which focus on strengthening processes to improve ambulance handover performance and embedding criteria to admit methodology.

Plans will be refined to give a renewed focus to eliminating corridor care and reduce waits of <12 hours in emergency departments.

Bed Productivity Programme – aims to mitigate expected growth in demand for bedded capacity, by **reducing length of stay** and **reducing the number of admissions.** The programme is supported by the Better Care Fund (BCF) transformation programme, which has five workstreams, focussing on **placed based admission avoidance and discharge (shift left), mental health, discharge, market management, improved operational process and a financial review.**

Test Infection Prevention and Control plans – NCL is working to undertake a clinically-led review of existing IPC policies and procedures, refining as necessary, to reduce impact of IPC in ED and maintain G&A bed capacity.

Mental Health Flow Improvement Programme – The programme began in 2024/25 and continues to be implemented, focussing on reducing long MH inpatient stays and reducing out of area patients, adopting the 10 high impact actions for MH discharges. NCL has already seen an improvement in out of area patients and the plans this year are to build on this progress.

Mitigating Corridor Care (Temporary Escalation Space)

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The use of temporary escalation spaces (TES) within Emergency Departments (corridor care) can occur when EDs become overcrowded, for example if there are no ward beds available or there is a surge in patients. Patients are then cared for in corridors or other temporary area. Once seen as an ‘ in extremis’ use, it is becoming more common, across England, to use TES.

NHS England says TES should **not** be seen as normal practice. When used, strict safety measures must be followed. NCL has adopted these principles:

- **Rapid assessment:** All patients in TES are checked quickly for any urgent needs.
- **Escalation:** Each use of TES is reported immediately to senior leaders so action can be taken.
- **Quality of care:** Patients must still receive treatment, have dedicated staff support, and access to food and drink.
- **Raising concerns:** Staff are encouraged to speak up and report any safety concerns.
- **Monitoring and reporting:** TES use is tracked daily to monitor risk and harm.
- **De-escalation:** Plans must be in place to stop using TES as soon as possible.

The NCL COO and CEO groups are committed to reducing TES use in NCL. Some initiatives that have been implemented to improve patient flow and mitigate use of corridor care, include:

- Expansion of virtual ward and Same Day Emergency Care (SDEC) - Creating more capacity for residents to be seen away from the ED
- Continuous flow models – these ensure that patients can move from departments to wards early each morning and reduce crowding and use of TES
- Expansion of primary care additional access providing more appointments over 7 days including pharmacy first, enabling patients to be seen in pharmacies
- Ensuring each provider has robust winter plans which are tested, board approved and linked to other providers

Virtual Ward (VW)/Hospital at Home (HaH) Winter Plans

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Virtual wards, increasingly known as Hospital at Home, allow patients of all ages to safely and conveniently receive acute care at their usual place of residence, including care homes.

1. Increasing HaH capacity and referrals / utilisation

Capacity:

- Hospital at Home capacity has increased from 233 beds in April to 263 beds as of October 2025, including expansion of North Mid Virtual Ward (now 49 beds).
- Further expansion planned for Q3 in Barnet Hospital at Home (from 24 to 50+ beds).

Utilisation:

- 78% of capacity utilised so far in 25/26 (target: 80%) – continued engagement with Acute Hospital teams to further increase referrals.

2. 'Step-up' community admission avoidance pathway

- Admission avoidance 'step-up' pathways from community to Hospital at Home are already in place in 4/5 boroughs of North Central London.
- This pathway will launch in the remaining borough, Enfield, in November 2025, supporting increased safe hospital admission avoidance.

3. Pan-NCL HaH 'repatriation' for faster discharge from any NCL acute hospital

- Pan-NCL 'repatriation', i.e. faster hospital discharge, from any NCL Acute Hospital to the Hospital at Home service linked to the resident's borough of residence, is already in place in 3/5 boroughs of North Central London.
- This pathway will launch in Haringey and Islington in November 2025, safely reducing time patient spent in hospital and ensuring consistent access.

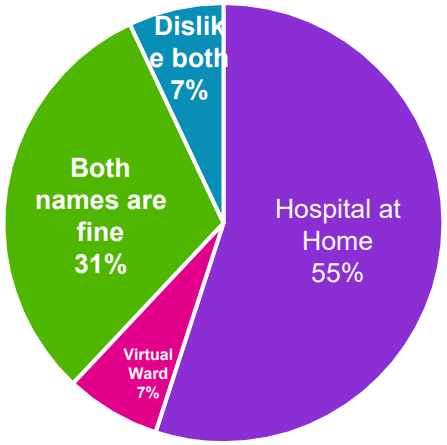
4. Consistent service names and simplifying service provision

- Based on NCL Community Panel Survey feedback, the NCL Virtual Ward Steering Group agreed in September 2025 that all VW services should transition to consistent adoption of 'Hospital at Home' – *see following slide*
- Service provision is also being simplified through integration so that all NCL hospitals will have a single adult Hospital at Home service operating at scale and delivering care in line with national best practice.

We asked NCL residents their views on the naming of VW/HaH services

Through the NCL Community Voices Panel, we used a systematic approach to gather feedback from a representative sample of the resident population between 10th July to 22nd August 2025.

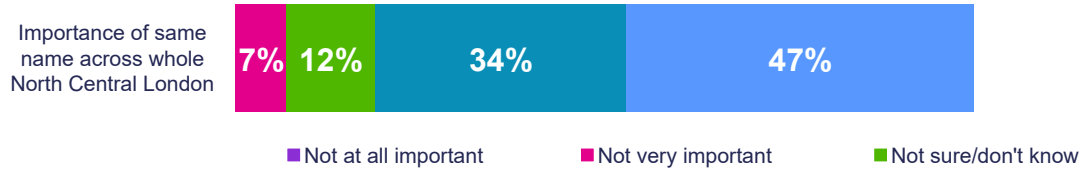
Terminology: Panellists were asked to read a description to say which name best described their understanding of the service



- **86% felt that Hospital at Home described the service well**, compared to **38% saying the same of Virtual Ward.** Only 7% panellists disliked both names.
- Nearly **three quarters** (73%) of panellists who chose Hospital at Home had a **'very strong' or 'quite strong' preference** for the name, compared to 19% who 'quite strongly' preferred the name Virtual Ward

Consistency: Importance of the same name across the whole of North Central London

- Of 189 residents surveyed, there was clarity that **the name selected should be consistent across all five boroughs** in North Central London – **81% felt it very or quite important**



NCL Virtual Ward Steering Group agreed in September 2025 that all VW services should transition to consistent adoption of 'Hospital at Home'

Next steps: Each affected service (NMUH Virtual Ward, Whittington/Islington Virtual Ward and Camden Virtual Ward) to work with colleagues/partners **to develop a transition timetable** and **bring this back to the October NCL VW Steering Group** for an update.

NCL Core UEC and Winter Metrics to Monitor System Risks (Snapshot)

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Core UEC Metrics

						Acute Providers					
Metric Description	**Units**	**Data Frequency**	**Week Ending**	**Target**	**NCL**	RFL	NMUH	RFH	BGH	UCLH	WH
A&E 4-hour Performance	%	Daily	02/11/2025	78%	**78.4%**	78.5%	76.3%	76.1%	76.0%	76.3%	67.7%
A&E 4-hour Performance (Paeds)	%	Daily	26/10/2025	Improve	**83.8%**	85.2%	87.0%	90.8%	71.1%	79.9%	77.3%
A&E (Type1) 12-hour Breach %	%	Daily	26/10/2025	<10%	**10.1%**	14.2%	15.7%	13.0%	13.9%	2.8%	9.1%
MH Patients waiting >24 hours in ED for admission	%	Daily	26/10/2025	Reduce	**39%**	47%	60%	0%	0%	17%	38%
MH Patients waiting >24 hours in ED (all)	%	Daily	26/10/2025	Reduce	**8%**	11%	15%	6%	7%	3%	9%
Ambulance Handover (>45mins)	Total	Daily	02/11/2025	0	**227**	186	95	51	40	11	30
Ambulance Handover (<30mins)	%	Daily	02/11/2025	95%	**60.8%**	49.7%	53.3%	44.6%	49.8%	85.0%	66.6%
Average Length of Discharge Delay	Days	Weekly	26/10/2025	n/a	**3.7**	3.8	N/A	1.9	4.7	2.8	5.9
Ambulance Cat2 Response Time	hh:mm	Daily	02/11/2025	00:30	**00:41**						

Winter Metrics

						Acute Providers					
Metric Description	**Units**	**Data Frequency**	**Week Ending**	**Target**	**NCL**	RFL	NMUH	RFH	BGH	UCLH	WH
Non-Elective LoS (>0 days)	Days	Weekly	26/10/2025	0.4 decrease	**8.3**	8.2	8.5	8.4	7.8	8.8	7.0
Flu & Covid admissions (>0 days)	Total	Weekly	19/10/2025	n/a	**5**	4	0	3	1	0	1
Temporary Escalation Space (TES) Usage (ED)	Total	Daily	02/11/2025	Reduce	**389**	246	151	53	42	0	143
TES (non-ED) - daily census	Total	Daily	02/11/2025	Reduce	**36**	36	10	14	12	0	0
UCR 2-hour Response	%	Monthly	28/09/2025	70%	**91.2%**						
UCR Referrals	Total	Monthly	28/09/2025	Increase	**228**						
Virtual Wards Utilisation	%	Daily	02/11/2025	80%	**78.1%**						

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NCL Winter campaign

Audiences

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NCL Winter Priority: Prevention and Proactive Care

Primary audience:

People under 65 with long-term conditions including:

Diabetes, chronic respiratory disease, chronic heart disease, kidney disease, liver disease and people who are immunosuppressed

Parents with a focus on children aged 2 – 16 years old

Secondary audience:

- Pregnant people (TBC)
- People 65+ served through national call/recall
- Health care workers

NCL Winter Priority: Managing Demand Local care that works for you

Primary audiences:

High users of A&E with low acuity conditions (as detailed in section 3)

Parents of under 16s

Frequent primary care attenders (adults with respiratory symptoms and children with asthma)

Campaign focus areas

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Keeping well this winter

Disease impact and prevention with a focus on seasonal flu vaccinations

Attending screenings and health checks

Managing health through the NHS app

Self-care/patient education

Local care that works for you

Empowering residents to use a range of local services:

- Pharmacy expertise
- GP and Nurse extended hours
- NHS 111

Supporting parents to help children and young people

What have we learnt from system data?

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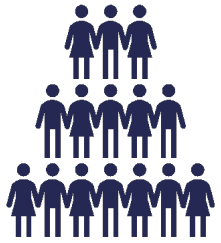
Wide-spanning range of conditions presenting in GP services

The top five conditions presenting are MSK, respiratory, skin, mental health and digestion

These are typically worse in winter



Of the **875k** visits to A&E services across NCL**, 28%** of capacity is taken up **by 5% individuals**

19% of top 5% attenders present with a **minor complaint** which likely could've been treated elsewhere

24% A&E attendances children and young people (0 – 19)

Of all visits to A&E last winter, **24%** of those were by children and young people under 19 years old

37% increase in unvaccinated clinically at-risk patients for flu*

Flu vaccine uptake is declining in those **65+**, under 65 and clinically at risk and **in children** in NCL

120% increase in mid acuity flu cases in A&E in under 17s

431 cases in 23/24 and **1,057** in 24/25.

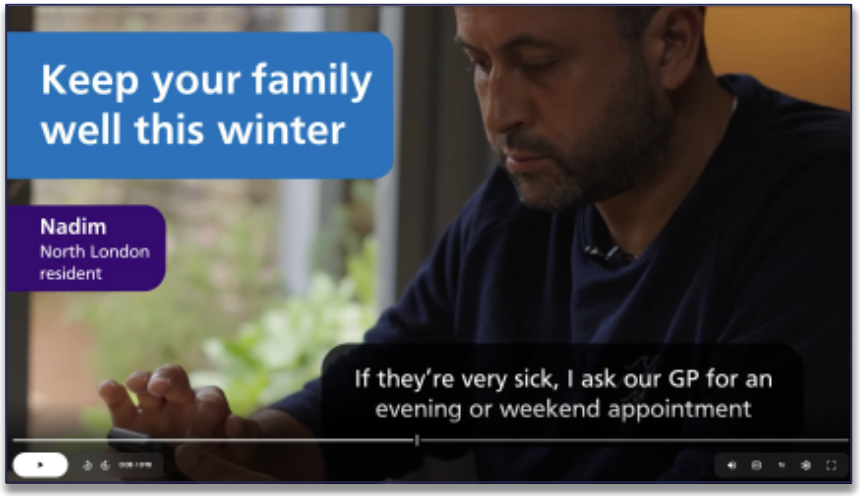
This age group are also overrepresented in low acuity presentation

- Winter 24/25 A&E attendance data
- Weekly Flu + NEL IP Activity

Campaign live

North Central London Health and Care
Integrated Care System

- Campaign launched on **Wednesday 24 September**
- **Extending vaccination phase** in line with national **Big Vaccination Week**
- **Live across a range of paid and organic channels** including pharmacy bags, bus shelters, social media and advertising with Mumsnet in North London
- Running **community outreach workshops** in November with Bridge Renewal Trust
- **Vaccine pop-ups** in local mosques, foodbanks and churches



Impact so far…

North Central London Health and Care
Integrated Care System

- We've partnered with Mumsnet, launched Google Display advertising, and targeted specific cohorts through social media. The London Winter Wellness microsite is performing strongly, with the parents and families page receiving **12k+ visits** – with a total of **27k clicks** to the national flu booking site and microsite.

- Dr Oge Ilozue, Barnet GP and vaccination lead, featured in our Mumsnet article addressing parents' common flu concerns, which has attracted **5,000+ visits** so far – it's targeted specifically to parents in North London

- Our engagement colleagues have been working closely with **VCSE partners**, supported by clinicians, to share practical winter wellness advice. In November, we'll extend this work through **three vaccine pop-ups** (in local mosques and a foodbank) and **five multi-lingual** workshops in delivered by the Bridge Renewal Trust.