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West and North London

WEST AND NORTH LONDON ICB

Winter readiness plan

2026/27

Alignment to strategy, investment, provider delivery and system assurance

EXECUTIVE REVIEW • November 2026

Prevention • alternatives to hospital • safer flow



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Executive summary

The winter plan sets out implementation priorities. Readiness depends on confirmed delivery capacity and clear escalation arrangements.

Winter implementation combines prevention with operational readiness and delivery oversight

1 Preventative actions and care planning

Promote vaccination and targeted sprints for key populations. Focus active care planning on the top 5% of people at high risk.

2 Capacity and workforce readiness

Provider plans align on alternatives to hospital and safer flow. Confirm additional capacity, staffing and seven-day cover, including discharge support.

3 £20m tied to additional delivery

Use £20m for integrated, additional schemes that support prevention and care at home. Confirm targeted improvement and exit arrangements.

4 Implementation oversight and assurance

Track readiness through sector flow boards and the SCC, with clear escalation triggers. Assure place-based delivery mechanisms.

EXECUTIVE TEST **Confirm which services are ready to start, who will act and what remains unresolved. Link funding to executable plans with clear outcomes and exit arrangements.**

West and North London ICB strategy

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A 10-year clinically led plan to improve outcomes, reduce avoidable demand and create a financially sustainable health and care system.

4.5m residents • **13** boroughs • **£12bn** annual health and care spend • **17-year** gap in healthy life expectancy across neighbourhoods

01 Bend the outcome curve

Improve population health and equity

Prevent long-term conditions, improve early detection and target support where need and inequality are greatest.

02 Bend the demand curve

Reduce avoidable pressure on services

Shift from reactive treatment to proactive, community-first care through neighbourhood health and transformed planned care.

03 Bend the cost curve

Deliver financial sustainability

Reduce unwarranted variation, improve productivity and commission for outcomes and value.

HOW THE STRATEGY WILL LAND

Six priority population groups

Early years & families • Young people • Early-stage LTCs
Adults with complexity • Serious mental illness • End of life

Two care-model shifts

Neighbourhood health
Planned care transformation

Investment ambition

£360m additional recurrent investment in proactive, community-based care and mental health by 2028/29

Strategic commissioning will connect population need, evidence and lived experience to resource allocation, delivery and measurable outcomes.

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£20m winter investment accelerates Step 1

Use the non-recurrent allocation as a focused bridge from winter response to prevention, earlier detection and targeted support.

WINTER ENABLER

£20m

non-recurrent investment

Focused, time-limited support
over winter

CHANNEL THROUGH STEP 1

PREVENT	long-term conditions
DETECT EARLIER	and intervene sooner
TARGET SUPPORT	where need and inequality are greatest

01 Bend the outcome curve

Improve population health and equity

Winter action is explicitly tied to the first strategic step — improving outcomes and narrowing inequality.

The £20m is a catalytic bridge into the 10-year strategy — not a standalone winter intervention.

Four interventions shift winter care upstream

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The BAS concentrates effort on identifying risk earlier, protecting vulnerable people and expanding alternatives to hospital.

01

Identify risk

- Risk stratification tool available from October
- Single Offer / CRM and LTC models
- Proactive review of vulnerable cohorts

02

Protect early

- RSV, flu, COVID-19 and pneumococcal programmes
- GP / PCN, outreach and care planning for high risk patients
- Targeted checks and antiviral access

03

Open more routes

- Enhanced Access / Bridging access service evenings and weekends
- Extra NHS 111 bookable capacity: 1 per 2,000
- Pharmacy First, urgent dental and public campaign

04

Keep people at home

- £20m for UCR, virtual wards, H@H and discharge
- Whittington: 40 H@H / virtual-ward beds; use 68→80%
- 7-day D2A; 20-place P1 bridge vs 16 beds

Together, these interventions move the winter response from reactive treatment to proactive, community-first care.

Seven acute providers converge on one Type 1 ED model

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Plans differ in scale and maturity, but consistently aim to redirect demand, accelerate decisions and restore whole-hospital flow.

01 ARRIVAL	02 FRONT DOOR	03 ALTERNATIVES	04 FLOW
Redirect before ED	**Decide earlier**	**Avoid admission**	**Release capacity**
ICC / LAS trusted-assessor routes	Rapid senior assessment and streaming	SDEC, hot clinics and frailty pathways	Discharge lounges and ready units
Digital triage and self-registration	Model ED / first-72-hours standards / discharge planning on admission	Virtual wards and Hospital at Home	Seven-day pharmacy, therapy and transport
UTC, primary care and Pharmacy First	Live occupancy and handover oversight	Mental-health alternatives and liaison	OPEL, escalation beds and command centres

SHARED SUCCESS MEASURES	4 hours	12 hours	>45 min	corridor care
	improve	reduce	eliminate	eradicate

System dependencies recur across plans: community capacity, mental-health placements, diagnostics, pharmacy, transport and social care.

Provider commitments expose different pressure points

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The strongest plans set measurable ED standards; readiness risks concentrate in flow, estates, workforce and downstream capacity.

PROVIDER	DISTINCTIVE TYPE 1 ED PLAN	QUANTIFIED COMMITMENT / WATCHPOINT
Royal Free London	Digital Front Door; UTC/SDEC and specialist alternatives; virtual care; strict flow standards.	**83%+ within 4h • <10% at 12h • zero corridor / >45m • H@H >90%**
Chelsea & Westminster	Cross-site streaming, SDEC growth, front-door frailty and command-centre oversight.	**SDEC 1,000/month/site • ≥80% 4h, >82% year-end • ambulance 35→30m**
Hillingdon Hospitals	Direct SDEC streaming and ICC trusted assessor; QED unit; ED redevelopment mitigations.	**4% redirected off-site • ~80% handovers <15m • ED/UTC demand +10.1%**
London North West	Rapid assessment, Fit to Sit, SDEC and virtual wards; Ealing flow works and Digital Front Door.	**Type 1 demand +3.9% • handover 26m42s • no corridor care by Mar-27**
Imperial College Healthcare	Expand medical SDEC and acute virtual ward; senior front-door decisions and extended discharge support.	**82% 4h by Mar-27 • SMH lounge 08:00–20:00, 5/7 • enabling capacity unresolved**
UCLH	Model ED staffing, 24/7 mental-health support, 16 winter beds and predictive capacity control.	**NEL model +2.6% vs 4% recent growth • 16 beds • discharge and MH flow remain key risks**
Whittington Health	UTC see-and-treat; GP to 22:00, 7/7; 24/7 EEMAC; weekend discharge and community alternatives.	**40 H@H/VW beds • use 68→80% • NCTR <45 • 16 Eddington beds or 20-place bridge**

Across providers, the critical test is whether front-door gains are matched by timely specialty response, inpatient flow and community discharge capacity.

Mental-health plans shift crisis care away from ED

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CNWL, West London and NLFT converge on earlier crisis support, alternatives to ED and seven-day discharge grip.

01 PLAN EARLY	02 DIVERT	03 ASSESS FAST	04 RESTORE FLOW
Prevent escalation	**Offer alternatives**	**Resolve ED waits**	**Create headroom**
Risk stratification, crisis and relapse plans	111 option 2, crisis lines, safe spaces and MHCAS	Liaison triage, senior decisions and MHA escalation	Daily discharge, seven-day working and OPEL grip

PROVIDER COMMITMENTS

CNWL

Standardise liaison and Home Treatment Teams; escalate ED waits at 8 and 10 hours; review every avoidable 12-hour breach.

5% fewer MH A&E attendances Jan–Apr 2026 YoY

Pressure point: bed availability and external MHA / out-of-area dependencies / parity for mental health discharges

WEST LONDON

Use 24/7 crisis lines, MHCAS, safe spaces and CATT; enhance liaison triage and daily ward discharge.

MHCAS ~12 spaces Jan-27
1 discharge / ward / day

Pressure point: 1-hour liaison response and adult / older-adult occupancy.

NLFT

Operate 24-hour MHCAS and seven-day discharge; use tailored crisis plans and Operation Lagopus to build headroom.

90% occupancy target
10.3-bed avg deficit forecast

Pressure point: surge capacity; enhanced crisis options depend on funding.

System test: acute EDs, AMHP capacity, local-authority discharge support and cross-provider pathways must operate as one.

Community services are the system's safety valve

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CNWL and CLCH set the core model; Whittington adds quantified acute-to-community capacity, discharge and admission avoidance.

01 IDENTIFY	02 RESPOND	03 TREAT	04 RELEASE
Find risk early	**Act rapidly**	**Care at home**	**Discharge earlier**
Risk stratification, care homes and proactive review	SPA triage, UCR and Rapid Response	Virtual wards and Hospital at Home	Home First, D2A and seven-day flow

PROVIDER DELIVERY

CNWL

UCR and H@H combine crisis response, admission prevention and supported discharge.

2-hour UCR • prevent • divert • step-down

Care-home pathways reduce A&E use and conveyance.

CLCH

SPA links UCR, Rapid Response, VW and H@H with acute, primary and social care.

5 divisions • 7-day flow • daily calls

Home First and D2A support tested surge.

WHITTINGTON

Rapid Response, H@H/VW and in-reach support admission avoidance and earlier discharge.

40 H@H/VW beds • use 68→80%

7-day D2A • OPAT 10–15 • P1 bridge +20

EARLY PLACE SIGNALS **2 OF 13**

EALING **15-bed step-down • P1 target <2.5 days • CHILS: 42% fewer ED attendances**

11 PLACE PLANS OUTSTANDING

HOUNSLOW **24/7 SPA • up to 10 H@H virtual beds • P1 triage target within 12 hours**

Whittington adds quantified capacity and discharge levers; 11 Place plans still constrain WNL-wide assurance.

Governance converts system pressure into timely action

Operational flow is managed across two sectors and the WNL SCC, with unresolved issues escalated through assurance to commissioning decisions.

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COMMISSION

Local Care Board

Commissioning decisions • longer-term issues and themes

ASSURE

WNL Winter Assurance Group – Adhoc (Chairs of Flow Boards and ICB SRO)

Escalated risks • system assurance • funding delivery

SECTOR FLOW Board – Monthly

NWL SFOB

Operational flow • provider COO's and Borough partners

In hours escalation against triggers
COORDINATE

SCC

Early warning and escalation

SECTOR FLOW Board – Monthly

NCL SFOB

Operational flow • provider COO's and Borough partners

READINESS ACTION **Finalise named leads, escalation triggers, expected actions and the interface with the London region before winter pressures rise.**

Moving from planning to implementation

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Proposed delivery checklist for turning the winter plan into operational readiness across providers and Place partners.

1 Preventative actions and care planning

Publicise and promote vaccinations, targeted vaccination sprints for key populations, active care planning, targeting top 5% high risk population.

2 Capacity and workforce ready to operate

Confirm additional capacity, staffing and seven-day cover. Check referral routes, discharge support and mutual aid before mobilisation.

3 Funding linked to executable delivery

Release the £20m against integrated, additional plans with clear outcomes. Confirm targeted improvement and exit arrangements for funded schemes.

4 Active monitoring and escalation

Track readiness and agreed outcomes through sector flow boards and the SCC. Use clear triggers to escalate unresolved risks to winter assurance.

READINESS CHECK **Confirm which services are ready to start, what remains unresolved and who will act. Agree corrective actions before winter pressure rises.**