SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**17 Sep 26**					
Title of report	**System Winter Planning**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	X	Approval of recommendations (With discussion by exception)		Information only (No recommendations)	
Reporting Officer & email	Gareth Wright, ICB Director of System Improvement, Co-ordination & EPRR Gareth.wright3@nhs.net					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	X	Joined up working	X		
	Mental Health	X	Improving Population Health	X		
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	X		
	Workforce		Reduce inequalities (see below)	X		
What inequalities does this report address?	Income, disability, age, health, rurality					

1. Executive Summary

To apprise the Board of ICB winter planning for our county. Learning from the winter plan last year confirmed a successful approach had been taken which will be reprised this year; with adjustments made as a result of learning identified. This is a timely opportunity at the current stage of planning, as the views of the Board will be welcomed as we approach our transition towards the onset of winter this year.

2. Recommendations

The Board is invited to:

a) Note the ICB Cluster plan for response to winter pressures this year, which is near finalisation.

b) Support the winter communications campaign, in particular all partners to promote the importance of Vaccination against seasonal illnesses.

3. Winter Planning 2026/27

3.1. **Learning from Winter 2025/26**. Previous winters were characterised by severe pressure and overwhelmed Emergency Departments. We were determined to change that last year and largely succeeded in doing so. This was by a combination of decisive changes in our UEC pathway and a clear plan that all partners were able to get behind, together making an excellent response. Early January was a much more challenging start to the year than we anticipated and will be the point of main effort for our response this winter. Nevertheless, operational pressure was managed with much greater success than the previous year. An indicator of this is that at no time did we have to escalate our response on to a Critical Incident footing this year. And SaTH exited winter on a strong footing, with exemplary Ambulance handover performance.

3.2. **What will be different this year**. Our ICB winter planning is on a Cluster basis; a single plan covering Shropshire and Staffordshire this year, but with recognition of local differences in circumstances. This will include unified command & control by our Executive team and management of day-to-day operational pressures. A common approach will be applied where

appropriate, including messaging in the Winter Comms campaign; and some funded interventions. There is no central government or NHSE supplementary winter funding again this year, which is the third year in a row and now expected to be the norm going forward.

3.3. **Our winter plan** will follow the same phased structure as served us well last year. In summary:

- Firstly, **deliver our programmes**. Provider and System Improvement Programmes to achieve the conditions to enter winter on a solid footing.
- **Reduce rising pressure** during the onset of winter by an intensive system-wide effort to offset rise in demand and create capacity resilience.
- **Recovery** early New Year; having used the capacity, priority is to decompress and rebuild a reserve.
- **Sustain our response** and avoid being over-matched by pressure and set conditions for a strong Mar 27 (which includes Easter).
- **Transition from winter** in good order, tapering off the winter response and starting 2027/28 well.

3.4. **Winter Comms campaign**. Our campaign will be recognisable to partners as the 'Think' approach we have achieved success within previous years. It is intended to be a shared behaviour-change campaign that helps people navigate services before and during seasonal pressure. A broad spectrum of channels will be used, digital and social media, Primary care and Pharmacy settings, Accessible and non-digital. Effects we want to achieve include informing our population, so they are empowered to get the right help, right time, first time.

3.5. **How all partners can play a part**. A key message both nationally and locally is to promote the importance of vaccination against seasonal illness. It is requested that partners really get behind the Winter Comms campaign. And double down on collaboration to resolve issues – relationships are key, as ever. Where prioritisation of effort is required, support is particularly needed at our point of main effort in January, where pressure is expected to be highest.

3.6. **Conclusion**. It is our judgment and that of NHS England that as a System we had a much stronger response to winter last year than previous years. Much of what we did is replicable and we intend to do so. Whereas we won't have the level of investment again this year we still have the enduring schemes from last year in place for this year, such as our additional 56 bed modular ward at The Royal Shrewsbury Hospital.

Risk assessment and opportunities appraisal	N/A	
Financial implications	N/A	
Climate Change Appraisal as applicable	N/A	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	

List of Background Papers

Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

Phil Smith, Chief Officer System Development & Integration. NHS STW & SSOT ICB

Appendices

Appendix A. System Winter Planning - presentation