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Our ref: Publication of the National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care and Update on Winter Preparedness for 2025-26

13 November 2025

Dear Clare,

I am writing to inform the Committee of the publication of the *National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care*, and to provide an update on our national approach for 2025-26.

This year's publication reflects a significant evolution in our planning approach. It recognises that surges in demand now occur year-round and therefore we are embedding surge planning as a core, year-round operational priority across health and social care systems. The framework sets out consistent national priorities and principles to support local systems in developing robust, person-centred operational plans, aligned with the *Health and Social Care Service Renewal Framework (SRF)*, the *Population Health Framework 2025-2035 (PHF)*, and the *2025-26 Operational Improvement Plan (OIP)*.

Importantly, this publication acknowledges that NHS Boards, Integration Authorities and Local Government already undertake winter and surge planning as part of their routine operational activity. As such, the framework does not introduce new requirements but provides a national benchmark to support consistency and assurance across Scotland, while allowing flexibility for local systems to respond to the specific needs of their communities.

Winter continues to bring significant and often unpredictable pressures, including spikes in respiratory illness, increased emergency admissions, and workforce challenges. Despite sustained efforts, performance against key indicators, such as the four-hour A&E target and levels of delayed discharge, remains below the level required to ensure optimal patient outcomes and system flow. Our refreshed framework reinforces the need for integrated, proactive preparedness at every level.

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We are asking system leaders to review and update their winter and surge plans in line with the national priorities. These include prioritising care for those most at risk, strengthening prevention, ensuring care is delivered in the right place at the right time, maximising system capacity, and supporting the wellbeing of the workforce and unpaid carers. These priorities are interdependent and require a whole-system, collaborative approach. Plans should be co-produced with partners across primary care, social care, community services and the third sector.

Vaccination and delayed discharge are central to our winter preparedness efforts. High uptake of Respiratory Syncytial Virus (RSV), flu and COVID-19 vaccines remains one of the most effective ways to protect people, reduce transmission and protect system resilience. Boards are expected to work closely through the Scottish Vaccination & Immunisation Programme (SVIP) to improve uptake, particularly for flu vaccination among at-risk groups and the health and social care workforce.

Reducing delayed discharge remains a Ministerial priority. Systems must set out specific, measurable actions to improve patient flow and ensure timely, person-centred discharge from hospital to home or community settings. The national Collaborative Response and Assurance Group is jointly led by the Scottish Government and COSLA and its weekly meetings provide a forum to consider evidence, discuss issues and consider actions across the health and social care system..

Primary care remains a cornerstone of our system. Boards should monitor GP capacity and resilience, ensure safe Out of Hours services, and support urgent care pathways that keep people at home where clinically appropriate. Future Care Planning will play a vital role in supporting urgent and unscheduled care.

Winter planning also supports delivery of key OIP commitments, including:

- Protecting planned care, including through our National Treatment Centres which will see activity rise from over 20,000 in 2024/25 to over 30,000 in 2025/26. Strengthening workforce deployment and resilience
- Reducing avoidable admissions through urgent care pathways

Boards must rebook any cancelled planned care promptly and report impacts to the Waiting Times Programme Team. Oversight will continue through the Whole System Dashboard and other established reporting tools.

Workforce planning remains central to our approach. In line with the Health & Care (Staffing) (Scotland) Act 2019, Boards should ensure safe staffing levels and prioritise substantive and bank staff. Supporting staff wellbeing is essential to maintaining high-quality care and service resilience.

We also recognise the vital contribution of unpaid carers, who save Scotland an estimated £13.1 billion annually in health and social care costs. Local Authorities and Health Boards must continue to involve carers in service planning and delivery, in line with their duties under the Carers (Scotland) Act 2016.

Clear and consistent public messaging will be critical to managing demand and guiding people to the most appropriate services.

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We view this year's planning as part of a longer-term shift toward embedding surge and winter preparedness as a core component of operational delivery. This approach, developed in close consultation with NHS Boards, Integration Authorities and Local Government, will help us move beyond reactive response, building a more sustainable model of care that better meets the needs of the people and communities we serve.

We are confident that it provides a strong foundation for co-ordinated action, while recognising that challenges and pressures remain. We remain committed to working transparently with the Committee and system partners to ensure winter preparedness translates into meaningful improvements for patients, staff and communities.

I would like to thank the Committee's continued leadership and support in helping to shape a resilient, responsive health and social care system for Scotland.

Yours sincerely



NEIL GRAY

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Surge and Winter Preparedness in Health and Social Care Services

National Planning Priorities and Principles

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Introduction

The number of people needing to access health and social care services varies naturally over time and our systems are flexible and often are able to meet these normal fluctuations in need. In recent years there has been sustained and growing demand for health and care services which has meant those with greater need have been prioritised. However, there are periods where this demand increases beyond the standard level that health and social care services plan to deliver and there is a surge in the number of people requiring care and treatment. Whilst the most common and predictable of these are the additional pressures that arise during winter periods, these surges can occur locally or nationally because of other triggers and at varying times of the year.

The scope of this document is focussed on setting out the national planning priorities and principles to support local health and social care services to develop their own operational surge and winter preparedness plans. Local systems are best placed to develop robust operational plans, shaped by their organisational needs and the needs of their communities; however, it is also important that these are aligned with nationally agreed planning priorities and principles.

This document is intended to complement and operationalise the strategic direction set out in Scotland's key health and social care frameworks, the *Health and Social Care Service Renewal Framework (SRF)*¹, *Population Health Framework 2025–2035 (PHF)*², and the *2025-26 Operational Improvement Plan (OIP)*³. Together, these frameworks emphasise the importance of prevention, person-centred care, system resilience, and collaborative leadership. Embedding surge planning as a core sustainability tool ensures that local systems are not only prepared for periods of increased demand but are also consistently contributing to the long-term transformation and sustainability of health and social care services across Scotland.

The core priority when delivering health and care services during periods of pressure is to ensure that people remain central in the approach. It is critical to ensure that human rights are supported to the highest attainable standard of mental and physical health, and the right to live independently as part of a community are upheld and that every person in Scotland can continue to expect high quality care, regardless of any increased pressures on services. We have further strengthened and embedded a person-centred and person-led approach in the development of these national priorities and principles, building on the values set out in previous health and social care winter preparedness plans.

Local systems should embed these priorities and principles when developing their local winter and surge plans and implement them in a way that is most appropriate for their specific needs. Key to this is planning in a collaborative and whole system way; the delivery of services during periods of sustained pressure requires close partnership working across multiple agencies and organisations. Planning for the

¹ [The Health and Social Care Service Renewal Framework](#)

² [Scotland's Population Health Framework 2025-2035](#)

³ [NHS Scotland Operational Improvement Plan](#)

safe management of demand and capacity across health and social care services should align with existing local resilience structures.

Whilst these national priorities and principles are intended to support surge planning in all contexts and health and social care systems should develop their local plans on that basis, it is recognised that the most common driver for increased demands on health and social care services is winter.

Whilst the core of winter preparedness lies with local systems planning in line with these national priorities and principle, there will also be additional national actions undertaken each year to help support Scotland wide preparedness which may vary from year to year depending on circumstances, and these will be set out separately ahead of each winter as necessary via a letter to system leaders.

It is also recognised that systems are operating within an extremely challenging fiscal climate, with increasing demand for services. NHS, Integration Authorities, and Local Authorities are responsible for planning and delivering services in line with available resources, ensuring those most at risk are able to access care when they need it.

Defining a surge in demand for health and social care services

A surge in demand for health and social care services refers to a sudden and temporary increase in need, that exceeds standard or anticipated levels. These surges typically occur over a short-time period – of days, weeks, or a few months – and place considerable strain on service capacity, workforce, and resources, requiring a coordinated and timely response across local systems and communities.

Surges will usually have a triggering factor which causes the increased demand. The most predictable of these is winter, where increases in respiratory viruses and weather-related injuries tend to result in more people accessing services. However, triggers for surges can happen all year, such as through the emergence of novel strains of viruses such as covid and rhinovirus, heat-related illnesses, and exacerbation of pre-existing conditions during heat waves, and major local events.

Identifying and understanding the underlying cause of a surge in demand may help to identify how long the surge period is likely to last and any additional mitigating actions that might be able to be taken to help inform the implementation of local surge plans. It may also assist local areas in future strategic planning, should the surge in demand resurface.

Surges represent time limited increases in service demand. Longer term factors such as demographic change are contributing towards an overall sustained increase in the number of people accessing health and social care services. Addressing this requires fundamental, longer-term shifts in how services are designed and delivered, and how we will achieve this is set out in the SRF, PHF and OIP.

Additionally, there are exceptional circumstances where a major incident, such as cyber-attacks, major accidents, or extreme weather may place exceptional short-

term pressure on services. The Scottish Government, the NHS, and Local Authorities all have comprehensive emergency resilience procedures in place which can be activated in those circumstances.

Ultimately, the assessment as to whether a system is experiencing a period of surge and how long it lasts will be a matter for local determination, using data and evidence of system pressures to inform decision making as to how and when to step up or down their surge response.

National Planning Priorities and Principles

Health and social care systems already undertake surge and winter planning and preparedness, and collaborative whole system planning is the most effective way to ensure that operational surge plans are designed around local needs. However, it is important that there is consistency between the principles that underpin these plans across Scotland.

These five national planning priorities reflect the Scottish Government's and Local Government's shared commitments to delivering a more resilient, person-centred, and integrated health and social care system. They are aligned with the strategic direction set out in the SRF, PHF and OIP. Local systems are expected to embed these priorities in their surge and winter planning, supported by national oversight mechanisms such as the Collaborative Response and Assurance Group.

Scottish Government and COSLA are committed to supporting the health and social care system to continuously improve, including in planning for surge pressures, to ensure people are able to access the right care, in the right place, at the right time. We recognise that expectations around transformation and change may shift during periods of exceptional surge demand. Scottish Government and COSLA are working in partnership to progress whole system improvement across health and social care so that services are person-led and sustainable in the longer term.

This approach recognises that local plans should consider the interdependency of services, recognising that pressures in one system area can have a knock-on effect on another.

Local systems should also consider the three overarching principles in their surge and winter planning, to ensure the focus is retained on the individual regardless of pressures on services. These are:

- **Person centred and person led care** as embodied through the Getting it Right for Everyone (GIRFE) Principles, to support a personalised way to access care and ensure that people are at the centre of decisions that affect them.
- **Strong leadership and partnership working** across the whole Health and Social Care system.
- **Implement local and national actions that we know work**, to improve outcomes for individuals, such as the Discharge Without Delay principles.

Supporting these national principles are five priorities which the actions set out in local surge plans should ensure address.

- **Prioritise care for all people in our communities who need it the most**, enabling people who are most at risk to live well with the support they require and ensuring safe, person-centred care through integrated, placed-based planning
- **Utilise effective prevention** to keep people well, avoiding them needing hospital care through supporting primary and community care to manage demand and reduce avoidable admissions, delivering vaccination programmes and promoting public awareness through national messaging campaigns
- **Ensure people receive the right care, in the right place at the right time**, prioritising care at home, or as close to home as possible, where clinically appropriate
- **Maximise system capacity and capability** by improving patient flow and access, reducing delayed discharges and long waits, minimising unmet need, and using data and intelligence to support real-time decisions. Strengthen urgent and unscheduled care pathways, including hospital at home and virtual capacity, and protect access to planned care and established services
- **Support the mental health and wellbeing of the health and social care workforce**, improve capacity, retention, and support unpaid carers

Expectation on NHS Health Boards and Integration Authorities

Responsibility for the delivery of effective surge and winter planning and preparedness sits firmly at a local level. NHS Health Boards and Integration Authorities and Local Government are expected to work together in the coordination, planning and implementation of surge response across their systems. This includes ensuring robust, integrated responses to periods of increased demand, grounded in local intelligence, collaboration, and alignment with the national priorities and principles and other key frameworks. Clear local leadership, accountability, and cross-sector coordination are essential to ensuring safe, person-centred care throughout the winter period and beyond.

Early planning for winter should also be recognised as a priority across the whole system. Learning from previous winters is most effective when captured through timely and structured debriefs, as immediate reflection adds significant value to future planning. It is also important to establish unified escalation processes so that all parts of the system are aware when pressures arise. A shared understanding of system pressures enables proactive support to be implemented quickly, helping to mitigate risks and maintain safe, effective services.

To ensure alignment with the national planning priorities and principles, local systems should:

- **Review and update existing winter and surge plans** to ensure alignment with the national planning priorities and principles
- **Ensure strong local governance and accountability** for delivery, with clear leadership across NHS Health Boards, Integration Authorities, Local Government
- **Include surge planning and response as a core part of ongoing service planning** and delivery, and regularly monitor its efficacy
- **Use local data and insights** to model expected demand and guide proactive planning, including early identification of risks
- **Ensure collaboration and integration across systems**, including planned, unscheduled, primary, community, mental health and social care services
- **Maintain clear escalation and decision-making pathways**, enabling timely response to rising system pressures
- **Prioritise workforce wellbeing and capacity planning**, effective workforce planning in line with the requirements of the Health and Care (Staffing) (Scotland) Act 2019, supported by best practice in risk assessment and escalation, rota management, staff redeployment processes, access to wellbeing support, and workforce vaccination offers
- **Ensure that care remains person-led and value based**, including actively involving communities and implementing the GIRFE principles
- **Implement measures to support flow and reduce delayed discharges**, including coordination with local authorities, third sector and community partners
- **Use the whole system dashboard** to support monitoring, reporting, and performance discussions during winter and periods of surge
- **Participate in national assurance processes**, including regular engagement with governance forums
- **Capture and share learning** throughout the winter and periods of surge to support continuous improvement and system-wide resilience, including through existing governance groups

Prioritise care for all people in our communities who need it the most, enabling people who are most at risk to live well with the support they require and ensuring safe, person-centred care through integrated, placed-based planning

Ensuring safe, effective person-centred community care packages through an integrated and coordinated approach is critical year-round, but particularly during periods of sustained pressure. Health and social care professionals, including social work and unpaid carers, alongside other community-based services, play a vital role in supporting people to stay well, flourish and live independent lives. These services undertake vital preventative work which reduces the pressure on hospital admissions and acute based care and ensures that individuals continue to receive the best possible care in a community setting.

Surge planning should ensure that, whilst recognising that some changes may need to be made to ensure continued delivery of high-quality services and to fulfil statutory duties, that there should remain an absolute commitment to enable people to live well with appropriate support.

The Scottish Government and COSLA recognise that, particularly during periods of surge pressure, thresholds for accessing care and support may need to shift in order to ensure those most at risk of harm or loss of independence are able to get the care they need. This should be continuously evaluated and HSCPs should seek to ensure that in the longer-term, resources are not narrowly focused on those with the most acute needs, and that individuals accessing care and support are able to do so with choice, control, and dignity.

Utilise effective prevention to keep people well, avoiding them needing hospital care through supporting primary and community care to manage demand and reduce avoidable admissions, delivering vaccination programmes and promoting public awareness through national messaging campaigns

Prevention is key to mitigating the impact on surges in demand and ensuring that periods of surge are limited where possible. Whilst the nature of such prevention will to an extent depend on the trigger for the surge in demand, surge planning should encompass some key preventative measures which can be stepped up as necessary during periods of surges. The Scottish Government and COSLA's Population Health Framework sets out an ambitious national plan for improving public and population health through primary prevention – stopping people from becoming unwell in the first place. Surge planning requires a greater focus on secondary and tertiary prevention: early detection of a problem to reduce the level of harm (secondary), and minimising harm through careful management (tertiary).

Vaccination programmes and delivery should aim to protect those most at risk of severe illness, reduce transmission of infection and support the resilience of the health and care system, particularly during the winter. In addition, vaccination and infection prevention, as well as social connections, exercise and meaningful activity

are all vital for the wellbeing and quality of life of everyone, but in particular those living in a care home. Appropriate specialist advice should be sought via the Scottish Vaccination & Immunisation Programme (SVIP) and local Health Board immunisation teams as necessary regarding the most effective vaccination programmes.

Another key preventive measure to be embedded in surge planning and preparedness is to ensure effective communications, public messaging, and up to date information and advice on services. This will ensure that people know how and where to access appropriate care services when they need it most, and whether there are any changes in place as a result of surges in demand. By increasing the awareness of other key sources of information, it will support people with their care needs and decrease emergency department admissions for treatment that can be provided more appropriately elsewhere in the system. Where it is determined that a national approach to communication is required, the Scottish Government and COSLA will work with system leaders to facilitate clear, national messaging.

Surge planning should encompass collaborative working across health boards, local authorities, primary care contractors, third and independent sector providers, carer centres and voluntary sector partnerships to consistently redirect and signpost people to the appropriate services for their needs, whether through national, regional or local communications. This includes whether that information is delivered in person by social workers, care home and care at home providers, community pharmacists or local GPs, via the telephone by NHS 24 / 111 call handlers, or digitally via NHS Inform, the NHS 24 online app, Care Information Scotland or local authority websites.

Ensure people receive the right care, in the right place at the right time, prioritising care at home, or as close to home as possible, where clinically appropriate

The principle that people should receive the right care, in the right place at the right time is one which underpins all our health and social care services at all times. It is important this is maintained during periods of surge in demand, not only because it is better for individuals, but also because maintaining effective patient flow to the right services helps manage overall demand.

For many, emergency departments may not be the best place for their healthcare needs and alternative routes to urgent care is required. A 'home first' approach is not only better for people but reduces pressure on acute and primary care services too. Surge planning should include avoiding unnecessary hospital admission wherever possible by reducing transport of people from care homes where it is clinically appropriate, continued focus on hospital at home services and discharge to assess where available.

The principle of right care, right place, right time does not just apply to health care however, we know that it is also important to apply this principle to social care and social work assessments, as assessments are most effective when completed in a person's own home. Often during period of exceptional demand, individuals with

'critical' or 'substantial' social care needs are prioritised for support, but we know it is also important for people with lower or moderate levels of risk to be signposted to appropriate support as well. During these times, thresholds for accessing care and support may need to shift in order to ensure those most at risk of harm or loss of independence are able to get the care they need. This should be continuously evaluated and HSCPs should seek to ensure that resources are not narrowly focused on those with the most acute needs, and that individuals accessing care and support are able to do so with choice, control, and dignity. HSCPs should ensure strong collaboration with their local and national voluntary sector partners to promote access to lighter touch, preventative, community-based support.

During periods of surge, it is important to maintain the principle of parity between physical and mental health and ensure that those in need of emergency mental health care must receive support quickly, and wherever possible, close to home. Where appropriate, people presenting with stress and/or distress should be treated in a community setting that supports the patient instead of in hospital as default. This will also ensure that people seeking mental health support receive the right care, in the right place, at the right time, regardless of where, or what time of day they present.

Maximise system capacity and capability by improving patient flow and access, reducing delayed discharges and long waits, minimising unmet need, and using data and intelligence to support real-time decisions across the whole system. Strengthen urgent and unscheduled care pathways, including hospital at home and virtual capacity, and protect access to planned care and established care services

There is a continuing focus on maximising system capacity and capability of our health and social care systems, and in the longer term this will be addressed through the reform and renewal actions set out in the SRF and PHF. However, during periods of surges in demand it is important that local planning is in place to maximise existing capacity to meet areas of increased demand whilst ensuring that other services are protected and maintained. It is recognised that it may not always be possible to meet increased demand without impacting on other areas; however, the core surge planning principle should be to protect services delivering care and treatment for people.

Actions and improvements to maximise system capacity are best and most sustainably delivered in an integrated and co-ordinated way across the health and social care system. There continues to be a national focus on addressing sustained pressures across the whole system and reducing levels of delay from hospital. These delays remain centred around ensuring the best possible care for that individual is delivered.

Reducing delayed discharges remains a key ministerial priority and a central focus of the OIP. The OIP sets out a range of national actions to reduce unnecessary hospital stays, including optimising alternatives to admission, improving discharge planning from the point of entry, and enhancing coordination across health and social care.

These actions are designed to support acute hospitals in achieving optimal occupancy levels and improving patient flow. Local surge and winter plans should reflect this national direction by embedding early discharge planning, multi-agency coordination, and proactive care transitions as core components of their approach. This alignment will help ensure that people receive the right care in the right setting, while also supporting system resilience during periods of increased demand.

There is a need to ensure that each discharge delayed is clinically assessed, and a decision made that hospital is not the best place for them to receive the ongoing care that they may need. If a person is kept in hospital longer than clinically necessary, their outcomes and overall health risk being negatively impacted.

There are many reasons a patient's discharge from hospital can be delayed, from lack of discharge planning, awaiting assessment, ensuring a suitable care package is in place, or legal challenges that may be experienced where an individual does not have the capacity to make decisions for themselves. This is worsened during periods of sustained pressure, where demand and admissions are high across the system.

It is also crucial that planned and established care services are protected, especially during periods of sustained pressures. If planned care is stepped down during periods of surge, people will be left waiting longer for the care they need. The longer someone waits for treatment or appropriate care services, the higher the risk of this requiring immediate care in emergency departments. Given the detrimental impact that cancelled or delayed appointments can have on patients themselves, the sustained delivery of planned and established care services ensures continued progress on reducing waits and delays and limits the flow of demand into unscheduled and emergency care.

Support the mental health and wellbeing of the health and social care workforce, improve capacity and retention, and support unpaid carers

Periods of surge for health and social care services can place particular pressure on those meeting that need, both the workforce and unpaid carers. Surge planning should focus on supporting workforce capacity and retention of staff, unpaid carers, and third sector partners, and ensuring the wellbeing of staff is supported at all points, particularly through challenging periods of high demand. In line with this, the OIP recognises that workforce capacity is one of the most significant factors influencing service delivery, performance and resilience.

In line with the requirements of the Health & Care (Staffing) (Scotland) Act 2019, partners should ensure appropriate levels of staffing in health and care services, enabling safe and high-quality care and improved outcomes for service users. Scottish Ministers have issued Statutory Guidance to support organisations in meeting requirements placed on them by the Act.

Sector partners, employers and trade unions should work together with the Scottish Government and COSLA to ensure that our hard-working social care staff are central

to, and will have a voice in the direction of workforce planning in the Service Renewal Framework, that will ensure the future sustainability of the workforce.

In the context of health services, periodic application of the Common Staffing Method should inform workforce planning decisions at individual service level, whilst processes should be in place to enable the escalation of risks identified during real-time assessment of staffing levels. This real-time assessment is likely to be particularly valuable during surge periods. Whilst the use of agency staff across services remains a measure of last resort, Boards are encouraged to continue to prioritise the deployment of substantive staff or bank staff where additional flexibility is required during surge periods.

It is estimated that between 700,000 and 800,000 people provide unpaid care for a relative or friend at home and within other community or residential supports, and support for the wellbeing and support needs of these hugely valued unpaid carers should be embedded in surge planning to ensure carers are able to sustain their caring role with positive wellbeing. This could include support to allow unpaid carers to participate in education, training or employment alongside their caring responsibilities, should they wish to do so. During periods of surge, it is also vital to ensure that people continue to have choice and control over their care and support, through the effective implementation of Self-Directed Support for people who access this support, and their carers.

Undertaking local surge planning in alignment with these national priorities and principles

Agreeing and setting out this clear set of national planning priorities and principles means that surge and winter planning can be flexible enough to enable services to plan based on what best works for their local systems whilst ensuring consistency of the core underlying approach.

This should not represent a substantial change to existing local surge and winter planning; these principles are based on those previously agreed in support of winter planning and align with wider health and social care priorities which put people at the core of the approach.

Rather, the intention is that these priorities and principles provide a clear national benchmark against which local health and social care systems can review their existing surge planning arrangements to ensure that they are fully aligned. Robust local surge and winter planning aligned to national priorities and principles will ensure that people continue to receive the highest possible quality of care and treatment regardless of the pressures services are facing.