

<b>Integrated Care Board</b>
19 <sup>th</sup> March 2025

## Chief Executive’s Report

<span style="border: 1px solid black; border-radius: 10px; padding: 2px;">« Agenda References</span> Agenda item and paper number – PLEASE LEAVE FOR GOVERNANCE TEAM / MEETING ADMINISTRATOR TO COMPLETE <span style="border: 1px solid black; border-radius: 10px; padding: 2px;">Agenda References »</span>	
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<b>Action required and previous approvals:</b>	To note
<b>Attached / references:</b>	n/a

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<b>EXECUTIVE SUMMARY &amp; PROPOSED NEXT STEPS</b>
<p>This report provides the Integrated Care Board with an overview of key recent updates, and which do not form part of the wider ICB agenda. This report includes updates on:</p> <ul style="list-style-type: none"> <li>● <b>Delivering our statutory responsibilities</b> <ul style="list-style-type: none"> <li>○ System performance</li> <li>○ 2025/26 planning</li> <li>○ NHS England assessment</li> <li>○ Specialised commissioning delegation</li> </ul> </li> <li>● <b>Continuing to deliver our ICS strategy</b> <ul style="list-style-type: none"> <li>○ End Poverty Pledge</li> <li>○ UTC designation</li> <li>○ Neighbourhood health planning and guidance</li> <li>○ Local Government devolution</li> <li>○ 10 year engagement plan</li> <li>○ Mental health investment fund update</li> <li>○ Children’s community health services contract</li> <li>○ Children’s cancer centre update</li> <li>○ Changes to the GP contract for 2025/26</li> </ul> </li> <li>● <b>Updates from our Place Partnerships</b></li> </ul>

- **Looking after our people**
  - Values and behaviours
  - NHS staff survey

<b>Date of paper and sign off</b>	4 <sup>th</sup> March 2024, Karen McDowell, Chief Executive
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<b>COMPLIANCE NOTES</b> – Please note status below and how any issues will be managed / mitigated.	
<b>Equality, Diversity and Inclusion</b>	This paper is an overview; any EQIA requirements relating to items reported are managed separately.
<b>Quality</b>	This paper is an overview; any quality issues relating to any of the items are managed separately.
<b>Risk</b>	This paper is an overview; any risks relating to any of the items are managed separately (for example risks relating to system pressures, industrial action).
<b>Patient and public engagement</b>	This paper is an overview of work happening across the ICS, with relevant patient and public engagement taking place to support individual programmes.
<b>Conflict of interest</b>	No conflicts of interest
<b>Information Governance</b>	No IG issues in producing this paper, which is for publication
<b>Finance</b>	n/a

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# Chief Executive's Report

## 1. Meeting our statutory requirements

### 1.1. System performance

Our system has continued to be extremely busy, with extremely high demand across all services. Across the NHS this winter has been one of the worst experienced for some time with particularly high levels of respiratory infections. Just after Christmas and into the new year, always the busiest time for the NHS, we experienced a particularly difficult few days with a number of incidents called in response to the exceptionally high demand. High numbers of flu, norovirus and cases of covid have all been playing their part, impacting on infection, prevention and control within our hospitals and causing capacity to be reduced where wards had to be temporarily closed to new admissions.

As we have moved from the height of winter, our services have remained busy with high levels of system escalation on most days. We also continue to see high demand and occupancy levels for mental health placements and high demand for mental health services overall.

Despite the pressures, frontline teams continue to work hard, and ambulance handovers remain relatively good, considering the volume of activity and the number of patients coming through. My thanks to the whole workforce for their continued hard work across this pressured period, including all those who have worked through the bank holiday periods and our on-call rotas.

### 1.2. Planning for 2025/26

The national [2025/26 priorities and operational planning guidance](#) was published by NHS England on 30<sup>th</sup> January, alongside national funding allocations. The national priorities to improve patient outcomes in 2025/26 are:

- Reducing the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement.
- Improve A&E waiting times and ambulance response times, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across the year.
- Improve patient access to general practice and dental care, with an additional 700,000 urgent dental appointments
- Improve patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds and improve access to children and young people's mental health services.

In addition, systems are expected to drive the necessary reform to meet these priorities including an improvement in productivity, maintaining quality and safety standards and ensuring a balanced budget position. Following publication of the national allocations, it is clear that finance will continue to be extremely challenging alongside new national priorities, and we continue to work through the detail of the guidance to understand the full impact.

ICBs and Trusts now need to develop and submit operational, workforce and finance plans by the end of March, with an interim submission at the end of February. In addition, systems are asked to produce a limited refresh of their existing Joint Forward Plan before the beginning of the new

financial year, anticipating publication of the new 10-year plan in Spring and a multi-year financial settlement for the public sector as part of the Spending Review.

As a system we have held two planning workshops, bringing partners together to agree our plan/planning assumptions for the coming year. As part of that, we have agreed nine priority workstreams which will be led by system Chief Executives focussed on delivery of sustainable services system wide. We will continue to report on our progress as our plans for next year develop.

### 1.3. NHS England assessment

At the end of last month, we received a summary report following our Quarter 3 assessment meeting with NHS England on 12<sup>th</sup> February. This was part of quarterly check-ins on the ICB's progress against our ambitions for the current financial year. Discussions focused on progress with system partners covering our provider collaboratives, work to improve both in year and longer-term efficiencies and how we plan to deliver and transform services to achieve the left-shift in both the short and longer term. Positive highlights covered in the discussions included work in primary care to deliver more consistent 'at-scale' access for patients, the opening of the new mental health facility Silverland and strong performance on both cancer and diagnostics. Areas of further focus included mental health waits, the need to reduce longer waiting times and an ongoing focus on meeting our financial plans. Overall Surrey Heartlands was assessed as a strong system.

In January, NHS England published the [ICB annual assessments for 2023/24](#) which measures ICBs against five core areas and will be the final assessment made under the current Oversight Framework. Surrey Heartlands ICB maintained our position in segment 2 and was particularly commended for strong cancer performance, work to reduce health inequalities for those with a learning disability, our integrated approach to prevention and patient care at neighbourhood and Place levels alongside the towns and villages approach, and our work with carers.

### 1.4. Specialised commissioning delegation

NHS England has been working towards a more integrated approach to specialised commissioning for some time and is now taking practical steps to put this on a more formal footing from 1<sup>st</sup> April. This is about improving patient care and outcomes by enabling the joined-up planning and commissioning of services at a population level across whole pathways of care (i.e. across specialised and non-specialised services).

The delegation of commissioning of 70 specialised services to ICBs is going ahead from 1st April 2025 (with NHS England retaining commissioning accountability). A full list of services being delegated can be found on NHS England's [website](#). To deliver this, ICBs are required to form multi-ICB arrangements to commission services at an appropriate scaled geography footprint, balancing benefits of service localisations with benefits of scale. Day-to-day commissioning of these services will continue through a hub model which will be hosted by NHS Frimley on behalf of the six south east ICBs.

Ahead of 1<sup>st</sup> April, we are continuing to work with NHSE and ICB colleagues on finalising governance arrangements and all the necessary elements of delegation ahead of the formal transfer. We are also working closely with neighbouring areas outside the South East (particularly in SW London) in which a lot of specialised activity for Surrey patients is delivered. More information on the direction of travel is included on the [NHS England website](#).

## 2. Delivering our Strategy

### 2.1. End Poverty Pledge

Socioeconomic status is a key determinant of health; poverty causally linked to poorer physical health outcomes and the effect poverty has on equity of NHS service access is well evidenced ([The Relationship Between Poverty And NHS Services | The King's Fund](#)) as is the link between poverty and mental ill health.

The [End Poverty Pledge](#) is a campaign that is being supported by local charity The Good Company encouraging organisations across Surrey to sign the Pledge and take tangible actions that demonstrate a commitment to working towards a poverty-free Surrey, and is gaining positive traction across the county. Organisations are being asked to consider taking actions linked to leadership; culture; and accountability, with more detail setting out suggested actions published on [The Good Company's website](#).

In July, a paper setting out the End Poverty Pledge came to Surrey's Health and Wellbeing Board and was well supported, since when a number of individual organisations, including Surrey County Council, have signed the Pledge. Addressing poverty is a key driver within our ambition to reduce health inequalities and address the wider determinants of health which is key to our overall ICS strategy. My recommendation therefore is for the Surrey Heartlands ICB board to:

- Recognise the impact on our communities and services of taking no action to mitigate or prevent poverty in Surrey and the need to be community-led in our approach.
- Lead from the front and as an organisation, agree to sign and enact the poverty pledge using the resources and support provided.
- To contribute to and support the development of a 'whole system approach' to poverty in Surrey.

### 2.2. UTC designation

As part of our drive to improve and standardise access to same-day urgent care – part of the national Urgency and Emergency Care Strategy - we have been working with local partners and stakeholders to redesignate Minor Injury Units (MIUs) and Walk-in Centres (WICs) to become Urgent Treatment Centres (UTCs) from 1<sup>st</sup> April 2025. This will help to standardise the service offer and help ensure patients are able to access same-day urgent care services more easily, simplifying their pathway and reducing the reliance on acute Emergency Departments, with additional support and signposting from NHS 111 and primary care.

As part of this work we have been engaging with local teams to identify the current state of service delivery in each area and undertaken a detailed gap analysis of current provision against the anticipated UTC service specification. As a result, there will be some areas where full compliance with the national UTC standards will not be achieved by 1<sup>st</sup> April and a number of derogations (temporary exemptions) have been sought from NHS England to enable the programme to progress, recognising the need to continue to refine services locally moving forward.

Overall, this development will enhance the services offered at our four sites (Ashford, Woking, Haslemere and Caterham Dene) and provide a better and more simplified care offer for local patients, and we expect the UTCs to see approximately 25% more patients than they do currently. You can read more detail in a paper we have prepared for [Surrey County Council's Adults Health Select committee](#) (from p.31).

In support of this move, we will be developing a widespread communications and engagement campaign. Initially to help local people understand the new services on offer and over time, developing a more comprehensive campaign to help them navigate the wider health and care system.

### 2.3. Neighbourhood Health and Planning Guidance

Within the national planning guidance (published at the end of January) is the new Neighbourhood Health guidance. This formal move to a neighbourhood health service will deliver more care at home closer to home, improve people's access, experience and outcomes, and ensure the sustainability of health and social care delivery. It builds on work already happening across Surrey Heartlands and includes aims to create healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible while improving their experience of health and social care, and increasing their agency in managing their own care. This will be achieved by better connecting and optimising health and care resource through the three key shifts at the core of the government's health mission.

### 2.4. Local Government devolution

Following the Government's publication of a [Devolution White Paper](#) last December on the proposal to create more Mayoral Strategic Authorities, Surrey has been selected for the 'first wave' of local government reorganisation, which should unlock further devolution. The Government has given direction to change all remaining two-tier local authority areas in England, like Surrey, and replace county and district councils with new unitary authorities and has therefore invited all councils in Surrey to submit an interim business case for reorganisation on 21<sup>st</sup> March and a full business case on 9<sup>th</sup> May. In the meantime, this May's County Council elections have been postponed until May 2026, which will enable detailed work for reorganisation and devolution to take place. Working in partnership with local government partners in Surrey, options for future reorganisation will be drawn up for consideration, likely to include options for multiple authorities in Surrey.

The ICB will be working with Surrey County Council and other partners as part of the next stages of this process. More information on local government reorganisation and devolution and what it means can be found on [Surrey County Council's website](#).

### 2.5. 10-year engagement plan

The UK government's 10-year plan for health and care sets a transformative agenda to address the pressing challenges facing the healthcare system, with three foundational shifts:

1. *From Hospital to Community Services*: Prioritising primary and community care to reduce hospital dependency, bring care closer to people's homes, and foster integrated care models.
2. *From Treating Sickness to Preventing It*: Investing in public health strategies to promote prevention, keeping people healthier for longer and reducing long-term demand on services.
3. *From Analogue to Digital*: Leveraging digital technology to improve patient experience, streamline service delivery, and support integrated care.

As part of the national engagement plan, we have held a number of workshops with local communities and patient representatives, paying particular attention to under-represented groups

and our priority populations, as well as staff from across the system. We have now submitted our feedback to NHS England which will be taken forward, along with a range of other public, staff and stakeholder engagement, into the 10-year plan which is expected to be published in the spring. A detailed engagement report covering what we've heard in Surrey Heartlands will be developed by the social research team and published in due course. We will then be able to use these findings to influence our local plans as well as having submitted them for the national programme.

## 2.6. Mental Health Investment Fund update

The MHIF was launched in 2022 as a non-recurrent Surrey-wide resource to support mental health initiatives for all ages with contributions from Surrey County Council and the ICB to a total fund of £10.5m. The ambition of the MHIF was to bring new capacity into the system and support innovative approaches to address the rising demand on mental health services. The fund represents a strong partnership between Surrey County Council, the ICB, and the voluntary and community sector and enables local grassroots organisations to deliver programmes which work for their local population. All the MHIF has now been allocated with £4.3m being awarded through two open funding rounds, £3.2m to Integrated Commissioning, and £2.7m to Community Foundation for Surrey. The remainder is for evaluation, staffing costs and contingency.

Key deliverables since January 2025:

- A multi-stakeholder [celebration event](#) took place on January 15<sup>th</sup> showcased the transformative work that is taking place as a result of the MHIF.
- [Unity Insights](#) continue to progress with their commissioned evaluation work, supported closely by the MHIF Programme Manager. The Round 1 report is in its final stages and they are working closely with Round 2 providers to develop robust evaluation plans.
- [Community Foundation for Surrey](#) held their latest panel for the Mental Health Scale-Up Fund in January and have just announced an award to The Surrey Domestic Abuse Partnership to expand suicide prevention services across Surrey.

The ICB and SCC communication teams continue to work closely together to showcase the impact of the various MHIF projects. [Published articles](#) have celebrated nearly all Round 1 projects with Round 2 in the pipeline.

## 2.7. Children's Community Health Services

In October last year HCRG Care Group was awarded the contract to run children's community health services in Surrey and North East Hants and Farnham from 1 April 2025, following a robust procurement process by NHS Surrey Heartlands, NHS Frimley, Surrey County Council and NHS England (South East) as the four commissioning authorities for these services.

The new provider will take on the management of universal services such as health visiting, school nursing, and school-age immunisations, and specialist services including children's therapies, specialist nursing and developmental paediatrics.

Over the past few months, the ICB and the other commissioning authorities have been working with HCRG Care Group and the current provider to ensure a safe transition of the services within the contract. Through a comprehensive governance process and a network of working groups we have been progressing at pace to mobilise ahead of the 1 April 2025 transfer date.

As of 1 April, the name of the service will change to Surrey Child and Family Health. The name was chosen following feedback from families, staff and commissioners.

All parties are committed to the continuity of care for children and their families. A large number of healthcare professionals currently employed by the organisations that form the Children and Family Health Surrey partnership, will transfer to HCRG Care Group on 1 April 2025 and many appointments booked for children and families for April and beyond will carry on as planned. If anything does need to change families will be contacted in advance.

An [interim website](https://newsurreycchs.co.uk) (newsurreycchs.co.uk) has been created to keep people informed about the transfer of services from Children and Family Health Surrey to HCRG Care Group.

## 2.8. Children's cancer centre update

Over the summer 2024, the Secretary of State for Health and Social Care was asked to 'call in' NHS England's decision on where the future Principal Treatment Centre for children with cancer living in south London and much of south east England will be. As you will be aware, 'calling in' a decision means the Secretary of State decides to take a close look at a planned change to NHS services and whether to proceed with the proposal, modify it, or take other action.

The Secretary of State has now told NHS England that, having looked carefully at all the information provided and considered it against the criteria for call-in, he has decided not to call in the decision taken by the leaders of NHS England (London and South East regions) in March 2024.

This means that very specialist cancer services for children living in south London and much of south east England will transfer to Evelina London Children's Hospital, with radiotherapy at University College Hospital, as planned. The move is not expected to happen before October 2026 and there will be no sudden changes to children's cancer care in the meantime. The full update is published on the [NHS England website](#).

The future Children's Cancer Principal Treatment Centre will build on the strengths of the current service, meet the [nationally mandated service specification](#) and be capable of delivering best quality care for children with cancer for decades to come.

There are many ways local people can get involved in shaping the cancer services. More information is available on the Evelina website at [Get involved in children's cancer services | Evelina London](#).

## 2.9. Changes to the GP Contract for 2025/26

[GP contract arrangements for 2025/26](#), which are supported/approved (rather than imposed) by the BMA General Practice Committee England (GPCE), were published at the end of February.

Improving patient access to general practice is one of the NHS's top priorities and the new contract will build on the work GP teams are doing to reform services, helping to ease workloads, and funded by an £889m rise in 2025/26, which will also help fund recent pay awards and other cost increases. This year's contract will introduce a range of changes, including:

- New freedoms for GP teams to use additional roles reimbursement funding allowing more GPs to be hired with practice nurses now included
- Streamlining the Quality Outcomes Framework (QOF) with a much smaller number of targets and a greater incentive focused on targeting CVD prevention targets- improving clinical outcomes which help avoid premature and avoidable cardiovascular mortality
- A new enhanced service for advice and guidance, which is worth up to £80m.



- Letting patients know what they can expect from practices with the introduction of an online patient charter.
- A requirement for practices to keep their online consultation tool open during core hours.

As the ICB, we will work together with local practices as the contract is implemented.

### 3. Updates from our Place Partnerships

The Executive leadership for our Place Partnerships will change from 1<sup>st</sup> April; Thirza Sawtell will be the Executive lead for East Surrey and Surrey Downs places and Sumona Chatterjee will be the Executive lead for Guildford & Waverley and North West Surrey places. All four Alliance boards will remain, supported by the four place delivery teams.

#### 3.1. East Surrey Alliance

##### *East Surrey Alliance Board*

The February Alliance board took the opportunity to thank Sumona Chatterjee for her leadership of East Surrey Place, the board recognised the progress East Surrey has made under Sumona's tenure particularly in building relationships and coming together as partners to achieve positive change and outcomes for East Surrey citizens.

The board received a presentation from local authority members regarding the Government white paper for devolution. The presentation was well received by the board who are keen to continue supporting as the plans develop. The board also received an evaluation from Growing Health Together that highlighted the positive impact the programme is having on individuals', communities, workforce, and the system. The board commended the excellent partnership work and the impact the programme has also had and recognised the importance of continuing and building on the work.

##### *Community Diagnostic Centre (CDC)*

Since the last update in November the CDC programme has reached another major milestone in January having now identified and appointed an approved contractor to move forward with the main works package that will bring our CDC another step closer to achieving our goal of providing diagnostic services on the high street by July 2025.

##### *Ageing and Dying Well*

The Frailty GP service specification has been updated in line with feedback from stakeholders. Implementation is planned formally from April 2025 and the final specification and appendices will be shared soon.

The additional GP sessions (x1 per PCN) funded for 24/25 can be implemented across the Anticipatory Care Hubs from February 2025.

An End-of-Life Care workshop took place in December with representatives from across the system; a number of key principles were agreed upon and short, medium, long term actions discussed and agreed to improve the approach of palliative and end of life care in East Surrey – the follow up workshop is planned for 6<sup>th</sup> March around progress against the actions and the next priority steps.

##### *Welfare and Discharge Project:*

The Prevention and Communities board had a presentation from Jodie Philips, Intervention Team Leader from RBBC on the project which aimed to reduce high dependency on the NHS, support safe and prompt discharge from hospitals, and prevent readmissions, particularly for homeless clients. The project had 158 referrals, with the majority of clients being single people aged 50-70. The impact

of the project highlighted improvements seen in finances (51%) due to assistance with benefit applications, budgeting and paperwork management.

#### *Children and Young People:*

Alongside SCC, TDC and providers 3 workshops were run at Oxted School to explore key themes that were highlighted in the circa. 800 responses to our Neighbourhood Youth Engagement Survey. 82 young people were heard during sessions on Mental Health, Healthy Lifestyle and Access to Services. The insights from this event have fed into the combined delivery of youth work and mental health support for children and young people at risk of EBSNA, a project being delivered by YMCA-East Surrey and funded through the MHIF. The first course of combined delivery sessions will commence after February half-term.

### **3.2. Guildford & Waverley**

#### *Urgent care – review of winter schemes*

Locally across Guildford and Waverley, we implemented over £650,000 investment into local schemes including night time street support, alcohol workers, mental health support to those with complex needs, support in Meals on Wheels provision, additional staffing into the local Minor Injury Unit, additional primary care appointments and new models of integrated respiratory outreach, all demonstrating our positive approach to local winter partnership.

#### *Neighbourhood health approach*

Locally we can see the potential work that will develop and support the national neighbourhood health approach. The Growing System Leaders programme has seen 38 local leaders working together to consider how we can create our local neighbourhood health models. We have also been undertaking a co-production approach with residents in the Ockford Ridge area, supported by the ICB's social research team, driving how we utilise the new community hub. Digital-enabled care introduced a new model of care in maternity for those with preeclampsia using remote monitoring. The Guildford & Waverley team have also been discussing the new delivery plan and how we will continue to work in partnership to support shared ambitions.

#### *Re-opening of the Royal Surrey Cancer Centre*

Two-time paralympic gold medallist, Erin Kennedy, officially re-opened the Royal Surrey Cancer Centre recently following its multi-million pound refurbishment. Erin, who was treated at the centre after being diagnosed with triple negative breast cancer, was joined by members of her medical team and fellow patients as she cut the ribbon on World Cancer Day (February 4).

The £6m project, partly funded by the Royal Surrey Charity, has provided a much-needed increase in clinical space and improved the environment in which more than 8,000 patients receive treatment and care each year.

#### *Executive Leadership Changes*

At their March meeting, the Alliance Board formally welcomed Sumona Chatterjee in her new role as Operational Delivery lead and Chief Delivery Officer, and thanked Jo Cogswell for her support and leadership as she moves into her new portfolio including strategy, partnership working and transformation.

### 3.3. North West Surrey Alliance

#### *Integrated model for community care*

We continue to develop a more integrated model for community care in North West Surrey, achieving greater integration across primary care and community services to improve patient outcomes.

#### *Community Rehabilitation and Therapy Services*

We successfully conducted a comprehensive review of rehabilitation and therapy community services across North West Surrey, assessing performance and delivery. Improvement trajectories have been established to drive quality and efficiency.

#### *Staff sharing agreement*

An Alliance staff sharing agreement has been signed and activated by all partners, fostering collaborative working and improving service efficiency through flexible workforce deployment. This initiative optimises workforce capacity and enhances our ability to respond effectively during periods of high demand.

#### *Continuation of neighbourhood development*

Our neighbourhood teams continue to evolve, proactively supporting high-risk patient cohorts ensuring tailored care across local footprints. Through co-design initiatives, we are working directly with patients to enhance community engagement and communication. Additionally, our teams have participated in collaborative engagement sessions, further strengthening service delivery and partnership working.

#### *Prevention strategy*

A comprehensive prevention strategy for North West Surrey, incorporating mental health support within the community, has been developed and is set to progress through our March Board for implementation.

#### *Silverwood NHS Mental Health Unit*

Surrey and Borders Partnership NHS Foundation Trust has officially opened Silverwood, a state-of-the-art £45 million adult mental health inpatient facility serving North West Surrey and beyond. Located on the St Peter's Hospital site in Chertsey, this cutting-edge unit will provide high-quality specialist care and support for adults experiencing severe or acute mental health conditions.

The facility has been thoughtfully designed to create a therapeutic and healing environment, featuring dedicated therapy spaces, tranquil gardens, and versatile communal areas. Patients also have access to specialist rooms tailored to their therapeutic needs, including music, art, and spirituality spaces, supporting a holistic approach to mental health recovery.

#### *Executive Leadership changes*

The North West Surrey Alliance Board recognised and thanked Jack Wagstaff for his leadership of the North West Surrey Alliance as he moves to take on his new portfolio as Executive Director of Strategic Commissioning, Contracts and Procurement.

### 3.4 Surrey Downs Health & Care Partnership

#### *Surrey Downs Forward Plan*

Surrey Downs has signed off its two-year transformation plan following extensive engagement with residents, partners, and stakeholders. This process has shaped a jointly owned plan and roadmap to deliver local priorities, address key challenges, and align with national and ICS priorities.

The plan is structured around five key areas of focus:

- Integrated Neighbourhood Teams (INTs) – expanding neighbourhood-based care, giving our seven INTs greater autonomy, leadership support, and an expanded service scope. This includes integrating mental health and children’s services and embedding population health approaches into daily practice.
- Neighbourhood & Community Partnership Development – strengthening Neighbourhood Boards to empower voluntary services, residents, and local organisations to drive health and wellbeing improvements and tackle inequalities.
- Population Health, Prevention & Proactive Care – embedding population health management, expanding proactive care for at-risk residents, and shifting towards prevention, reducing reliance on reactive, acute care.
- Planned Care & Long-Term Conditions – improving access to planned care, reducing waiting list pressures, and ensuring care is delivered closer to home through a place-wide approach.

### *Neighbourhood Health and Care*

At the heart of our transformation is our neighbourhood model, central to integrated health and care delivery and driving health and wellbeing improvements.

Each neighbourhood has a Community Partnership Board, leading efforts to improve health and wellbeing through active community engagement and collaboration. Each neighbourhood is supported by an INT, delivering joined-up health and care services, coordinating across health, social care, and mental health to ensure seamless, holistic care close to home.

Over the coming years, we will expand locally delivered services, with stronger leadership and autonomy at the neighbourhood level, ensuring services are more responsive and aligned with local needs.

Alongside our Place plan development, we continue to progress key initiatives in partnership.

Updates include:

- Community Assessment Support Day – our MSK and podiatry teams held their second CASD at Tadworth Leisure Centre, assessing over 100 people. This innovative model brought together clinical expertise with charities and community partners, providing holistic advice and recovery support.
- Heart Failure Pathway Development – in response to high cardiovascular disease rates, we have co-designed and launched a new Heart Failure pathway focused on neighbourhood-based support. Patients are proactively identified and supported by their neighbourhood teams, with streamlined referral pathways into community clinics and step-up access to the Virtual Ward as needed.
- Population Health Deep Dive & Strategy Development – we have undertaken a detailed review of population health needs across Surrey Downs and at the neighbourhood level, including modelling for 2040 to guide future planning. These insights have been central in shaping our development plans and population health strategy.
- Neighbourhood Boards – each Community Partnership Board has been co-developing its 2025/26 health and wellbeing plan, based on local needs, with sign-off expected in April.
- INT Transformation Plan – we have developed the next phase of INT transformation, aligned with the latest neighbourhood guidance, with one-year INT business plans outlining how each team will strengthen existing models and expand service provision.
- Engagement – we have kicked off a series of engagement sessions to launch our place-based plan. This has included place-wide drop-in sessions, where board members have

discussed each workstream, explaining why it is a priority and how it will drive local improvements.

## 4. Looking after our People

### 4.1. Values and behaviours

Driven through our Connecting Surrey Heartlands programme, we have developed a final set of values and behaviours for the ICB that have very much been driven by staff. Extensive engagement has taken place across the organisation and within directorates to complete this work and we will shortly be launching these across the ICB.

A key consideration, coming from the wider engagement and supported by the Executive Team and Board in recent discussions, is how these will be effectively implemented and how we commit to and take responsibility for how we behave towards each other at all levels of the organisation and with our system partners. Further work will now follow on the socialisation of the values and behaviours to the wider organisation, introducing these into ongoing workshops and team discussions within all directorates, looking at what these mean to individuals and teams and how these will be brought into life in team discussions.

In summary the new values are:

*Integrity* – we are open, honest, accountable and committed to doing what is right

*Learning* – we are motivated to continuously learn, drive meaningful change and improve people's health, care and wellbeing

*Connection* – we build trust and maintain strong, healthy and inclusive relationships

*Respect* – we care about people and respect their dignity and worth.

### 4.2. NHS Staff Survey

The national publication of the NHS staff survey results is expected mid-March. Moving forward we will be aligning how we embed our new values and behaviours with overall cultural improvement across the organisation, alongside targeted work with those teams where results are showing more support/action is needed.

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