

Agenda item 6 – ICB update

On 1st April, the newly merged [NHS Surrey and Sussex Integrated Care Board](#) became effective.

The ICB itself continues to be in a state of flux, with a 50% reduction in staff across the wider geography. This follows a mandate from the Department of Health and Social Care in 2025 that all ICB's would need to reduce their running costs. ICB's were told that they would need to operate within an annual cost of £18.76 per head of population, and a national Model ICB Blueprint set out functions and responsibilities for ICBs for the future. In future, the ICB would focus on four areas:

- Strategy
- Strategic Commissioning
- Clinical and Quality Commissioning
- Finance and Resources

For Sussex, with a weighted population¹ of 1.876 million people, this meant that the annual NHS Sussex running costs would have to be reduced by 53% from £76 million to £35 million by 31 December 2025, whilst still retaining all their existing statutory functions and legal duties.

As a result, the decision was taken to combine Sussex and Surrey ICBs into one larger organization, which would produce a weighted population (including Farnham and Surrey Heath) of 3.06 million and provide a running cost budget of £57 million.

The proposal included the retention of two separate Integrated Care Partnerships, one for Sussex (which is currently called the Sussex Health & Care Assembly) and one for Surrey (which is currently combined with the Surrey Health & Wellbeing Board) so that an independent focus can be maintained on the population health needs in each of the two proposed Mayoral authorities. Alongside this core approach, the ICB are strengthening collaboration across the Southeast region to explore how services can be delivered more efficiently and consistently at scale.

Implications for Healthwatch

A number of ICB staff have already left the larger ICB under voluntary redundancy, and more are expected to follow, with final headcount and staff structures unlikely to be embedded before July 2026. Going forward, it is not clear who we will be able to liaise with or escalate our concerns to, and we have already noted that responses and email traffic from the ICB have dwindled. We are maintaining our relationships as best we can and continue to meet with officials.

¹ A weighted population is an adjusted count of people where individuals or groups are assigned different values based on specific factors like age, health needs, or location, rather than a simple 1-to-1 head count. It is used to ensure, for example, that healthcare funding matches demand rather than just raw patient numbers. The actual population of Sussex is approximately 1.7 million.

Healthwatch responded to the proposed structures and new operating model as part of the ICB's consultation. We expressed concerns around the ICB's ability to deliver its involvement and engagement functions with a change in team from around 11 to 3 posts covering both Sussex and Surrey. This scale of reduction is difficult to reconcile with both the national ICB blueprint and the Strategic Commissioning Framework, which clearly position patient experience and involvement as areas requiring sustained investment. The response we received from the ICB CEO thanked us for our concerns, but we do not believe they changed the proposed structures.

Healthwatch is concerned that the ICB is facing a real risk that the gap between policy intent and operational reality may widen significantly under the proposed model.

It is unclear how the Sussex/Surrey relationship will work, which services will be commissioned across the wider ICB and which at County level.

The meeting hierarchy has yet to be determined and so it is unclear which meetings Healthwatch will be invited to join.

We are also unclear what the ICB's plans are for working with the three Sussex Healthwatch teams and Healthwatch Surrey, or whether discussions about a future model of patient engagement will be seen through a Sussex: Surrey lens.