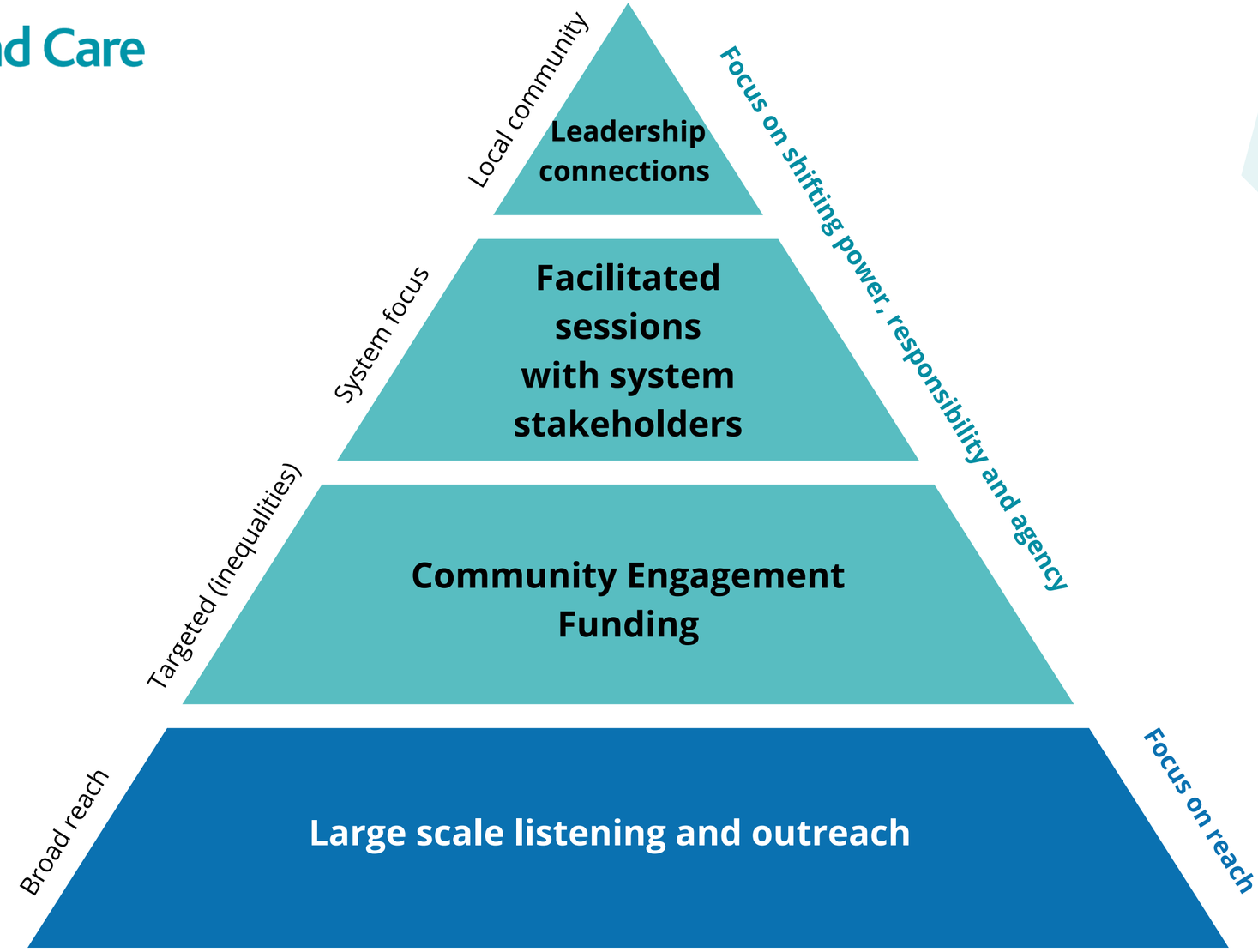
Frimley Health and Care

Reconnect • Reset • Rebuild

UPDATE AND INSIGHTS

Frimley Health and Care



Reconnect • Reset • Rebuild

Frimley Health and Care

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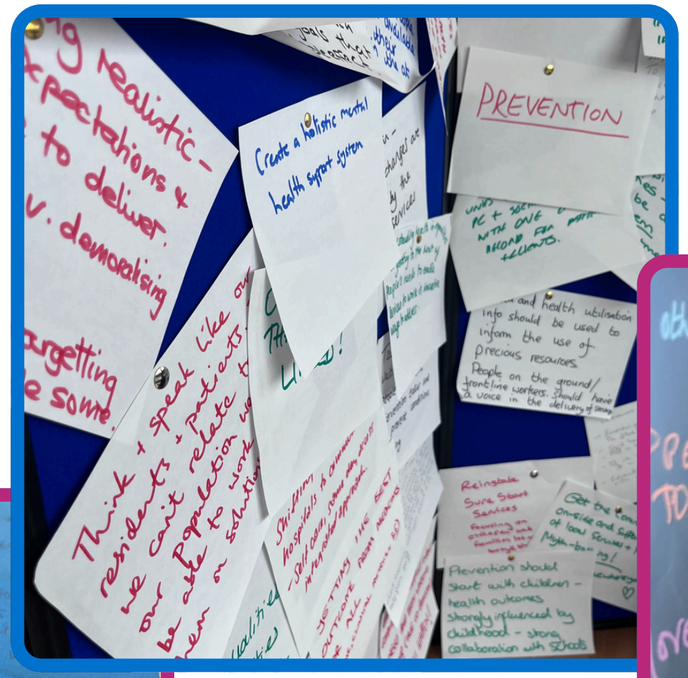
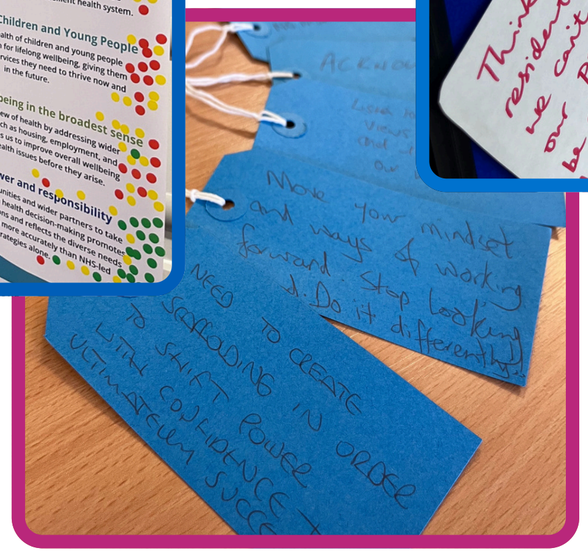
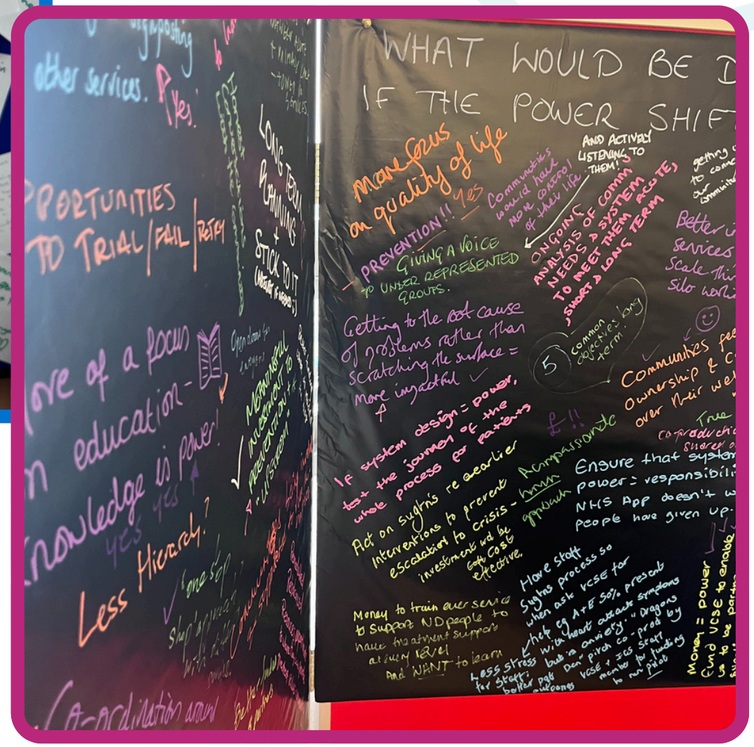






Since the launch of the Reconnect, Reset, Rebuild programme in November we have seen fantastic progress so far, including:

200+ individuals have actively contributed across 16 dynamic stakeholder sessions, bringing diverse insights and perspectives to the table.

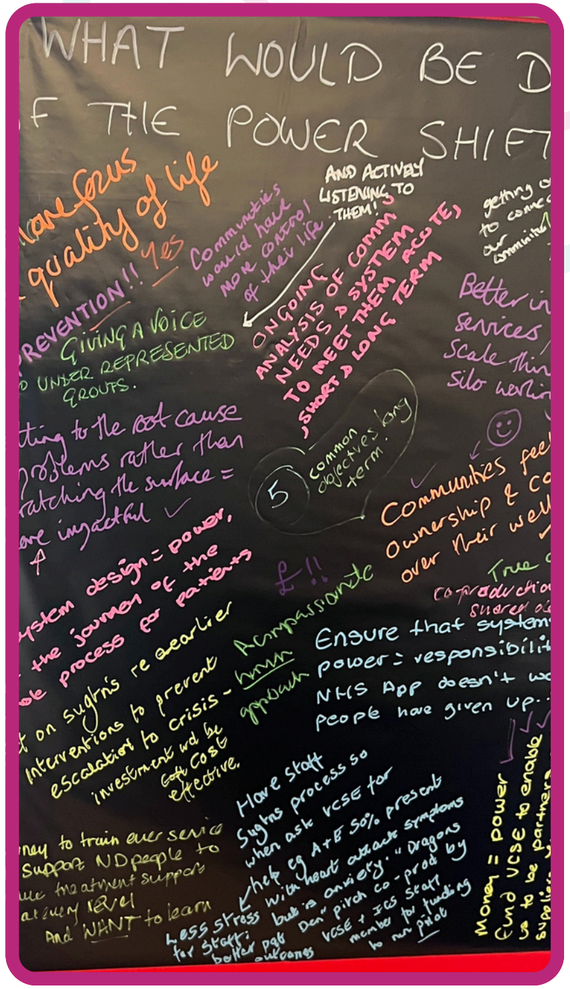
60+ organisations from across our Integrated Care System have engaged in these sessions, demonstrating a strong collective commitment to shaping the future of health and care.

16 workshops in 6 different locations: Surrey Heath, Farnborough, Bracknell Forest, Maidenhead, Slough and at Heatherwood Hospital in Ascot.

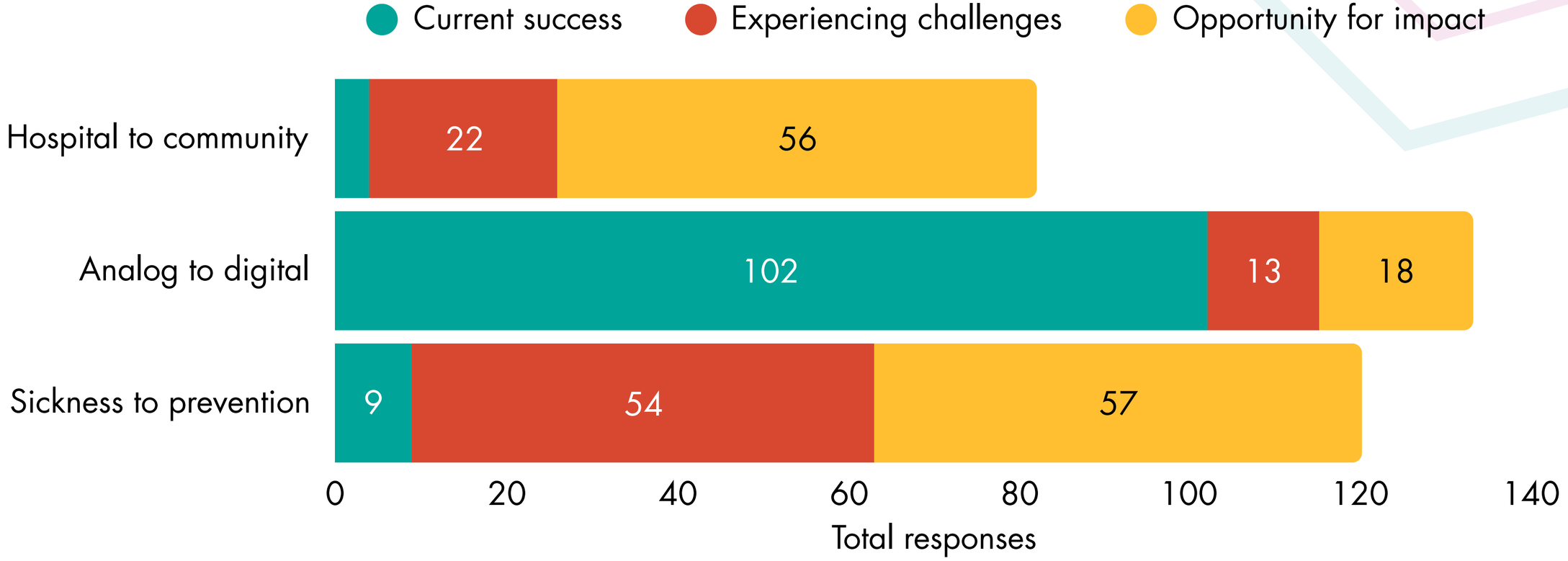
103 responses from our online community panel members, local residents with an interest in health and care services.

SHIFTING POWER

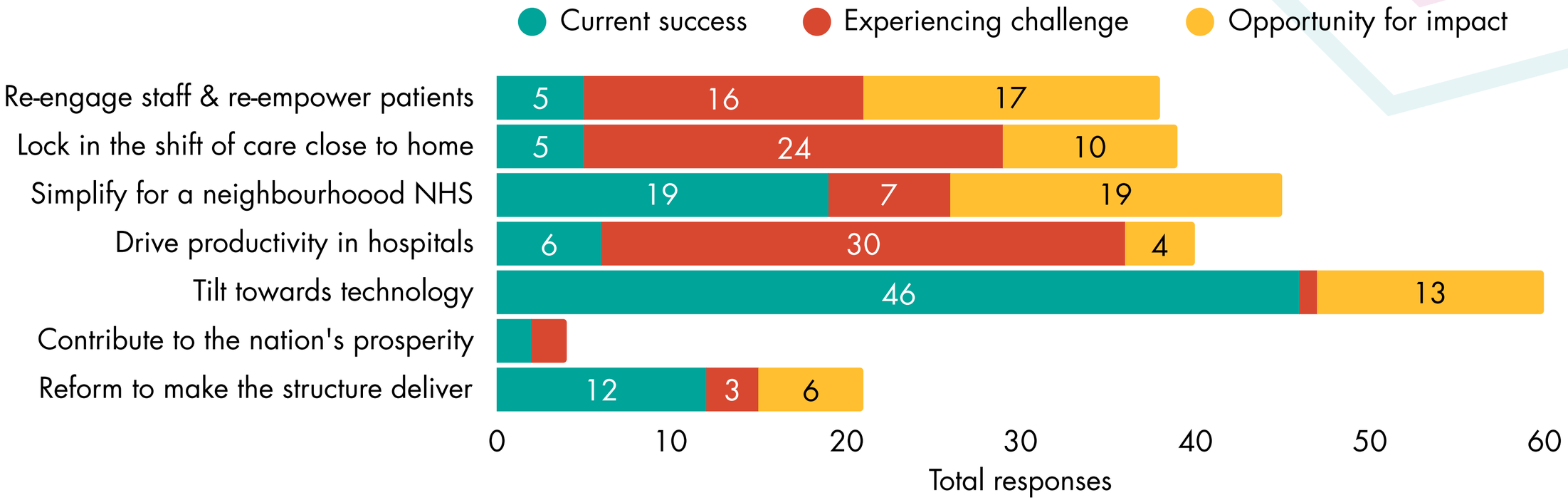
1. **Empowering communities to lead:** Participants highlighted the need for empowering communities to support each other, not just as recipients of services but as active contributors to health and wellbeing. This includes creating the conditions for people to take ownership of solutions locally.
2. **Rebalancing control within the System:** Some reflections challenged the current model of control, pointing to a desire for more equitable power-sharing across organisations and places. Local areas want greater flexibility to define success on their own terms.
3. **Using data to shift the narrative:** Feedback suggests that data and community insight, when combined, can help rebalance influence—giving community priorities more weight in system decision-making.
4. **Hearing across generations:** There was a call for intergenerational inclusion, recognising the value of different life stages and lived experiences in shaping future services. This is about listening deeply, not just consulting widely.



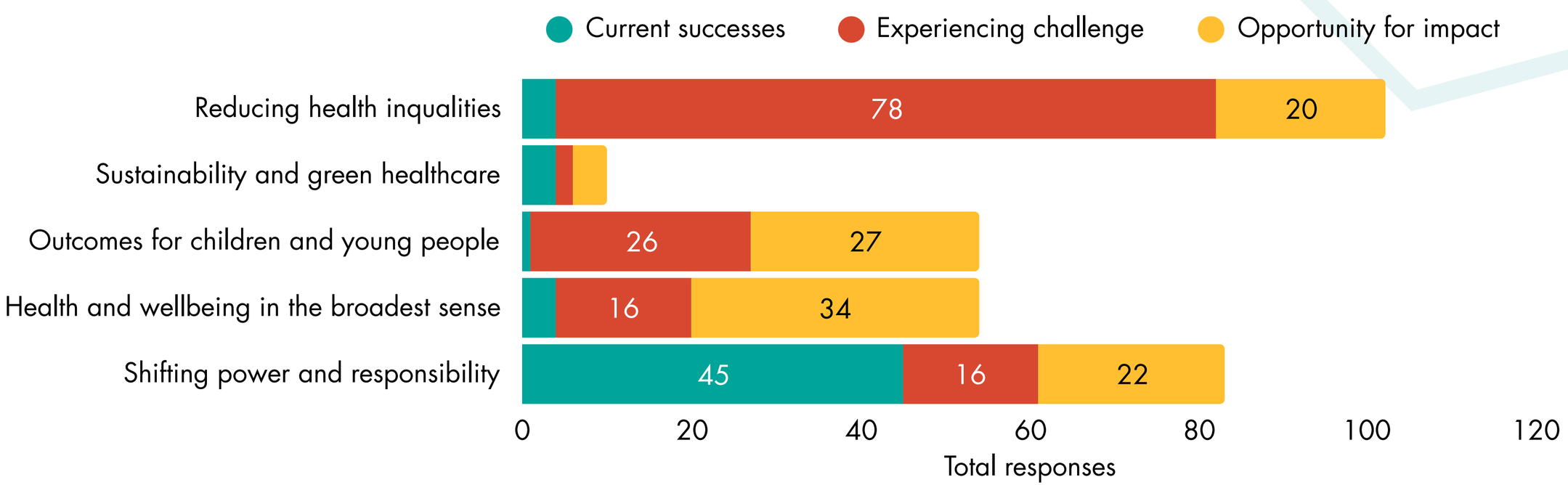
THREE SHIFTS



THE DARZI REVIEW



FRIMLEY HEALTH AND CARE



ONE PRIORITY...

Top 5, ranked by response volume and frequency

1. System Alignment, approach, culture & leadership
The most frequently mentioned theme—strong, compassionate leadership is seen as vital to effective system-wide change. Key focus areas include: **better collaboration, clear communication**, and **leadership accountability** at all levels.

2. Focus on Prevention
A significant priority - shifting healthcare from treatment to prevention. The need for **public awareness, early intervention,** and **localised prevention strategies** was strongly emphasised.

3. Reducing Health Inequalities
A tangible concern - addressing systemic inequalities to ensure equitable access to healthcare. Emphasis on **understanding barriers, targeting long-wait patients**, and **valuing the voluntary sector's role** in tackling disparities.

4. Localised care, and **5. patient engagement** complete the top five—indicating that **power shifts towards communities** and better **inclusion of patient voices** are important future priorities.

"Continue with the culture of compassionate leadership across health and care—it makes a difference. Leadership throughout the NHS and ICSs must be proactive in making meaningful change, not reactive."

"Change the national narrative—patients should be more informed and more involved."

ONE MESSAGE...

The key messages stakeholders want to communicate to the Integrated Care System revolve around leadership, accessibility, prevention, and community collaboration.

System leadership, alignment & culture was the most mentioned and seen as essential for driving meaningful change. Calls for **bold decision-making**, system-wide collaboration, and **visible leadership** that engages directly with communities.

"Be persistent in pushing for change. Be bold, try new things and don't be afraid to fail."

Stakeholders reject a 'one-size-fits-all' approach and call for **services that meet diverse community needs**. A strong focus on **fair access to healthcare** and ensuring disadvantaged groups are properly supported.

"Health and care must be designed around real people, not rigid system structures."

There was a strong emphasis on **shifting resources to prevention**, particularly in education, employment support, and physical activity. This was seen as the key to **reducing pressure on hospitals** and improving long-term outcomes.

"Prevention with communities is key, look at what works and expand it."

Other messages focussed on the importance of **staff wellbeing**, recognising the **voluntary and community sector as an essential partner**, with stakeholders urging **long-term investment** in these organisations. **Mental health** services must be fully integrated and prioritised, with a **focus on early intervention** and community-based support.

MORE REFLECTIONS...

Alongside the dominant themes, several insightful but less frequently voiced ideas emerged that are no less important.

A call for optimism and belief in change - a desire for the system to **move beyond crisis mode** and towards confident, values-led change.

End of life care - While not widely mentioned, these insights suggest an opportunity to **elevate this conversation** within planning discussions.

Sustainability - Although not a dominant theme, this may be a gap worth exploring as **green healthcare principles** will be part of future transformation.

Requests for simplicity and practicality - Some indicate a gap between strategy and delivery—and a desire for **more implementable solutions.**

Neurodiversity as a crosscutting need - a valuable perspective for **inclusive design**, especially in service access, communication and engagement.

“Change is possible and there is fantastic work happening—don't lose that energy.”

"Ensure people have opportunities to discuss end-of-life care early."

"We must not forget sustainability."

“Utilise and connect the resources you already have—don’t overcomplicate it”

"Neurodiversity affects every service. They are not a specialist group—they are part of the core population."

Our Community Engagement Fund opened up new conversations with different groups and communities...

1000 APPROX.

people have now been involved in conversations about their wellbeing and the future of health and care services thanks to funding that supported 20 community, charity, and voluntary sector organisations to connect with our local communities.

Luminus
Home of Healthwatch Surrey

Sakoon Through Cancer
• EMPATHY • SUPPORT • TRUST

Slough Refugee Support

BADHOGS
Bracknell Area Deaf & Hard-Of-Hearing Support Group
badhogsbracknell@gmail.com

HOME START Waverley

family action

UwG Utulivu Women's Group

Autism Berkshire

Macular Society

tvps
a positive future

healthwatch Bracknell Forest

VISUAL ART STUDIO

ONE WORLD ONE FAMILY TSP

PROJECT TOGETHER

Voluntary Support NORTH SURREY

सिटिजन एडभाइस citizens advice Rushmoor

TOGETHER AS ONE

health hub

RUSHMOOR Voluntary Services
Local support for local people

COMMUNITY ENGAGEMENT

Key themes linked to the ‘three shifts’

Hospital to community

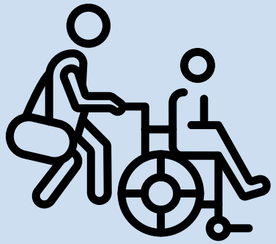
Prioritise regaining and/or maintaining independence

Improved hospital communication after discharge

More urgent care facilities

Improved transport options

Reduce waiting times



Faster, safer, hospital discharge

Better training for carers to enhance care at home

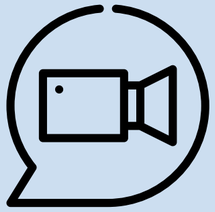
COMMUNITY ENGAGEMENT

Key themes linked to the ‘three shifts’

Analog to digital

Better integration and management across different systems used within healthcare

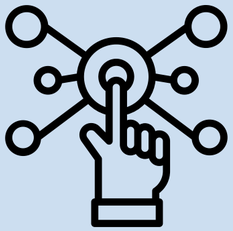
Effective coordination of appointments and treatments



More use of video calls

Enhancing communication across different health and care providers

Better online translation services



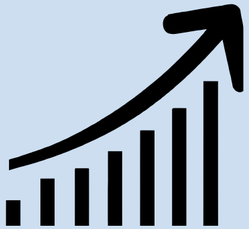
Encouraging digital engagement

Raising public awareness of how information is stored and who has access to it

COMMUNITY ENGAGEMENT

Key themes linked to the 'three shifts'

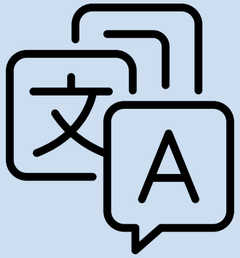
Sickness to prevention



Increased investment in prevention

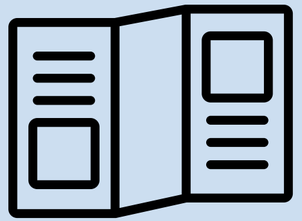
Better signposting for local services and support for carers

Improved information to build awareness of people's rights



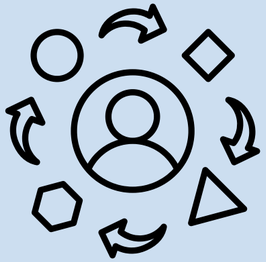
More availability of translation/ interpretation/ BSL

Education and training for staff to reduce stigma and misconceptions

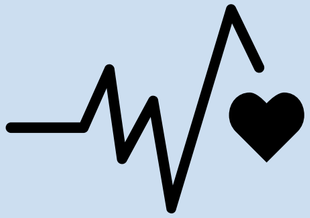


More non-digital information sources

Improved access to safe green spaces



Culturally adapted information



Annual health screening

Frimley Health and Care

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COMMUNITY ENGAGEMENT

TOGETHER AS ONE

45 young people took part from eleven different ethnicities. They analysed barriers to accessing health support and modelled where they would invest in health services and made delicious healthy wraps (the incentive to join the session!)

The group were informed that they were an NHS commissioner who had found a million pounds in their budget and their challenge was to allocate the funds where they felt the spending was needed the most.

	Digital and online health services	Youth specific services	Health Education and Prevention	Sexual Health	Emergency and Urgent Care	Physical Health	Mental Health and Well-Being	Specialist Services	Community and Social Health	Access and Equity	Innovation and Future Planning
Group 1a	75	75	200	75	75	75	50	100	75	75	100
Group 1b	100	50	75	100	250	75	75	100	75	50	50
Group 2a	100	75	25	25	250	150	75	100	75	50	75
Group 2b	75	75	75	50	200	150	100	75	50	50	100
Group 3a	75	25	75	50	300	100	125	100	50	50	50
Group 3b	75	50	75	25	350	50	50	75	75	100	75

THAMES VALLEY POSITIVE SUPPORT

Focus groups reaching 34 people discussed barriers to accessing healthcare for those affected by HIV, and people from the LGBTQIA+ community living in East Berkshire

People Living with HIV

- 15 of 17 worried about stigma if HIV status was disclosed to healthcare staff
- GPs and general healthcare settings often lack HIV knowledge, causing mistrust
- Disclosure feels unsafe in busy or non-private settings
- Preference for care through sexual health clinics due to specialist understanding
- Fear of unnecessary sharing of HIV status in referrals and documentation

LGBTQIA+ Community

- 13 of 15 worried about stigma if disclosing gender or sexuality
- Widespread misgendering and stereotyping by healthcare professionals
- Avoidance of care due to ‘hostile’ environments or lack of gender-inclusive options
- Screening and documentation systems are often non-inclusive
- Participants often delayed care to avoid judgment or misunderstanding

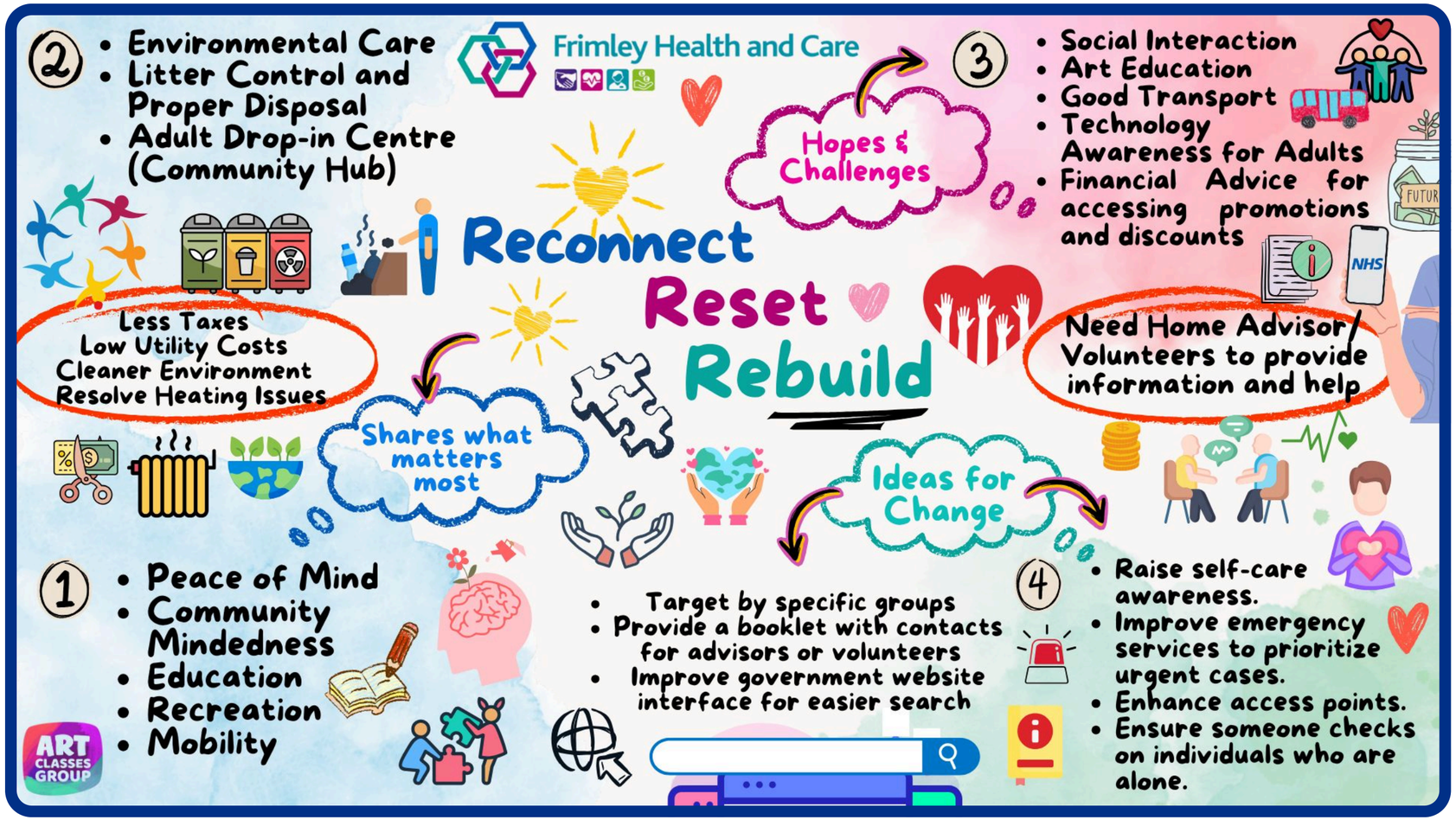
"I wish all my healthcare could be through the sexual health clinic..."

"Now I just lie and say I'm straight."

"Being non-binary should not cause this much angst."

VISUAL ART STUDIO

The group co-created a large collaborative artwork that reflects the group's thoughts, experiences, and wellbeing priorities. Many of the participants have been referred by GPs due to loneliness or mental health challenges.



Frimley Health and Care

NEXT STEPS

- What stands out from what you've seen and heard?
- How do we use what we've learnt to make a meaningful difference?
- How do we work together to overcome some of the challenges identified in this work?