Somerset VCFSE Feedback on Proposed ICB Cluster Arrangements

Summary Report

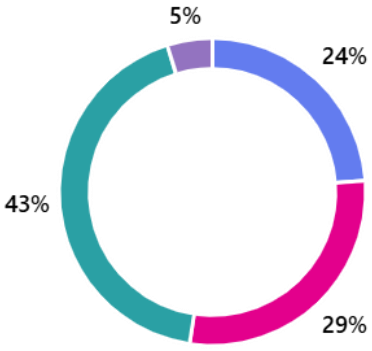
A total of **21 responses** were received from voluntary, community, faith and social enterprise (VCFSE) organisations, all members of the Somerset VCFSE Collaborative.

Overall Position

Responses indicate broad support for retaining the current ICB boundary arrangements, although this support is often accompanied by caveats about the importance of local influence, rurality and effective cross-boundary collaboration.

Response breakdown:

- Strongly support the proposed approach: 5 responses (24%)
- Support the proposed approach: 6 responses (29%)
- Neutral: 9 responses (43%)
- Oppose the proposed approach: 1 response (5%)



This means that 53% of respondents expressed support or strong support for retaining current boundaries, while 43% were neutral and 5% opposed the proposal.

Key Themes Emerging from the Feedback

1. Avoid Further Structural Disruption

The most consistent message was concern about the impact of another major NHS reorganisation. Respondents highlighted that considerable effort has already been invested in building relationships, governance arrangements and collaborative working. Many felt that further structural change could divert attention away from service delivery and slow progress on existing transformation programmes.

Several organisations felt maintaining current arrangements would allow partners to focus on improving services rather than managing organisational change.

2. Importance of Local Identity and Rurality

Many respondents emphasised that Somerset's rural nature creates distinctive challenges that need to be reflected in commissioning and service design.

Key issues highlighted included:

- Rural access to services
- Transport challenges
- Workforce shortages
- Digital exclusion
- The importance of community-based delivery models that understand local needs.

There was concern that larger regional structures could overlook these factors and result in less responsive decision-making.

3. Protecting Local Voice and Place-Based Working

A recurring theme was the need to ensure that Somerset's voice remains influential within any future arrangements.

Respondents stressed that place-based partnerships work best when decisions are sufficiently close to local communities and local health and care systems. There was concern that larger structures could dilute local influence, particularly for smaller organisations and community-based providers.

4. Recognition that Natural Geographies Matter

Several responses reflected the view that organisational and commissioning boundaries should align with existing population flows, service use patterns and local authority areas where possible.

Views varied on the best configuration, but respondents commonly noted that some neighbouring areas have stronger historic, service or population connections than others. There was recognition that no single configuration would satisfy every organisation.

A small number of respondents had strong links to RUH, so were keen to retain the connection whereas others felt that Somerset, Dorset and Wiltshire represent a more coherent cluster because of their shared rural characteristics, service delivery challenges and population needs. These respondents questioned whether Bath and North East Somerset and Swindon naturally fit within the same grouping, suggesting that those areas may have stronger alignments elsewhere. There was concern that the inclusion of more urban populations could risk rural priorities being overshadowed if governance arrangements do not ensure balanced representation.

5. Focus on Patient Experience Rather Than Administrative Boundaries

A number of respondents emphasised that future arrangements should prioritise:

- Continuity of care
- Consistent service pathways
- Equitable access to support
- Reduction of "postcode lottery" effects

There was a strong message that residents should be able to access appropriate services regardless of administrative boundaries.

6. Support for Cross-Boundary Collaboration

Even among those supporting the retention of current boundaries, respondents recognised that effective collaboration across neighbouring systems will remain essential.

There was support for mechanisms such as:

- Memorandums of Understanding
- Formal partnership agreements
- Shared governance arrangements
- Collaborative commissioning approaches
- Clear accountability structures

Many respondents viewed these arrangements as important mitigations regardless of the final boundary configuration.

Concerns Raised

Although only one respondent formally opposed the proposal, several concerns emerged:

- Further reorganisation may be costly and distracting.
- Large-scale clusters risk weakening local responsiveness.
- Changes could slow decision-making and implementation.
- The consultation proposal was seen by some as insufficiently developed to enable informed feedback. There was also feedback on the lack of clarity in relation to the ICB's role.
- Existing partnerships could potentially be disrupted if future arrangements are not carefully managed.
- Some respondents expressed concern about ongoing uncertainty regarding future cluster membership and leadership arrangements, noting that prolonged periods of ambiguity can create instability for partners and hinder planning. There was a strong preference for a clear, settled position that would remain stable over the medium term.

What Organisations Would Like to See

Across the responses, respondents consistently highlighted the importance of:

- Strong place-based decision making and engagement. 'Place' as the default.
- Recognition of Somerset's rural characteristics.
- Protection of established relationships and partnerships.
- Formal collaboration agreements across boundaries.
- Transparent governance arrangements that ensure all constituent areas have an equal and meaningful voice, with safeguards to prevent more populous urban areas from disproportionately influencing decision-making.
- Clear accountability and oversight structures.
- Continued engagement with the VCFSE sector in future planning.

Conclusion

While views differed on the optimal geography, several respondents emphasised that any future cluster should be based on shared characteristics and operational coherence as well as organisational scale. Some respondents have strong links to RUH (and therefore were supportive of including BANES), whereas others felt that Somerset, Dorset and Wiltshire represent a more coherent grouping because of their shared rural characteristics, service delivery challenges and population needs. There was particular emphasis on ensuring that rural populations and communities retain a strong voice within any future arrangements, and that governance structures provide equitable influence across all areas regardless of population size. Respondents also stressed the importance of reaching a clear and durable decision, recognising that continued uncertainty could undermine partnership working, workforce stability and long-term planning.

The Somerset VCFSE sector is generally supportive of retaining the current ICB boundary arrangements, primarily because of concerns about the disruption and complexity associated with further reorganisation. There is a strong desire to protect local relationships, maintain a focus on Somerset's distinct rural needs, and preserve place-based influence.

At the same time, some respondents highlighted the practical challenges created by existing boundaries, particularly for communities living close to county borders. There was a view that greater alignment across neighbouring systems could improve access to services and reduce situations where residents are unable to access support because commissioning arrangements do not reflect the way people naturally use services across geographic boundaries. This reinforces the importance of ensuring that future arrangements prioritise seamless care pathways and equitable access for residents, regardless of administrative structures.

Respondents consistently expressed support for stronger formal partnerships and cross-boundary working, provided local voice, equitable access to services and community needs remain central to decision-making.

A notable theme was the call for appropriate investment in mechanisms that enable meaningful VCFSE engagement and influence. Respondents highlighted both the vital contribution that voluntary sector organisations make to health and wellbeing outcomes and the need for those organisations to have a stronger voice in future system design. Several respondents specifically highlighted the role of infrastructure organisations in bringing together sector insight, identifying community need, supporting collaboration across the footprint and acting as a strategic partner to the cluster in delivering prevention, community-based approaches and the ambitions of the NHS 10-Year Plan. This reflects a wider expectation that the VCFSE should be engaged not only as a provider of services, but as a key strategic partner in shaping future health and care arrangements.

The feedback suggests that, for the VCFSE sector, the key issue is not simply where boundaries are drawn, but whether future arrangements enable effective local commissioning, meaningful engagement with communities, fair representation across the footprint, equitable access to services, and improved outcomes for residents.