Cumbria CVS: Comments on ICB Boundary Alignment with Strategic Authorities

The notes below have been compiled by Cumbria CVS, based on conversations with voluntary, community, faith and social enterprise (VCFSE) sector organisations operating across Cumbria.

Over 40 VCFSE organisations have contributed, via an online meeting and by email, from small local groups to the Cumbria-based staff of national charities.

Given the wide range of organisations involved, there was no clear consensus on a preferred option for future ICB boundaries; however, there are several key themes from the discussions.

There is significant concern about the disruption that a boundary change would cause

Effective partnership working is reliant on strong and consistent relationships, which take time and effort to develop. Over recent years, our VCFSE has worked hard to develop an understanding of the range and value of our work amongst ICB colleagues.

Specific concerns were:

- Relationships have already been disrupted by the recent ICB restructures, and another change is likely to further weaken those already fragile connections.
- Change makes it more challenging to maintain a strong VCFSE voice within the health system, at a time when delivering on the NHS Plan priorities is dependant upon effective system working.
- Further changes are highly likely to impact on commissioning and contracts (and so on the services that people receive). We have seen significant negative impacts from the recent restructure, with many VCFSE providers still on short term contract extensions (or with no contract yet in place). This has the biggest impact on our small, local providers, who are less able to cope with uncertainty and gaps in funding – but who are a key player in delivering the "left shifts" of the NHS Plan.
- Changes could disrupt clinical networks, impacting on wider relationships with the VCFSE, and on patient care.

It was felt that as there would never be perfect alignment of **all** boundaries, it was important to focus on finding ways to make things work well across boundaries, and the threshold for making a further change should be high in order to avoid unnecessary cost and disruption.

There are potential benefits to Cumbria being within a single ICB

Cumbria is a large and predominantly rural county, and as a result, its residents often face specific challenges accessing health services. It has often been a struggle to get this distinct Cumbrian voice heard within two large ICBs.

It was felt that it could be easier to articulate these needs if the whole of Cumbria was within a single ICB, both because Cumbria would be a larger part of the overall ICB, and because organisations would only need to make their case to one ICB, rather than splitting their effort two ways.

Specific issues raised were:

- Cumbria faces specific issues related to remote rural and coastal communities, limited infrastructure and long (expensive) journeys, and tourism (including its transient workforce).
- Many VCFSE organisations work across both NENC and LSC ICBs. This means they need to maintain relationships with both ICBs, and need to navigate two systems, with different requirements, to secure and report on funding. Again, this is more challenging for smaller providers, including small specialist providers who provide services across Cumbria.
- The NHS boundary across Cumbria also causes confusion for patients, as it can be difficult to understand what services they can access (which is a particular issue when health and local authority boundaries are similar, but different).

There were also benefits identified for a Cumbria ICB (rather than Cumbria being part of a larger ICB), as the Cumbrian voice would be most likely to be heard and to effect change for our population.

Place-based Engagement and Commissioning is important regardless of ICB boundaries

There were concerns expressed that should be considered regardless of the decision on ICB boundaries, as they are important for the successful delivery of Neighbourhood Care.

In recent years, we have seen more NHS decisions move outside Cumbria. This makes it much harder for small, local VCFSE organisations to engage; it is time consuming and expensive for an organisation based in (for example) Egremont to travel to events in either Newcastle or Preston, and so hard for these organisations to get their voice heard.

It is therefore critical to develop effective processes for commissioning more locally, at neighbourhood or place level, if we are going to successfully involve these organisations in neighbourhood care.

If ICB Boundaries change, the communications will need be carefully managed

There is a widespread assumption that a change in ICB boundaries would result in a change in where patients are treated (for example, with patients needing to travel to Preston rather than Newcastle (or vice versa) for specialist care). This leads to concerns that ongoing care will be disrupted, and that travel distances will become longer (and/or journeys more difficult).

Any announcement of boundary changes would need to clearly explain what **won't** change as well as what will change; this is particularly important for people (e.g. autistic people) who experience anxiety about perceived changes when messaging is unclear or overly complicated.

For any further information, please contact either:

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