

# Summary of respondent views and our response

Our public consultation about recovering [our regulatory costs for assessing integrated care systems](#) was open between 26 October 2023 and 21 December 2023. We asked 5 consultation questions, shown below:

- Question 1: Do you agree with our proposed approach to recovering our regulatory costs for assessing integrated care systems by charging integrated care boards an annual regulatory fee?
- Question 2: Please tell us the reasons for your answer
- Question 3: Are there any other options we should consider?
- Question 4: Are there any other regulatory impacts we should consider?
- Question 5: Are there any other equality impacts we should consider?

We received a total of 41 consultation responses (24 individual responses and 17 made on behalf of an organisation or body). There were 40 responses to question 1, of which 16 respondents agreed with our proposed approach (11 individuals and 5 responses from an organisation or body) and 23 respondents disagreed (12 individuals and 11 responses from an organisation or body). One respondent neither agreed nor disagreed and 1 respondent did not complete a response to question 1. See annex for a more detailed summary of responses for each question.

When analysing consultation responses across all questions we identified the following overarching themes. We next outline these themes along with our considered response, showing how we considered the responses in making our decision. The overarching themes are:

- central funding for assessing integrated care systems
- recovering our regulatory costs from a wider range of organisations in an integrated care system
- current financial challenge facing integrated care boards
- our role and responsibility to assess integrated care systems
- adapting our regulatory activity for assessing integrated care systems

## Central funding for assessing integrated care systems

Many respondents suggest our regulatory costs for assessing integrated care systems should be more centrally funded, for example, directly from the government, from NHS England, or we directly fund our regulatory activity of assessing integrated care systems.

**Our response:** While we welcome all responses, we clarify this suggestion is beyond our control. We can only charge a regulatory fee where we have power to do so. There is no funding available from the government, and as a regulator we are expected to comply with HM Treasury's managing public money guidance. Government guidance states there to be a clear and direct link between us charging a regulatory fee and benefits to the recipient.

# Recovering our regulatory costs from a wider range of organisations in an integrated care system

Some respondents suggest any regulatory fee is distributed across organisations in the integrated care system. For example, charging health and social care providers and local authorities, alongside charging integrated care boards.

**Our response:** We recognise integrated care systems involve a wide range of partners who contribute to health and social care in the system, for example providers and / or local authorities, and who could financially contribute to our regulatory oversight of integrated care systems. Our consultation captures this option as one we considered for how to recover our regulatory costs for assessing integrated care systems. We consider our independent assessment of integrated care systems will especially provide strategic benefits to integrated care boards. We also consider our intended approach is more straightforward to implement and administer. It also avoids any potential additional regulatory fee for other integrated care system partners. Some of these may already be paying a fee for our regulatory oversight.

## Current financial challenge facing integrated care boards

Respondents comment on the current financial challenges facing organisations across the integrated care system, including integrated care boards. Respondents highlight there is already an announced reduction in integrated care board's future running cost allowance. Respondents therefore note an additional regulatory fee will further impact on funding available to an integrated care board which they say will in turn impact on patient care and workforce.

**Our response:** We recognise our intended approach to recovering our regulatory costs for assessing integrated care systems directly reduces the amount of money available to integrated care boards to deliver their objectives. As outlined in our next steps we continue to consider ways to mitigate the level of our regulatory costs, which in turn may help to minimise the amounts payable by integrated care boards in regulatory fees.

## Our role and responsibility to assess integrated care systems

Respondents highlight how we already assess other organisations within an integrated care system including, for example, health and social care providers. Some respondents therefore question whether we need to also assess integrated care systems.

**Our response:** We welcome all consultation responses and are grateful respondents took the time to input their views. We clarify our statutory duty from the Health and Social Care Act 2008 (as amended by the Health and Care Act 2022) is to conduct reviews and performance assessments of integrated care systems. We are working with stakeholders to ensure our assessment of integrated care systems adds value to the assessments we already undertake for organisations within an integrated care system.

## Adapting our regulatory activity for assessing integrated care systems

Many respondents took the opportunity to offer views on our assessment methodology and process for assessing integrated care systems. Suggestions from respondents were mostly aiming to mitigate the level of our regulatory costs for assessing integrated care systems. Respondents were also seeking assurance around the benefits of our assessments. Some respondents suggested our regulatory activity could be adapted and should take account of evidence from integrated care board peer reviews and assessments.

**Our response:** We direct stakeholders to [integrated care system assessments](#) for updates and information about our assessment programme. We clarify this consultation is about how we recover our regulatory costs for assessing integrated care systems. Our methodology for assessing integrated care systems is therefore beyond the scope of this consultation. We are of course grateful for all consultation responses, and we carefully considered all respondent views.

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