

Consultation: regulatory fees for integrated care system assessments

This consultation has closed

The consultation closed at 5pm on Thursday 21 December 2023.

We will report on the outcome soon.

This consultation sets out our proposed approach to recovering our regulatory costs for assessing integrated care systems by charging integrated care boards an annual regulatory fee.

We have a new duty to carry out an <u>independent review and performance assessment of integrated care systems</u>. This enables us to provide additional assurance to the public of the quality of care in their area.

Integrated care systems

Integrated care systems are partnerships of organisations that come together to plan and deliver joined-up health and care services to improve the lives of people who live and work in their area.

Each integrated care system is made up of 2 key elements:

- integrated care board: a statutory body responsible for planning NHS services, including ambulances, primary care, mental healthcare, hospital (acute), community and specialist care.
- integrated care partnership: a statutory committee made up of a number of smaller bodies. It has a broader focus, covering public health, social care and wider issues impacting the health and wellbeing of their local populations.

Our new assessments aim to understand how integrated care systems are improving outcomes for people and tackling health and care inequalities. We have published our legal duties and the Secretary of State's objective and priorities for this work. We will consider how services are working together within an integrated care system, as well as how systems are performing overall.

How to respond

We consider this consultation is of specific interest to:

- Integrated care boards
- Department of Health and Social Care
- NHS England
- Equality and Human Rights Commission

The consultation may also be of interest to other stakeholders and professional bodies. We are particularly interested in responses from integrated care boards.

This consultation sets out our proposed short-term approach only. We describe and calculate proposed regulatory fees using 2024/25 as an example year, and propose to continue to apply the same methodology in the short term. We are reviewing our current regulatory fee model to align with our new regulatory approach, and to future-proof it for a changing provider landscape. Any changes to our approach or future fees model will be subject to a separate consultation process. We will carry out initial assessments for all integrated care systems to achieve a baseline understanding of quality before starting our longer-term approach for ongoing assessment. Our forecasted regulatory cost for 2024/25 is based on us undertaking our initial assessments within a 2 year period. We will continue to consider how to mitigate costs, including what impact a longer delivery timeline would have on them.

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