08 March 2024

NHS Providers response to CQC's consultation survey on integrated care systems assessment reports

We have recently responded to a CQC consultation on the usefulness and content of their new integrated care system (ICS) assessment reports. We have welcomed the broad intentions of the assessments, as described in their interim guidance, and the opportunity to explore to what extent ICSs have delivered on their four core purposes. We have also highlighted the need for distinct and clear reports, adding value to providers, system partners and ICSs themselves, without introducing undue burden and duplication.

1 How much do you agree with this statement: 'I would find CQC's reports of Integrated Care System performance useful in my current role'?

Agree

Can you share more detail on why you would find them useful?

NHS Providers and our members believe that CQC's new role in assessing integrated care systems (ICSs) could allow CQC to better capture the challenges and achievements of providers, provider collaboratives and place-based partnerships within systems. This may help to identify shared issues, population health outcomes, and to look at entire pathways of care.

We believe CQC's ICS assessment reports could provide a useful overarching perspective of the unique challenges each system faces, and the interactions between different system players. We would value CQC's independent assurance of the quality of care in each area and your insight into how different ICSs are working to tackle health inequalities and improve health and care outcomes for people.

We believe the three themes which will be considered as part of ICS assessments – quality and safety, integration, and leadership – are the right ones to focus on, and could give a useful insight unavailable via site or organisation specific inspections into how services are working together and how systems are performing overall. The extent to which care is joined up and seamless, and health outcomes across a population, are vital to the overall experience of quality of care from the service user's point of view: it will be important to ensure that ICS assessments are undertaken with a focus on the patient perspective, and effect on the local population including inequalities. We therefore also commend the greater emphasis on people's experiences and on patient outcomes as part of the evidence considered under your new single assessment framework.

Similarly, we welcome CQC's intention to produce reports which are shorter, simpler and easier to read. The clarity, simplicity and timeliness of these assessment reports is crucial, and will determine their usefulness for different groups, including providers, patients and policymakers. We are also waiting with interest to see whether and how ratings will be used in the context of ICS assessments.

2 How much do you agree with this statement: 'I would find it useful to be notified when CQC publishes new ICS reports'?

Agree

3 What kind of information should we focus on in our ICS reports?

From your interim guidance on ICS assessments, we understand you intend to consider and report on people's experiences, health inequalities and population health outcomes, as well as on the quality and integration of health and adult social care within each ICS. We also note your intention to cover the core purposes of ICSs within the assessments: improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience, and access; enhance productivity and value for money; and help the NHS support broader social economic development.

While welcoming this intent, we are conscious about the potential for duplication and added regulatory burden associated with ICS assessments and reports, which could have an undesirable impact on our members and on ICSs themselves. We believe the reports should be aligned with the right-touch regulation principles: proportionality; consistency; targeted nature; transparency; accountability; and agility. They should be produced to serve a distinctive and complementary function to both CQC's provider assessment reports and NHS England (NHSE)'s assessments under the NHS oversight framework, under which providers and integrated care boards (ICBs) are separately assessed and segmented. We note that the core purposes of ICSs stretch significantly beyond a strict focus on care quality and improvement – for example value for money and supporting the local economy. To avoid duplication with NHSE, we suggest you focus on people's experience of care and the population outcomes resulting from that care. And to avoid duplication with CQC's existing assessments of organisations and services, we suggest you focus on integration, full pathways spanning multiple organisations or settings, and highlighting contextual issues common to all organisations in the ICS.

Ideally, ICS assessments (and the associated reports) would be distinctive, clear and helpful, providing new and valuable insight and a good value for money for ICBs, considering the reductions in their running cost allowance over the coming years.

While it is worth reflecting on the theory behind the reports, we would be keen to see a mock-up or draft version of an ICS assessment report, so we can better understand the structure and content. It would be useful to see how the quantitative and qualitative evidence gathered during the assessment has been used, and how the overarching messages have been balanced against the detail.

We are still unsure whether ICS assessment reports would be useful to patients and service users in making informed decisions about their care, but we believe that they do have the potential to enable system partners to understand their unique challenges, strengths and weaknesses, to reflect and improve.

We look forward to working with you as you roll out your new approach.

4 We are currently considering what areas of ICS performance we should focus on in our reports.

We'd like your feedback on some key potential areas so we can make sure we focus on what's useful for you.

a Potential area one: Relationships

What this may cover: Is there a joined-up system vision, signed up to by the local authority, voluntary sector, all providers and others. How is the delivery of this integrated into day-to-day running of systems? What evidence is there of shared risk?

How much would you agree with this statement: 'I would find it useful if CQC focussed on this area in its ICS reports'?
Neither agree nor disagree

b Potential area one: Relationships

What types of things do you think we should focus on in this area?

We welcome your intention to work together with national and local partners to share data and to gather evidence as part of ICS assessments. We agree that a close working relationship with NHSE is the only way in which these assessments would be successful, so as to avoid unnecessary added burden and duplication of function. We note your intention to mutually use the findings of your

respective assessments, so that no insight is lost and that decisions and judgements are well-informed.

From your interim guidance we also note your expectation for system partners (ICBs, local authorities, and providers) to come together following the report to review the assessment findings and publish action plans, which will be monitored by CQC. We believe that these improvement summits could potentially be helpful in sharing learning and good practice and in driving improvement and innovation. Although these discussions may be difficult in systems with low levels of cooperation and trust, there is a potential that they could help build a common understanding and sense of shared ownership of problems, if conducted well.

Good relationships are essential to system working and are a key part of a well led ICS. However, we are concerned that you are only suggesting looking at documentary evidence, or process measures, rather than assessing the quality of relationships themselves. A joined-up system vision, or evidence of shared risk, could be in place despite poor relationships, and good relationships could exist without these. The presence or content of documentary evidence such as this may usefully inform an assessment's findings and conclusions, but will not be enough on its own to form a judgement on the relationships in a system or the effect those relationships have on care, as experienced by those who access it.

c Potential area one: Finance

What this area may cover: Risk pooling arrangements, managing money collectively & differently, decisions to invest/disinvest collectively, market management across all sectors

How much would you agree with this statement: 'I would find it useful if CQC focussed on this area in its ICS reports'?
Disagree

d Potential area one: Finance

What types of things do you think we should focus on in this area?

It may be helpful to use specific indicators of financial performance as part of your evidence base for ICS assessments (e.g. the use of funding to tackle health inequalities or invest in prevention).

However, we do not believe that looking at risk pooling arrangements and market management, for example, would be useful for forming judgements about how effectively a system is working. The existence of a pooled budget would not tell you whether care feels joined up for service users. CQC's remit, as defined by the Health and Social Care Act 2022, is to assess how ICSs are achieving their core purpose. Given CQC's unique perspective and expertise, the purpose of ICS assessment reports must therefore be to give a view of how the system as a whole is working to improve population health, inequalities, and improve quality of care, from the perspective of the service user.

Moreover, the financial performance of trusts and ICBs is already assessed and managed by NHSE, and we strongly believe that any duplication between these assessments should be avoided.

e Potential area one: Improvements in population health

What this may cover: Is there a clear joined-up plan? What are the ICS targeting? What joint approaches, measures, milestones and trajectories are included? Has there been a shift to including outcome measures?

How much would you agree with this statement: 'I would find it useful if CQC focussed on this area in its ICS reports'?
Agree

f Potential area one: Improvements in population health

What types of things do you think we should focus on in this area?

Considering improvements in population health is well aligned with CQC's suggested focus on integration and quality of care, for ICS assessments. It would also potentially give valuable insight beyond what can be gained from assessing individual services, sites or organisations. The 2022 Health and Care Act gives CQC a remit to look at the core purposes of ICSs, which include addressing health inequalities and improving population health. Focusing on this is therefore welcome and desirable. We do believe, however, that the listed potential aspects for inclusion (e.g. clear joined-up plan, approaches, measures, milestones and trajectories) are fundamentally process-oriented, rather than focused on outcomes. While they may be worth looking at to form a judgement of whether the ICS leadership is focused on population health, they will not account for the experience of patients or the local community.

g Potential area one: Performance, delivery and recovery

What this may cover: How is the ICS managing national targets/standards as a system? What is the value-add of system management on delivery/recovery? To what extent are non-NHS organisations able to participate in ICS work

How much would you agree with this statement: 'I would find it useful if CQC focussed on this area in its ICS reports'?
Disagree

h Potential area one: Performance, delivery and recovery

What types of things do you think we should focus on in this area?

While performance, delivery and recovery are relevant to the patient experience and population health, we do not believe that what you are suggesting looking at (e.g. managing national targets and standards) would be useful for the purpose of ICS assessment reports – particularly as they focus on management processes rather than outcomes for patients and populations. We are concerned that these areas are already covered by NHSE for the purposes of performance management and regulation, and we strongly believe that any duplication between NHSE and CQC's regulatory assessments should be avoided.

i Potential area one: Workforce planning

What this may cover: How does the system workforce plan reflect a joined-up approach to managing people? How is the ICS managing recruitment/retention as a whole system? What system programmes have been put in place to improve culture? Is there a joined-up approach to health and social care workforce planning? To what extent are the ICS investing in the voluntary sector workforce?

How much would you agree with this statement: 'I would find it useful if CQC focussed on this area in its ICS reports'?
Neither agree nor disagree

j Potential area one: Workforce planning

What types of things do you think we should focus on in this area?

Workforce planning is an important area where systems can provide coordination and drive sustainability. It might also be useful to consider how ICBs facilitate workforce planning where this supports integration, for example by creating blended teams at place level, or helps providers build resilience together across a system. Evidence that this is happening may indicate a system with a common purpose, good joint working and shared ownership of common issues, and therefore may be one of many potential indicators of good leadership. We do not believe, however, that focusing on workforce plans or joint work on culture, for example, is closely aligned with the purpose of ICS assessment reports, as described in your interim guidance. We suggest you avoid focusing on process measures, areas that may overlap with functions NHSE's manages or regulates, and focus wherever possible on the experience of patients and the benefit delivered to populations.