

## CQC strategy engagement

### Who should we work with in the future to deliver a more ambitious approach to systems?

Trusts have highlighted the need for CQC to work more closely with NHSE/I to align with their developing oversight model for systems. NHSEI have signalled their intention to develop the role of ICSs however the detailed policy intention behind 'system by default' is not yet clear. It is worth reiterating that while partners within local systems may choose to develop models in which the ICS plays a greater role in overseeing and assuring performance particularly where a collaborative effort is required to improve care, the legal accountability for performance remains held by individual organisations within that partnership, and there would also be a need for clarification on how this role would relate to the NHSEI regional teams. We are supportive of a model where ICSs foster a spirit of collective responsibility for performance across a system, rather than as a performance manager, as there is a risk of ICSs 'marking their own homework' and potentially damaging the spirit of voluntary collaborative partnerships fostered to date.

As NHSE/I move to develop an oversight model at the system level, trusts would welcome a more closely aligned approach to promote and support collaboration and reduce duplication, and set a consistent expectation for system-wide performance. Trusts would welcome greater national recognition for example of the interconnected nature of services and the aspects of service delivery which impact patients but may sit outside of their direct control – for example shining a spotlight on the need to invest in social care, highlighting how different pathways (including for urgent and emergency care, or for children or older people) operate, reviewing the interface between physical and mental health services. This should involve working at a national level to align expectations and streamline oversight arrangements of systems and organisations, and at the regional level to take account of local variation and system objectives. In doing so, CQC will need to exercise caution in how far they seek to regulate systems, given the lack of statutory basis, and instead consider how best to ensure organisational regulation is sensitive to the system-wise issues.

More locally as part of a system review approach, CQC should consider working with local ICS/STP leaders, and engage beyond those organisations which it has the statutory remit to regulate, including CCGs, local authorities and the voluntary sector. There is still a question of how far CQC will be able to assess performance at a system level or gain a full picture of system-wide issues without this input. For example, the forthcoming provider collaboration reviews looking at systems' response to COVID-19 will not include CCGs or local authorities in their scope as they are being carried out under existing powers, while the local system reviews carried out under special powers had the input of a wide range of stakeholders beyond those CQC has the statutory remit to regulate. CQC should consider the quality of insights received following the COVID-19 reviews and assess where gaps may need to be addressed in a longer term approach to looking at systems.

## What are the gaps in our data and understanding of systems that need to be addressed?

Trusts have observed that CQC inspections do not currently reflect the context trusts are operating within. As part of any move to inspecting systems, or taking into account system-wide issues when assessing individual provider performance, CQC will need to build a robust and up-to-date understanding of local challenges, place-based integration, relationships between system partners, and local pathways. There is no one-size-fits-all approach to integration and it is likely that inspection teams will need to build a strong understanding of the local context in order to effectively account for systems in their assessments of providers.

Finally, any increased focus on systems as part of CQC's approach to regulation needs to be supported by a robust understanding of trust board accountabilities and their statutory underpinning. While systems do not currently have a legal basis and cannot be 'regulated' as such, NHSE/I has signalled its intention to develop an oversight model for system working. Likewise, trust boards remain accountable for the performance of their organisation and cannot artificially be held accountable for system performance. Trusts are operating in a complex environment with an associated risk of duplicative or conflicting regulatory activity and any change to CQC's approach will need to be coordinated with NHSE/I and avoid cutting across trust board governance arrangements or assess providers on matters not within their control.

Data at the ICS level is an important component of understanding how organisations are working together to deliver locally-agreed objectives as well as how well they are working for people using services. Data currently used for system reviews is collected at the HWB/local authority level however

STPs and ICSs operate on a larger footprint and many local integration initiatives are not coterminous with either STP/ICS or local authority boundaries. This limits CQC's ability to work at the STP/ICS level, and may not be the most logical level to assess performance given most collaboration takes place at place and neighbourhood levels, and smaller geographies that make sense for local populations. CQC will need to consider how they define a system as system working continues to evolve, and access to data available at the right level will help inform CQC's understanding of system-wide performance in the move to assessing quality on a pathway. Thinking solely in terms of STP/ICS footprints and boundaries may hinder CQC's ability to examine pathways that do not neatly correspond to defined boundaries.

Our previous response also highlighted the importance of putting into context the feedback CQC receives from people about individual services given their experiences span multiple services across a whole pathway. We would reiterate the importance of understanding what drives peoples' views of a service, as well as gain an accurate picture of how well providers are meeting people's needs taking into account systemic issues which may be affecting how people experience services. Providers and their partners can contribute to this insight, given the complex relationships between the different services and organisations both locally and at a system level.

## How will regulating systems change our relationship with commissioning groups and local authorities?

We welcome the commitment to consider how CQC can adapt its approach as systems evolve and collaborative working increasingly becomes the norm, and will play a crucial role in defining what good quality care looks like in the world of system working. As part of this CQC will need to consider how it will assess the role of private and voluntary sector partners, as well as the role of commissioners such as local authorities and CCGs, given the role they play in patient care and pathways in a system.

As CQC does not have the statutory remit to regulate commissioners or local authorities this raises questions about how CQC can best interact with systems. In their local system reviews, CQC found that commissioning can act as a barrier to integrated health and social care. CQC will also need to consider how it will assess the role of local authorities and CCGs going forward, and how it may compensate for a lack of powers to do so.

There are specific areas of work trusts are expected to contribute to, such as system-wide objectives to tackle health inequalities, which involve critical input from local authorities and other non-NHS organisations. It will be important, if trusts are not to be judged on outcomes that are not entirely within their control, that the role of these partners is adequately taken into account.

We would encourage CQC to engage fully with the Department's work to develop the NHS Bill to understand whether changes might be needed to its powers, or how wider changes to the landscape (the potential for ICSs to be placed on a statutory footing, and indeed for CCGs to be 'wrapped into' an ICS for example) may impact the delivery of its duties and regulatory model.