

# Other options we considered

We considered these other options before deciding on our proposed one.

## Do-nothing option

### Summary and analysis

We assess integrated care systems but do not seek to recover our chargeable regulatory costs

#### Advantages of this option

- Integrated care boards have more money available to deliver their objectives

#### Disadvantages of this option

- This is not consistent with our funding model of cost recovery. So we would not be able to fund the required regulatory oversight of integrated care systems.
- Our fee model would not be compliant with section 6 of the government's managing public money guidance. We wouldn't recover our full chargeable regulatory costs.

#### Why we are not proposing this option

The do-nothing option is not consistent with our funding model of cost recovery. So we would not be able to fund the required regulatory oversight of integrated care systems.

# Other options

## Option 1

We charge health and social care providers and/or local authorities a regulatory fee for assessing integrated care systems.

### **Advantages of this option**

- Integrated care systems involve a wide range of partners who contribute to health and social care in the system. So they would also financially contribute to the integrated care system assessment.

### **Disadvantages of this option**

- Some partners will already pay a fee for our regulatory oversight, so we may charge them twice
- The wide range of partners makes this complex to develop, communicate and implement
- It is more complex and costly to administer than our preferred proposal

### **Why we are not proposing this option**

Our proposed 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.

## Option 2

We charge all integrated care boards an equal regulatory fee.

### **Advantages of this option**

- A simple regulatory fee calculation to develop and communicate

### **Disadvantages of this option**

- The regulatory fee would not be proportionate to the population in an integrated care system area
- Smaller integrated care boards may perceive this is not a fair approach

### **Why we are not proposing this option**

We consider our proposed approach is more equitable. The regulatory fee is proportionate to the population in an integrated care system area.

## **Option 3**

We calculate the integrated care board's regulatory fee proportionate to the integrated care system's population.

### **Advantages of this option**

- Regulatory fee would be proportionate to population in the integrated care system area, and so to the integrated care board running cost allowance

### **Disadvantages of this option**

- It is less straightforward to access integrated care system population datasets than integrated care board running cost allowances
- We would need to obtain and develop forecast population data to calculate the regulatory fee

### **Why we are not proposing this option**

Our proposed approach uses the integrated care board's running cost allowance for 2024/25. This is proportionate to the population in an integrated care system area. This data is already available, published by NHS England.

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