

Assessment framework for integrated care systems

We will use a subset of the quality statements from the overall assessment framework.

This is because integrated care systems are being assessed against a different set of statutory duties to registered health and care providers. We will be assessing the requirements under the Health and Care Act and how integrated care systems are achieving their core purpose. We will do this using 17 quality statements across the 3 themes identified by the Health and Care Act 2022.

Themes and quality statements

Theme 1: Quality and safety

Quality statements:

- Supporting people to live healthier lives
- Learning culture
- Safe and effective staffing
- Equity in access
- Equity in experience and outcomes

- Safeguarding

Theme 2: Integration

Quality statements:

- Safe systems, pathways and transitions
- Care provision, integration and continuity
- How staff, teams and services work together

Theme 3: Leadership

Quality statements:

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Freedom to speak up
- Governance, management and sustainability
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability – sustainable development
- Workforce equality, diversity and inclusion

Evidence we will look at

Six evidence categories signal the types of evidence we use to understand the quality of care being delivered against each quality statement. The evidence categories required to assess each quality statement vary according to what is being assessed.

The following are the 6 evidence categories and some illustrative examples:

1. **People's experience** as set out in our [experience principles and framework](#). This category covers all types of evidence where the source is from people who have experience relating to a specific health or care service, or a pathway across services. It also includes evidence from families, carers and advocates for people who use services. Examples include interviews with people, Give Feedback on care forms, survey results and feedback from representative groups.
2. **Feedback from staff and leaders** for example, from direct interviews, compliments and concerns raised with us, surveys and evidence from self-assessments.
3. **Feedback from partners** for example, from commissioners, providers, professional regulators, accreditation bodies, royal colleges, multi-agency bodies. This will include partners involved in the wider determinants of health and wellbeing such as housing, licensing, or environment services.
4. **Observation** including case tracking, and observation of meetings and forums that co-ordinate health and care in the system such as integrated board and partnership meetings, place-led meetings and health and wellbeing boards.
5. **Processes** are the series of steps, or activities that are carried out to deliver care and support that is safe and meets people's needs. We will focus on the effectiveness of the processes rather than simply the fact they exist. This category includes metrics such as waiting times, audits, policies and strategies.
6. **Outcomes** are focused on the impact of processes on individual people and communities, and cover how care has affected people's physical, functional or psychological status. Evidence includes information on the quality of providers in an integrated care system, clinically relevant measures, quality of life assessments and population data.

The quality statements and evidence categories remain relatively static, but the specific evidence sources we will look at to assess quality will change more frequently, in line with the most up-to-date best practice standards, guidance and information.

As part of our assessments, we will consider evidence of the quality of health and care services provided across the area of each integrated care system alongside other evidence of the outcomes of system working. Ratings of individual providers will not directly determine the outcome of an integrated care system assessment, but will form part of the evidence we use for assessments.

Our assessment and inspection teams will share information about quality and partnership working within each integrated care system. Assessments will not directly inform ratings of individual providers, but in some cases, the evidence we gather during an integrated care system assessment may form part of the evidence we will use for assessing providers. For example, this evidence could be around partnership working or it could inform decisions about further assessment activity required at provider level.