

# Key points

## Applying our single assessment framework to assessments of integrated care systems

- We will use our new regulatory model and single assessment framework across all our work. This includes all types of services in all health and care sectors and at all levels. It also includes our new role in providing meaningful and independent assessment of integrated care systems.
- The quality statements in the single assessment framework are based on people's experiences and the standards of care they expect. We will be using a subset of the quality statements in assessments of integrated care systems.
- These assessments will build on what we already know from regulating health and care providers and other existing sources of evidence, including our new assessments of local authorities under part 1 of the Care Act. We will use the information we receive from a range of sources to make assessments flexibly, without being tied to set dates. This ensures we have an up-to-date view of quality.
- Continued collaboration with our strategic partners nationally and at local level is an essential part of our approach.
- We are introducing 6 evidence categories to make our judgements structured and consistent.

- 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.
- We plan to test how we will award ratings using the approach set out in this guidance. If requested by HM Government, we can award ratings for all integrated care systems during the initial baselining period. Ratings will be produced on a similar basis to providers – based on building up scores from quality statements to a rating.
- Rather than rate all 5 key questions, we will structure the assessment and rating approach specifically around the context, aims and roles of an integrated care system.
- In time, our teams will be able to see all the data and insight they need on one digital platform, helping them to make better decisions about what they need to focus on, both in terms of risks and areas of improvement.
- Reports and outputs will have a shorter and simpler format making them easier to read. They will be clear about when we last assessed evidence and when ratings were updated.

## People's experiences of health and care

Our new single assessment framework focuses on what matters to people who use local health and social care services and their families. We want to encourage people who use services, and organisations who represent them or act on their behalf, to share their experiences at any time.

We are using the term 'people's experiences' throughout our assessment framework and the associated guidance about our methods for this approach. We define people's experiences as "a person's needs, expectations, lived experience and satisfaction with their care, support and treatment, including equity of experience, access to and transfers between services". Our key principles for using people's experiences are:

- People using services, their families, friends and advocates are the best sources of evidence about lived experiences of care and their perspective of how good it is.
- People's experiences is a required evidence category for most quality statements.
- We value people's experiences as highly as other sources of evidence and weight them equally with other required evidence categories. We also consider the context, impact and equity of people's experiences in our analysis.
- If we receive feedback that people have poor experiences of care, this is always identified as a concern, even if other evidence sources have not indicated any issues. In these cases, we will need to review further and gather more evidence.
- We increase our scrutiny of, and support for, how integrated care systems encourage, enable and act on feedback, including from people who face communication barriers, and how they work with them to improve services.

We recognise that people's experiences are a diverse and complex source of evidence – ranging from a rating on a review website to a complex narrative. So, we are developing an effective approach to analysing these sources to inform our decision making. We will use a range of data characteristics such as data on demographics, inequalities and frequency of use for care services. We are committed to ensuring we consider the experiences of people most likely to have poor access, experiences or outcomes from care.

We are also thinking innovatively about the relationship between our assessment activity at both the provider and system level (both local authority and integrated care system) and how we can use this to maximise improvement and reflect people's lived experience of care in a way that people can understand.

To achieve this, the assessment framework:

- sets out clearly what people should expect a good service to look like
- places people's experiences of care at the heart of our judgements

- ensures that gathering and responding to feedback is central to our expectations of providers, local authorities and integrated care systems.

The way we record and analyse people's feedback is changing so that we can make better use of the evidence. This includes quickly identifying changes in the quality of care and analysing qualitative information to better understand a picture over time, as well as responding to urgent individual incidents separately.

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