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HS&DR Evidence Synthesis Centre Topic Report

Regulating and inspecting integrated health and social care in the UK: Scoping the literature

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HS&DR Evidence Synthesis Centre Topic Report

This report

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Abstract

Background: The integration of care, particularly across the health and social care sectors, has been a long-standing policy objective in the UK. We sought to scope the evidence related to the regulation and inspection of integrated care.

Objective(s): To identify and classify published material that could potentially address four key questions:

1. What models of regulation and inspection of integrated care have been proposed? (Including approaches taken in other countries)
2. What evidence is available on the effectiveness of such models?
3. What are the barriers and enablers of effective regulation and inspection of integrated care?
4. Can barriers to effective regulation and inspection be overcome without legislative change?

Design: Rapid scoping review.

Publication type and focus: Both empirical and non-empirical publications related to the regulation and inspection of integrated care were included.

Setting: Publications focused on the integration of health and social care services, or provision delivered across other settings/sectors by different professional groups working together.

Outcomes: Empirical studies reporting on any outcome relevant to the regulation and/or inspection of integrated care. Non-empirical publications focusing on any relevant issue including proposed models of regulation or outcome frameworks.

Data sources: A targeted search of five databases was undertaken. Additionally, we conducted supplementary searches of the websites of key organisations and searched for other grey literature using the advanced search function of Google. Key contacts were also approached, and a request made for relevant documents.

Review methods: The title and abstracts of 5380 records were screened and a total of 166 publications were included. Documents were coded based on key characteristics, and a descriptive

summary of the literature produced. No attempt was made to assess the quality or synthesise the findings of the retrieved evidence.

Results

Out of the 166 included publications, 71 were identified from database searches and 95 were included from supplementary website searches.

While there were records that could be classified as relevant to one or more of the research questions identified through the stakeholder consultation, there was a notable absence of evidence relating to (a) effectiveness of regulatory/inspection strategies and (b) professional regulation.

Conclusions and future work

The evidence base relating to the regulation or inspection of integrated care is relatively small.

There may be an opportunity to synthesise some of the existing views and experience data on system regulation and inspection identified in a more formal systematic review.

However, before a useful evidence base can be developed, policy makers and researchers need to agree what constitutes 'effective' regulation, how this can be measured, and which study designs are most appropriate for evaluation. Related questions about what constitutes 'successful' integration of care should also be taken into account when planning such research.

While potentially useful reforms have been proposed, empirical evidence in relation to professional regulation appears particularly scarce. Organisations responsible for regulating professionals might therefore consider incorporating some form of evaluation into any planned strategic reforms.

Limitations

The degree of focus on integration or regulation was a difficult criterion to apply with strict consistency.

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Glossary

System regulation: Regulation of the quality and safety of care offered by health care providers through a range of mechanisms, including inspections.

Professional regulation: Regulators of health and social care professionals have four main responsibilities: (1) Setting standards of competence and conduct that professionals must meet in order to be registered and practise; (2) Checking the quality of education and training courses to make sure they give students the skills and knowledge to practise safely and competently; (3) Maintaining an accessible register; (4) Investigating complaints about people on their register and deciding if they should be allowed to continue to practise or should be struck off the register.

Integrated care: The aim of 'integrated care' is to address fragmentation in services, and enable better coordinated and more continuous health and social care, frequently for an ageing population which has increasing incidence of chronic disease. Integration has been proposed as a means to improve service user experience and achieve greater efficiency and value.

List of abbreviations

ACSQHC: Australian Commission on Safety and Quality in Health Care

ASD: Autism Spectrum Disorder

CCSIW: Care and Social Services Inspectorate Wales

CQC: Care Quality Commission

ICS: Integrated Care Systems

IPC: Interprofessional collaboration

Ofsted: Office for Standards in Education, Children's Services and Skills

PPI: Patient and public involvement

PSA: Professional Standards Authority

RCT: Randomised controlled trial

Plain English Summary

There are a number of regulatory bodies responsible for overseeing the quality of health and social care services across the four countries of the UK. Among other activities, these bodies conduct inspections in different health and social care settings. Separately, a number of professional regulators oversee the conduct of different health and social care professionals (e.g. doctors, nurses, pharmacists, dentists, social workers).

In recent years, in the UK and other countries, there has been a move toward a more “integrated” way of delivering health and social care. This involves better co-ordination between different parts of the NHS, and between the NHS and other organisations.

In some cases, having a more joined-up health and social care system has changed the ways in which care professionals work with each other and with the public. It also means that care is sometimes provided outside traditional settings. These changes have raised questions about how the traditional regulation and inspection of health and social care services should also change.

We searched the international literature to identify any evidence on the regulation and inspection of integrated care. While we found relevant publications, very few of these provided evidence to indicate how effective different approaches to regulation might be. There was also relatively little evidence on professional regulation in general. However, with appropriate planning, it should be possible to collect such evidence in the future.

Scientific Summary

Background

There are separate systems for regulating and inspecting health and social services across the four countries of the UK (England, Scotland, Wales and Northern Ireland). Within each country, multiple scrutiny bodies have regulatory oversight and some joint inspections are conducted. For example, in Scotland, the two principal regulators (Healthcare Improvement Scotland and the Care Inspectorate) have been conducting joint inspections of some services since 2013.

Separate scrutiny bodies regulate social workers in England, Scotland, Wales and Northern Ireland, but most of the regulators of health care professionals operate across the whole of the UK. A total of nine organisations regulate UK health care professionals, including the General Medical Council and the General Dental Council. The Professional Standards Authority for Health and Social Care (PSA) oversees and scrutinises the organisations that regulate health care professionals in the UK and social workers in England.

A growing overlap between the roles and responsibilities of health and social care regulators has been attributed to the continuing drive towards integrated care. The integration of care, particularly across the health and social care sectors, has been a key policy objective in all four countries of the UK within the last decade.

Multiple definitions of the term ‘integrated care’ have been reported, but it essentially relates to a process by which services or other organisations come together to work jointly across traditional boundaries in order to meet the health care needs of a population. A distinction has been made in the literature between ‘horizontal’ and ‘vertical’ forms of integration, and integrated care that operates on a macro, meso and micro level. Integrated care is considered to provide a range of benefits including improved care quality and better health outcomes for individuals, as well as the more efficient use of resources.

Following a topic identification and prioritisation exercise conducted by the NIHR in 2018, the York Health Service and Delivery Research evidence synthesis centre was asked to conduct a review of the evidence related to the broad area of the regulation and inspection of integrated health and social care.

Objectives

To conduct a rapid scoping review to identify and classify published material that could potentially address the following key questions:

1. What models of regulation and inspection of integrated care have been proposed?
(Including approaches taken in other countries)
2. What evidence is available on the effectiveness of such models?
3. What are the barriers and enablers of effective regulation and inspection of integrated care?
4. Can barriers to effective regulation and inspection be overcome without legislative change?

These questions were informed by an extensive process of stakeholder engagement and consultation, which was conducted by the York evidence synthesis team.

Methods

A preliminary search was conducted of MEDLINE (Ovid) and CINAHL Complete (Ebsco) to explore the extent and type of the existing literature and assess the feasibility of conducting a review. More focused searches were subsequently conducted of five databases to identify both empirical and non-empirical publications related to the regulation and inspection of integrated care provision. Searches were restricted by publication date (2005 to January 2020) to maximise the relevance of the evidence identified. No language, geographical or study limits were applied. The following databases were searched:

- MEDLINE (Ovid)
- PsycINFO (Ovid)
- Health Management Information Consortium (Ovid)
- Cumulative Index to Nursing & Allied Health (CINAHL Complete) (Ebsco)
- Social Care Online

Supplementary searches were also conducted of the websites of 15 key organisations to identify any further relevant material. The following websites were searched in February 2020:

- Australian Aged Care Quality and Safety Commission
- Australian Commission on Safety and Quality in Healthcare
- Australian Health Practitioner Regulation Agency

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- Care inspectorate Scotland (plus the ‘Hub’)
- Care Inspectorate Wales
- Care Quality Commission
- Dutch Health and Youth Care Inspectorate
- Healthcare improvement Scotland
- Healthcare Inspectorate Wales
- The King’s Fund
- The Health Foundation
- The Nuffield Trust
- The Rand Corporation
- Professional Standards Authority
- Regulation and Quality Improvement Authority Northern Ireland

In addition, we conducted a search for additional grey literature using the advanced search function of Google (February 2020). We also approached several key contacts identified from the searching process to request any key documents or references that they could provide us.

Records were selected for inclusion in the evidence map based on the following criteria:

Publication type: Both empirical and non-empirical publications were eligible for inclusion. Non-empirical publications could include discussion or theory papers, as well as other descriptive pieces such as editorials. Letters or news articles were excluded. Publications that primarily reported findings from inspections of care services were also excluded. Empirical studies could be of a qualitative or quantitative design.

Setting: Primarily focused on the integration of health and social care provision, for example, services delivered jointly by NHS providers and local authorities. However, publications could also focus on care provision that is delivered across other settings/sectors by different professional groups working together. For example, across primary or secondary care. Care providers could be in the public, private or third sector, and services could be aimed at both adults and children.

Focus: Publications needed to have a primary focus on the regulation and/or inspection of integrated care. Reference to the governance of services more broadly was not sufficient for inclusion. Integration could be either horizontal or vertical in type and be at a macro, meso or micro level.

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Outcomes: Empirical studies could report on any outcome relevant to the regulation and/or inspection of integrated care. This could include issues related to implementation, for example, views about barriers and enabling factors. Studies that evaluated the effects of inspections within a single health care setting such as hospitals were excluded. Non-empirical publications could focus on any relevant issue including proposed models of regulation or outcome frameworks.

Each included publication was coded based on various key characteristics, including topic (regulation or inspection); country; population/setting and document type (e.g. empirical research, models or frameworks or theoretical). This information was used to produce a high-level descriptive overview, which characterised the nature of current literature relevant to the regulation and inspection of integrated health and social care in the UK.

This form of rapid scoping review is not suited to definitively answering the kinds of questions raised by stakeholders; given the breadth of scope and limited available resources, there was no opportunity to extract detailed information from the included literature. Since it would be inappropriate to make assertions based on a relatively superficial examination of individual publications, this report focuses instead on higher-level interpretations of the overall body of evidence, in particular any obvious gaps in this evidence. We then describe the implications of these interpretations for future research.

Results

A total of 7179 records were identified from the databases searches, of which 71 were included in the scoping review. A further 95 publications were identified through supplementary website searches. These studies were classified, with their key characteristics presented across 13 tables.

While there were records that could be classified as relevant to one or more of the research questions identified through the stakeholder consultation, there was a notable absence of evidence relating to (a) effectiveness of regulatory/inspection strategies and (b) professional regulation.

Conclusions

Proposed models of regulation and inspection of integrated care

Much of the literature on models of regulation relates to the establishment and evolution of the main system regulatory bodies in the UK. Many of the models of regulation described in the

literature were not initially designed with integrated care as a primary focus, but have undergone incremental reform to adapt to the ongoing integration of health and social care services.

Much of the literature from outside the UK on moving towards integrated system regulation appears to come from the Netherlands, Canada, and Australia. Some publications have looked at regulatory approaches across different countries.

Only a small proportion is primarily concerned with models of professional regulation.

Evidence on the effectiveness of such models

There appears to be a general lack of empirical evidence on the effectiveness of existing approaches to system regulation and inspection in the context of integrated care.

This scoping review found no empirical evidence on the effects of different models of professional regulation.

Barriers and enablers of effective regulation and inspection of integrated care

Where empirical evidence was identified, this largely focused on qualitative views/experience data, including barriers to, and enablers of, effective regulation of integrated care.

The evidence on professional regulation was typically small in scale and/or narrow in focus.

Evidence on overcoming barriers to effective regulation and inspection of integrated care without legislative change

A small number of publications have suggested ways to overcome specific barriers to effective regulation of integrated care, again focused on system regulation rather than professional regulation. Only rarely were these suggestions based on any formal empirical investigation.

Implications for research

There may be an opportunity to synthesise some of the existing evidence on system regulation and inspection identified in this scoping review in a more formal systematic review. However, any such review would likely be dominated by views and experience data derived from surveys and interviews and include little objective data on effectiveness.

Before a useful evidence base on the effectiveness of regulation in integrated care can be developed, policy makers and researchers need to agree what constitutes 'effective' regulation, how

this can be measured, and which study designs are most appropriate for evaluation. Related questions about what constitutes 'successful' integration of care should also be taken into account when planning such research.

While potentially useful reforms have been proposed, empirical evidence in relation to professional regulation appears particularly scarce. Organisations responsible for regulating professionals might therefore consider incorporating some form of evaluation into any planned strategic reforms.

Limitations of this scoping review

The degree of focus on integration or regulation was a difficult criterion to apply with strict consistency. Potentially relevant evidence may have been excluded where insufficient information was available in titles and abstracts. Some of the older material that predates the establishment of bodies such as the CQC, may be considered outdated.

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1 Background

There are different regulatory systems for overseeing the quality of health and social care services across the four countries of the UK. In England, the Care Quality Commission (CQC) monitors, inspects and regulates both health and social care services including NHS treatment providers, care homes and children's services (the latter partly done in conjunction with Ofsted). It publishes its findings, which include ratings, to help people choose care. NHS England/NHS Improvement, which now operates as a single organisation, also has regulatory oversight in some areas of English health care provision.^{1,2} The former economic regulator, Monitor, became part of NHS Improvement in 2016.

There are separate agencies regulating health and social care services in both Wales and Scotland. In each country, the respective regulatory agencies operate separate inspection programmes, but do also conduct some joint inspections. For example, The Healthcare Inspectorate Wales and Care Inspectorate Wales have recently conducted joint inspections of care for people with learning disabilities³ and Community Mental Health teams.⁴ Furthermore, in Scotland, the two principal regulators (Healthcare Improvement Scotland and the Care Inspectorate) have been conducting joint inspections of some services since 2013. For example, integrated health and social work services for older people. In 2017, the approach to joint inspections was altered to focus on the strategic planning and commissioning of integrated health and social care services and leadership in care partnerships.⁵ In Northern Ireland, the Regulation and Quality Improvement Authority is chiefly responsible for the regulation and inspection of health and social services, but its remit does not extend to GP practices. The inspection of GP practices is currently the responsibility of the Health and Social Care Board.^{1,6}

In addition to the regulation of services, 32 health care professions are also subject to statutory independent regulation in the UK.⁷ In contrast to the 'system regulators', most of the regulators of health care professions operate across the UK.⁸ There is currently a total of nine organisations that regulate UK health care professionals: General Chiropractic Council; General Dental Council; General Medical Council; General Optical Council; General Osteopathic Council; General Pharmaceutical Council; Health and Care Professions Council; Nursing and Midwifery Council; and the

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Pharmaceutical Society of Northern Ireland. Separate bodies regulate social workers in England, Scotland, Wales and Northern Ireland.⁹ Prior to 2nd December 2019, social workers in England were regulated by the Health and Care Professions Council.

There are differences between the ‘professional regulators’ in terms of regulatory powers and procedures, but they share a number of common functions.^{7,9} For example, each of the regulators is responsible for maintaining a public register of professionals; establishing and maintaining standards for education, training and professional competence; and investigating complaints and fitness to practice.^{7,8} The Professional Standards Authority for Health and Social Care (PSA) oversees and assesses the statutory organisations that regulate health care professionals in the UK and social workers in England.¹⁰

Recognising that the current regulation of health and social care professionals in the UK had become overly complex, inflexible and outdated, the Department of Health and Social care ran a consultation on proposals for reform of the system in 2017/2018.⁸ In response to the consultation, an intention was expressed to draft and bring forward changes to fitness to practice and governance frameworks.⁸

Overlap between the roles and responsibilities of health and social care regulators has grown as a result of an ongoing drive towards integrated health and social care.¹ The term ‘integrated care’ has been defined and conceptualised in many different ways.¹¹ At a basic level, integrated care involves organisations and services working jointly across established boundaries to address the needs of the population.¹² A key defining principle of integrated care is that it should bring together in the design and delivery of services those parts of a system that are traditionally fragmented.¹¹ Greater integration of care is widely seen as a way to improve care quality, deliver better health outcomes for people that use services, and use limited resources more effectively.¹³

The integration of care may take several key forms including ‘horizontal’ and ‘vertical’ integration. Horizontal integration results from services or organisations that are at a similar level working together. For example, the integration of health, social care services and/or other care providers. This form of care is often based on the development of care networks and/or multidisciplinary teams. Vertical integration refers to services or organisations at different levels working together to

provide care. For example, integrated care across primary, hospital, community and tertiary care services.^{11, 14}

A distinction can also be made between integration of care that is provided to: an entire population (macro level integration); a particular patient group such as individuals with long term conditions (meso level integration); and individual patients and their carers (micro level integration). Examples of micro level integration include individual care plans, and the use of telecare/telehealth.¹⁴

Technology enabled care services such as telehealth and telemedicine are seen as a key component in achieving greater health and social care integration.¹⁵

The integration of care, particularly of health and social care, has been a key policy objective in the UK within the last decade. The Local Government Association¹⁶ and Ham¹² identified a number of key legislative and policy drivers to greater integration of health and social care in England since 2010, which included: The Health and Social Care Act, (2012); The Care Act (2014); NHS Five Year Forward View, (2014); Better Care Fund, (2015); Next steps on the NHS five year forward view' (2017).

Furthermore, the NHS Long Term Plan stated an intention to create Integrated Care Systems (ICS) throughout England by 2021.¹⁷ ICS bring together local organisations to integrate health and social care, as well as primary and specialist care, and physical and mental health services.¹⁷ Successful ICS would have greater control over funding and performance along with less involvement of regulators.¹²

Both Scotland and Wales introduced legislation in 2014 requiring greater integration of health and social services. In Scotland, the integration of health and social care services was made a statutory duty through the Public Bodies (Joint Working) (Scotland) Act 2014, which came into force in 2016.¹⁸

The Act has required local councils and NHS boards to form joint partnerships called integration authorities, which have responsibility for the integrated planning, resourcing, delivery and governance of services.^{18, 19} All areas are required to integrate, as a minimum, a range of services including adult social care services, adult primary care and community health services. Other health and social care provision may also be integrated, for example, children's health and social care services, and criminal justice.^{18, 19}

Similarly, in Wales, the Social Services and Well-being (Wales) Act 2014, required local authorities and health boards to work together in new strategic partnership boards along with the third sector and other partners.^{20, 21} Partnership boards are responsible for assessing local care and support needs and then planning and delivering of integrated services. Priority is given to the integration of services in a number of key areas: older people with complex needs and long term conditions; people with learning disabilities; carers, family support services; and children with complex needs as a result of disability or illness.²⁰

2 Objective

We conducted a rapid scoping review to identify and classify published material that could potentially address the key questions that emerged from a prioritisation and stakeholder engagement process (see section 3.2). These questions were:

1. What models of regulation and inspection of integrated care have been proposed? (Including approaches taken in other countries)
2. What evidence is available on the effectiveness of such models?
3. What are the barriers and enablers of effective regulation and inspection of integrated care
4. Can barriers to effective regulation and inspection be overcome without legislative change?

This form of rapid scoping review is intended as an initial step to gather and organise the relevant literature to inform any future syntheses of existing evidence and/or primary research.

3 Methods

3.1 Topic identification

The NIHR conducted a topic identification exercise in 2018 related to the broad area of ‘professional’ regulation in UK healthcare. It involved 23 UK stakeholder groups comprising 12 organisations that regulate health care professionals and 11 system regulators. The exercise generated a list of approximately 30 possible research topics, some of which were articulated as research questions

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and others were statements about areas for which there was thought to be a lack of existing evidence. The NIHR assessed each topic area and prioritised the following related questions, which were then referred to the York HS&DR review team:

- What factors enable delivery of an effective system of regulation and inspection in an environment where services are increasingly being provided on a multi-agency (including third sector) and local basis in, or close-to, people's own homes?
- How can we overcome the barriers to deliver effective joint regulation and inspection in a way which makes sense from the perspective of the individual accessing the care and services? To what extent is it possible to achieve this without the need for major legislative or structural change?

3.2 Stakeholder engagement

To gain insight into the motivation for the work and input in relation to refining the proposed questions for evidence synthesis, extensive engagement and consultation with potential key stakeholders was carried out by the York team.

1) An initial teleconference was held with representatives from the Professional Standards Authority and Care Quality Commission, who provided an overview of healthcare regulation in the UK and existing research in the area. They kindly expressed a willingness to assist with the proposed work, and arranged for researchers to attend the Professional Standards Authority's Policy and Research Forum and a meeting of the Health and Social Care Regulators.

2) Two members of the York team attended the Professional Standards Authority's Policy and Research Forum. Present at the meeting were representatives from the Professional Standards Authority and various regulatory organisations (General Pharmaceutical Council; General Chiropractic Council; Health and Care Professions Council; General Optical Council; General Osteopathic Council; General Medical Council; General Dental Council; Nursing and Midwifery Council). A presentation was given to the forum in order to explain the work of the York Evidence Synthesis Centre and to gain the thoughts of attendees regarding the proposed questions. Attendees pointed out that the questions as originally formulated would benefit from unpacking, and provided

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context and insight from their own perspectives. The York team ultimately managed to speak directly with the organisations that proposed the original research questions (see (5) below).

3) Two members of the York team attended a meeting of the Health and Social Care Regulators to present to the group and seek their input into protocol development. Attending the meeting were senior managers from the Care Quality Commission; Department of Health; General Dental Council; Health and Care Professions Council; Local Government and Social Care Ombudsman; Nursing and Midwifery Council; General Pharmaceutical Council; Parliamentary and Health Service Ombudsman; Professional Standards Authority; Medicines and Healthcare products Regulatory Agency; Social Work England; General Medical Council. A suggested topic of interest to the group related to interdisciplinary regulation of online primary care. There are multiple disciplines and regulatory organisations involved in the provision of online care and the supply of pharmaceuticals to the consumer. This was seen to raise questions and issues of uncertainty regarding effective regulatory oversight of the process and complaints related to care. In addition, it was pointed out that the remit of the regulators goes beyond the NHS; a lot of care is delivered by private providers and outside of the NHS. There was a suggestion that international evidence could be relevant and provide useful lessons.

4) A teleconference was also conducted with the General Medical Council. It was reported that system and professional regulation can be closely linked in practice, and complaints about organisations can be flagged to CQC and vice versa.

Online regulation was considered to be an emerging area, and it was indicated that the GMC recently commissioned research on worldwide regulatory approaches to telemedicine¹⁸⁴. The issue of the generalisability of evidence around regulation and inspection was discussed. The regulatory architecture and frameworks differ across countries, but there was believed to be scope to learn from other areas as countries face similar issues and potential risks. Interest was expressed in multidisciplinary team working, understanding the barriers and enablers, and issues around responsibility if something goes wrong. For example, in hospital settings or primary and secondary care, where there is joint working and multidisciplinary collaboration

In terms of models of joint regulation and their efficacy, follow-up feedback from the GMC indicated an interest in the following:

- sequencing inspections and sharing information;
- sharing/joint analysis of data;
- coordinating around identifying and responding to risk;
- coordinating investigations when something goes wrong;
- attributing responsibility when something goes wrong.

5) The original questions prioritised by the NIHR from the consultation exercise originated from Health Inspectorate Wales. A teleconference held between the York team and representatives of both Health Inspectorate Wales and Care Inspectorate Wales, provided key background to the proposed questions.

It was stated that over recent years there has been a number of policy initiatives in Wales to promote the integration of health and social care. However, the two regulatory bodies in Wales (Healthcare Inspectorate Wales and Care Inspectorate Wales) do not share a common regulation and inspection framework. A new regulatory framework for social care 'Regulation and Inspection of Social Care (Wales)' Act became law in 2016. Furthermore, it was stated that the 2017 White paper 'Services Fit for the Future' included elements on: service or activity based regulation; regulators independent of government; and merging of regulators, but these particular aspects have not been taken forward in a bill going through parliament.

Two different approaches to inspection were highlighted: i) Time/frequency approach in which inspections occur at specific time intervals ii) A risk-based approach, which involves inspecting when concerns are raised or there is considered to be other some other reason to inspect. A combination of approaches were reported to currently be used in practice. A risk-based approach may be effective but is potentially not seen as such if there is an expectation for a time/frequency based approach. Interest was expressed in a number of related issues including:

- What works in terms of the regulation and inspection of integrated health and social care provision.
- How much is known about the joint regulation and inspection of integrated care.

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- What are the most effective models of regulation and inspection.
- What influences effective regulation and inspection.
- What are the barriers to effective regulation and inspection, and can barriers be overcome without legislative change.
- There was also an interest in international comparisons and evidence from other countries in order to understand how they have approached regulation and inspection of integrated care.

Taken together, our engagement with stakeholders highlighted a need for evidence on regulation and inspection of health and care services in a number of areas (e.g. around integrated and online care provision) that are interrelated and potentially overlapping.

3.3 Scope of the review

A preliminary search suggested that there was scope to draw together relevant literature from around the world. However, based on our initial search and discussions with key stakeholders, we did not believe that there was likely to be a substantial body of primary research evidence addressing the questions of interest. Therefore, we conducted a broad scope of the literature in order to identify both empirical and non-empirical publications that focused on the regulation and inspection of integrated care provision. We sought to provide a high-level overview, which characterised and summarised the nature of the available literature as well as identifying research gaps. Whilst it was not our aim to conduct a full systematic review, aspects of systematic review research methodology were applied, wherever possible, to maintain the rigour, transparency and reproducibility of the process.

3.4 Identification of evidence

Searches for evidence were undertaken in two phases. During phase 1, scoping searches of MEDLINE (Ovid) and CINAHL Complete (Ebsco) were carried out to inform the project. These searches concentrated on identifying evidence to give an overview of the extent and types of studies relating to the integration of professional regulation or inspection of health and social care. Search strategies can be found in Appendix 1. After refinement of the research questions with NIHR and stakeholders,

a targeted literature search of published and grey literature was undertaken in phase 2 to identify studies relating to the regulation or inspection of integrated care staff or services.

A search strategy for the phase 2 searches was developed in MEDLINE (Ovid) by an information specialist (MH), with input from the review team. A set of terms for integrated care were combined with terms for regulation or inspection. Key studies identified through early scoping searches were analysed to inform the selection of free text terms and subject headings included in the strategy. Retrieval was restricted to studies published from 2005 onwards to maximise the relevance of the evidence identified. No language, geographical or study design limits were applied. The MEDLINE strategy was adapted for use in the other databases searched.

Several databases were considered potentially relevant for this topic, however it was not possible to search them all within the time frame of this rapid review. Therefore, the following five databases were selected as most likely to retrieve relevant studies: MEDLINE (Ovid), PsycINFO (Ovid), Health Management Information Consortium (Ovid), Cumulative Index to Nursing & Allied Health (CINAHL Complete) (Ebsco) and Social Care Online. The databases were searched on 22nd January 2020. The search results were imported into EndNote x9 (Clarivate Analytics) and duplicates removed. Non-duplicate records identified during the initial scoping work were added to these database results. Search strategies used for the database searches can be found in Appendix 1.

The protocol stated we would search The Kings Fund, The Nuffield Trust, and websites of health and social care regulatory bodies in the UK and other comparable countries. All the overseas agencies searched were national bodies rather than those organized at individual state/province level (e.g. as in Canada). Where relevant agencies identified during topic exploration at the very start of the project, these were included in supplementary searches websites to identify further relevant material (see Appendix 2). The websites searched were:

- Australian Aged Care Quality and Safety Commission
- Australian Commission on Safety and Quality in Healthcare
- Australian Health Practitioner Regulation Agency
- Care inspectorate Scotland (plus the 'Hub')
- Care Inspectorate Wales

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- Care Quality Commission
- Dutch Health and Youth Care Inspectorate
- Healthcare improvement Scotland
- Healthcare Inspectorate Wales
- The King's Fund
- The Health Foundation
- The Nuffield Trust
- The Rand Corporation
- Professional Standards Authority
- Regulation and Quality Improvement Authority Northern Ireland

Additional searches for grey literature were conducted using the advanced search function of Google. A variety of terms were used for searching, with the results restricted to PDF documents. For each search, at least 15 pages of records were scanned, and any potentially relevant material downloaded for a more detailed examination (see Appendix 3). We also contacted, via email, several individuals associated with the international special interest group relating to the regulation and inspection of integrated care, as well as the Dutch Health and Youth Care Inspectorate (whose publications were obtained early in the process), to request any key documents or references that they could provide.

3.5 Selection procedure

Records from database searches were uploaded into Eppi-Reviewer 4 software, which was used for record management; title and abstract screening; and the coding and extraction of key characteristics from included publications.

A sample of title and abstracts from database searches were initially pilot screened by two reviewers independently and their decisions compared. On achieving a high degree of agreement (90% or more), the remaining title and abstracts were screened for inclusion by one reviewer only.

If there was any uncertainty regarding the eligibility of any record, it was discussed with a second reviewer. The full text of potentially relevant publications was then retrieved and screened independently by two reviewers. Any disagreements were resolved by consensus. Records and

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documents identified from website and Google searches were added to Eppi-Reviewer and screened for inclusion by one reviewer.

3.6 Selection criteria

Records were screened for potential inclusion against the following selection criteria:

Publication type: Both empirical and non-empirical publications were eligible for inclusion. Non-empirical publications could include discussion or theory papers, as well as other descriptive pieces such as editorials. Letters or news articles were excluded. Publications that primarily reported findings from inspections of care services were also excluded. Empirical studies could be of a qualitative or quantitative design.

Setting: Primarily focused on the integration of health and social care provision, for example, services delivered jointly by NHS providers and local authorities. However, publications could also focus on care provision that is delivered across other settings/sectors by different professional groups working together. For example, across primary or secondary care. Care providers could be in the public, private or third sector, and services could be aimed at both adults and children. This broad definition could encompass a wide range of approaches, such as information sharing systems, shared protocols, joint funding or commissioning, co-location of services, multidisciplinary teams, liaison services, or navigator staff roles.

Focus: Publications needed to have a primary focus on the regulation and/or inspection of integrated care. Reference to the governance of services more broadly was not sufficient for inclusion. Integration could be either horizontal or vertical in type and be at a macro, meso or micro level.

Outcomes: Empirical studies could report on any outcome relevant to the regulation and/or inspection of integrated care. This could include issues related to implementation, for example, views about barriers and enabling factors. Studies that evaluated the effects of inspections within a single health care setting such as hospitals were excluded. Non-empirical publications could focus on any relevant issue including proposed models of regulation or outcome frameworks.

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3.7 Data extraction

Key characteristics for each included publication were extracted by one reviewer, with a second reviewer checking instances where the information was ambiguous or unclear. Checking of every record by a second reviewer was not practical given the time available for this rapid scoping exercise. Records were classified and coded in Eppi-Reviewer according to relevant categories, including topic (regulation or inspection); country; population/setting and document type (e.g. empirical research, models or frameworks or theoretical). No attempt was made to assess the quality of the literature.

3.8 Synthesis

Key characteristics extracted from included publications were used to produce an annotated summary of the literature. This descriptive summary outlines the nature of the current literature relevant to the regulation and inspection of integrated health and social care in the UK. As this was an attempt to very rapidly scope a diffuse literature, emphasis was placed on classifying the retrieved evidence in order to guide further exploration. No attempt was made to synthesise the findings of individual studies. However, where possible, the summary identifies areas in which there are gaps in the knowledge base.

3.9 Public patient engagement

We recruited two patient and public involvement (PPI) advisors through the University of York's Involvement@York PPI network. These advisors were invited to comment on the project report with a particular emphasis on accessibility of the content to public users. We also invited PPI advisors to participate in future dissemination activity. We anticipate that they will play a valuable role in ensuring review findings are presented across outputs in the most accessible way.

3.10 Post-protocol changes

To ensure that the full range of disciplines and services were captured, PsychInfo was added to the list of databases included in the electronic search.

To increase the efficiency of the study selection process, the text mining tool in Eppi-Reviewer was used to prioritise records for screening. This tool uses machine learning to reprioritise the list of records for screening, based on each new decision made by a reviewer. In practice, this means that

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relevant records are drawn to the top of the list, potentially preventing the need to screen a large number of irrelevant records that appear in the database searches.

We planned to stop the screening process after 1000 consecutive records had been screened without a single potentially relevant record being identified. Ultimately, screening was stopped after more than 2000 records had been screened without a single relevant record being included (see Results).

We did not propose conducting Google searches to identify publications in the protocol. However, to ensure key grey literature was captured, it was decided to expand the supplementary searching beyond specific websites and run searches using Google (see Appendix 3).

4 Results

A total of 7179 records were identified from the databases searches. The last relevant publication was identified after screening 3230 records, though screening continued up to 5306 records. A total of 129 documents identified through supplementary searches were assessed for potential inclusion. The flow of literature through the review is shown in Figure 1.

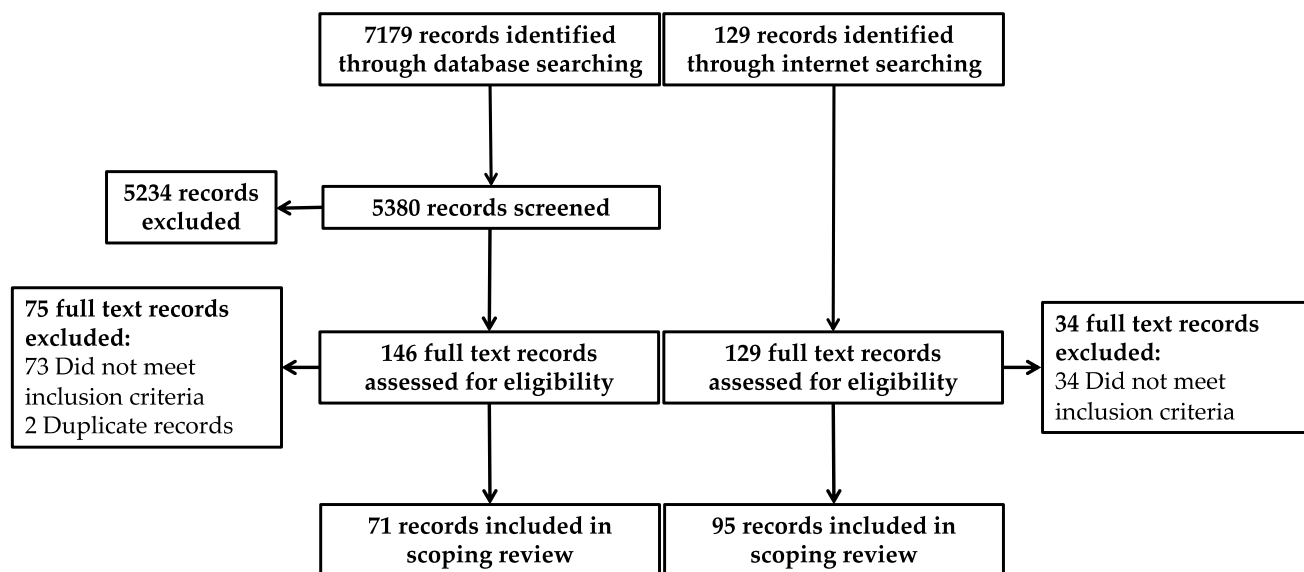


Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Chart

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4.1 Database searches

A total of 73 records met the inclusion criteria. On closer inspection, two were duplicates, leaving 71 included records. Key records are briefly summarised below, grouped according to the scoping review objectives. If a record addressed several objectives it will only be described only once in this synthesis, in the section most closely with its aims, but will appear in each of the relevant tables alongside all other relevant included records. The tables provide a brief description of each record and should be considered the primary resource for readers who want to explore the literature further.

4.1.1 Models of regulation and inspection of integrated care

40 records described some form of approach to the regulation and/or inspection of integrated care (see Table 1).

4.1.1.1 Professional regulation

Just four records described the regulation of professionals.^{8, 10, 22, 23}

These included a 2015 House of Commons Health Committee report on complaints and raising concerns, which argued for integrating complaints about health and social care under the same umbrella, starting with a single ombudsman. The report also states that linking together professional regulation, system regulation and the complaints system is essential.²³

A 2018 journal article summarised the PSA's wide-ranging recommendations for professional regulatory reform in their earlier publications "Rethinking regulation" (2015), "Regulation rethought" (2016) and "Right-touch assurance: a methodology for assessing and assuring occupational risk of harm" (2016; see section 4.2 for more detail).¹⁰

In 2019, the Department of Health and Social Care undertook a consultation on the reform of professional regulation in healthcare, with proposals that included increasing joint-working, sharing functions and services between the regulators.⁸

4.1.1.2 System regulation and inspection

Thirty-eight of the 40 records described an approach to integration relating to system regulation and/or inspections.

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Government and statutory body reports and consultations

Sixteen of the 38 records were related to plans or proposals put forward by government or statutory bodies. These included responses to the Department of Health's 2005 wider review of regulation in health and social care, which proposed the idea of merging the existing health and social care regulators.^{24, 25} Subsequent consultations and responses relate to the establishment of the Care Quality Commission (CQC) as the integrated health and adult social care regulator in England, bringing together the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Act Commission.²⁶⁻²⁹ Later consultation related to the CQC working in partnership with other regulatory bodies (e.g. with Monitor - the economic regulator - to have joint responsibility for administering an integrated and streamlined registration and licensing regime, and with OFSTED on matters relating to inspection of children's health services).³⁰

Once established, the CQC published multiple reports on its strategies, procedures and principles for regulating care delivered across organisational boundaries,³¹ via new models of care and complex providers,³⁴ or in partnership with other inspection bodies (see section 4.2 for more detail on some of these documents).³⁵

Similarly, Monitor consulted on its plans to introduce an integrated care licence condition, which would require all licensed providers of NHS-funded services in England not to act in a way that would be detrimental to enabling integrated care.^{36, 37}

Outside of England, the Welsh government consulted to seek views on proposals such as strengthening local health boards so they function as integrated, accountable, population-based organisations,³⁸ and the Canadian Health Standards Organisation have recently proposed evidence-based criteria and guidelines to assist decision-makers as they plan, design, implement and evaluate integrated health and social service systems.³⁹

Descriptions of models or current practice

Nine other records described some aspects of reforming regulation around integrated care, including an early editorial on the establishment of the CQC and the potential benefits of a risk-based regulatory approach⁴⁰ and a 2014 briefing on Monitor's role in enabling integrated care.⁴¹ Other records described Scotland's approach to inspecting integrated care,⁴² including early

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experiences with joint integrated inspection of managed care services for people with learning disabilities.^{43, 44}

Beyond the UK, one record described the redesign of New York State's regulatory framework for ambulatory care services,⁴⁵ and a number of recent articles have described how the Dutch Healthcare and Youth Inspectorate inspects integrated care services.⁴⁶⁻⁵¹ The latter articles describe the Inspectorate's plans to reform its methods and the constitution of its inspection teams,⁴⁶ its inspection framework that incorporates a criterion on integrated care⁴⁸ and its plans for evaluation and review in relation to the regulation of 'care networks' for people living in home environments with multiple care needs.^{47, 52} The authors of these records informed us that English language information on the Dutch system can be found at: <https://english.igj.nl/integrated-care>

Empirical data

While most of the records in this section were largely descriptive, one analysis (of Ofsted inspection reports for children's social care services in England covering the period 2009-2016) reported the frequency of recommendations relating to integrated working under different inspection frameworks.⁵³

Theoretical or conceptual articles

One journal article described the Dutch inspectorates' use of "journey tools" to reconstruct children's travels through all organizations providing care to assess how well these organizations and professionals coordinate their activities across various sectors to provide integrated care. The authors applied an ontological theoretical framework to the coordination of care to analyse 24 journeys through care organizations.⁵⁴

One journal article identified the principles that should underpin a good accountability framework (with a focus on integrated working and new models of care), how current arrangements for accountability across health and care in England match up against these, and suggests changes.⁵⁵

Table 1: Models of regulation and inspection of integrated care

Author (Year)	Title	Type of regulation or inspection	Publication type / Setting / Country	Review question (if any) this record directly addresses	Description
Adil (2008) ⁴⁰	Risk-based regulatory system and its effective use in health and social care	System regulation	Type of publication Description of model or current practice Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>Discusses the establishment of the CQC and the potential benefits of a risk-based regulatory approach</i>
Bilton (2018) ¹⁰	Reforming the professional regulators: Creating an effective, proportionate and efficient system	Professional regulation	Type of publication Theoretical / conceptual article Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>Summarises the PSA's recommendations for regulatory reform in "Rethinking regulation" (2015), "Regulation rethought" (2016) and "Right-touch assurance: a methodology for assessing and assuring occupational risk of harm" (2016)</i>
Buijze (2019) ⁴⁹	Risk-based inspecting of care networks	System regulation and inspection	Type of publication Description of model or current practice Conference abstract Population /setting Older people Country of focus Netherlands	Proposed models of regulation and inspection of integrated care	<i>Describes attempts to identify proxy indicators for a risk-based selection of municipalities for integrated care inspection</i>

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Buijze (2019) ⁵⁰	Inspecting integrated care in the Netherlands	System regulation and inspection	<p>Type of publication Conference abstract</p> <p>Population /setting People with multiple needs in the home environment</p> <p>Country of focus Netherlands</p>	Proposed models of regulation and inspection of integrated care	<i>Describes the Dutch Health and Youth Care Inspectorate's (IGJ) shift from inspecting health care providers to inspecting care networks. IGJ aims to: get a basic understanding of what care networks are; decide at what level care networks should be assessed; develop methods to inspect care networks; select items that are key for integrated care.</i>
Campbell (2006) ⁴⁴	Joint inspection of services for people with learning disabilities in Scotland: compliance or commitment?	Inspection	<p>Type of publication Description of model or current practice</p> <p>Population /setting Learning disabilities</p> <p>Country of focus UK</p>	Proposed models of regulation and inspection of integrated care	<i>Describes the development of a model of joint, integrated inspection of managed care services for people with learning disabilities in Scotland. Reviews the background and rationale for the integrated, joint inspection process. Strengths and constraints of the approach to inspection are discussed, including the crucial importance of commitment from services and from inspectors, rather than mere compliance with demands. Some guidance on how to fully involve staff, carers and services users in the inspection process is given.</i>
Campbell (2007) ⁴³	Integrated inspection of services for people with learning disabilities in Scotland: the way forward?	Inspection	<p>Type of publication Description of model or current practice</p> <p>Population /setting Learning disabilities</p> <p>Country of focus UK</p>	<p>Proposed models of regulation and inspection of integrated care</p> <p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Ways to overcome such barriers without legislative change</p>	<i>Describes the findings of the first joint inspection of services for people with learning disabilities in Scotland. Describes some of the barriers that were encountered and proposes some strategies to overcome these barriers</i>
Care Quality Commission (2015) ³⁵	Our approach to regulating: health and social care in prisons and	System regulation and inspection	<p>Type of publication Government/statutory body consultations and reports</p>	Proposed models of regulation and inspection of integrated care	<i>Formal consultation on a joint inspection framework with HMIP. Proposals include working closely with oversight bodies and commissioners, national, professional and staff bodies, patient and public representatives and organisations that manage health and care risks.</i>

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	young offender institutions, and health care in immigration removal centres: a joint inspection approach with Her Majesty's Inspectorate of Prisons		Population /setting Health and social care in general Country of focus UK		
Care Quality Commission (2016) ³¹	What our strategy means for the health and adult social care services we regulate	System regulation and inspection	Type of publication Government/statutory body consultations and reports Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>CQC's Strategy for 2016-2021. Repeatedly considers integrated care and assessing care delivered across organisational boundaries</i>
Care Quality Commission (2017) ³⁴	Our next phase of regulation: consultation 2: a more targeted, responsive and collaborative approach to regulating in a changing landscape of health and social care	System regulation and inspection	Type of publication Government/statutory body consultations and reports Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>Consultation following "Our next phase of regulation". Proposes principles for how to regulate new models of care and complex providers. Also includes proposals that apply to all regulated sectors, including how to register, monitor, inspect and rate new models of care and large or complex providers.</i>

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Chokshi (2014) ⁴⁵	Redesigning the regulatory framework for ambulatory care services in New York	System regulation	<p>Type of publication Description of model or current practice</p> <p>Population /setting Health care in general</p> <p>Country of focus USA</p>	Proposed models of regulation and inspection of integrated care Understanding how other countries have approached regulation and inspection of integrated care	<i>Describes the principles underpinning the New York Public Health and Health Planning Council's redesign of the state's ambulatory care services regulatory framework framework, alongside the regulatory recommendations themselves.</i>
Commission for Social Care Inspection (2005) ²⁵	Wider review of regulation in social care and health	System regulation and inspection	<p>Type of publication Government/statutory body consultations and reports</p> <p>Population /setting Health and social care in general</p> <p>Country of focus UK</p>	Proposed models of regulation and inspection of integrated care	<i>Response to Department of Health's wider review of regulation in health and social care. Only mentions 'integrated care' in relation to the concept of possible joint regulation of health and social care regulators</i>
Department of Health (2006) ²⁹	The future regulation of health and adult social care in England: response to consultation	System regulation and inspection	<p>Type of publication Government/statutory body consultations and reports</p> <p>Population /setting Health and social care in general</p> <p>Country of focus UK</p>	Proposed models of regulation and inspection of integrated care	<i>Government's formal response to the November 2006 consultation document "The future regulation of health and adult social care in England". Outlines the roles and responsibilities of a single integrated regulator for health and adult social care - the Care Quality Commission.</i>
Department of Health (2007) ²⁸	The future regulation of health and adult social care in England: A	System regulation and inspection	<p>Type of publication Government/statutory body consultations and reports</p>	Proposed models of regulation and inspection of integrated care	<i>Summarises the rationale and plans for merging three of the bodies responsible for regulating health care, adult social care and monitoring the operation of the Mental Health Act.</i>

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	consultation on the framework for the registration of health and adult social care providers		Population /setting Health and social care in general Country of focus UK		
Department of Health (2008) ²⁶	The future regulation of health and adult social care in England: consultation on the framework for the registration of health and adult social care providers	System regulation and inspection	Type of publication Government/statutory body consultations and reports Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>Further consultation on the establishment of the CQC</i>
Department of Health (2010) ³⁰	[Liberating the NHS: regulating healthcare providers]	System regulation	Type of publication Government/statutory body consultations and reports Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>Consultation on the proposals for foundation Trusts, and the role of Monitor as economic regulator. Proposes that the CQC and Monitor will be jointly responsible for administering an integrated and streamlined registration and licensing regime. The CQC will also continue to work closely with OFSTED, on matters relating to inspection of children's health services.</i>
Department of Health (2017) ⁸	Promoting professionalism, reforming regulation	Professional regulation	Type of publication Government/statutory body consultations and reports	Proposed models of regulation and inspection of integrated care	<i>Consultation on the reform of professional regulation in healthcare. Stated objective included wanting to: "design a more responsive model of professional regulation which can swiftly adapt to changing patterns of healthcare, develop new roles and new ways of working without the need for frequent legislative change; consider whether the current number and set up</i>

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			Population /setting Health care in general Country of focus UK		<i>of healthcare regulatory bodies is delivering effective and efficient public protection; increase joint-working, sharing functions and services between the regulators."</i>
Dutch Health and Youth Care Inspectorate (2017) ⁴⁷	Good care in care networks - Position Paper on Integrated Care	System regulation and inspection	Type of publication Description of model or current practice Population /setting Health and social care in general Country of focus Netherlands	Proposed models of regulation and inspection of integrated care Understanding how other countries have approached regulation and inspection of integrated care	<i>Describes the Dutch Health and Youth Care Inspectorate's concept of 'care networks' for people living in home environments with multiple care needs, their regulatory framework, and plans for evaluation and review</i>
Dutch Health and Youth Care Inspectorate (2017) ⁵²	Kwetsbare oudere in Houten heeft spil in het netwerk nodig voor samenhang in de zorg thuis	Regulation Inspection	Type of publication Empirical data Description of model or current practice Population /setting Older people Country of focus Netherlands	Proposed models of regulation and inspection of integrated care Understanding how other countries have approached regulation and inspection of integrated care	<i>Dutch Health Care Inspectorate (IGZ) survey of older people, caregivers, and care staff who participated in a regional pilot scheme of integrated home-based care networks for the elderly.</i>
Dutch Health and Youth Care Inspectorate (2017) ⁴⁸	Assessment framework "Supervision of care networks around clients in the home situation"	System regulation and inspection	Type of publication Description of model or current practice Population /setting Health care in general Country of focus Netherlands	Proposed models of regulation and inspection of integrated care	<i>Inspection framework from the Dutch Healthcare and Youth Inspectorate, with standards and corresponding assessment criteria organised into the following themes: 1. Client first 2. Integrated care 3. Informal care 4. Security</i>

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Health Standards Organisation (2019) ³⁹	HSO:76000 Integrated People-Centred Health Systems	System regulation	<p>Type of publication Government/statutory body consultations and reports</p> <p>Population /setting Health care in general</p> <p>Country of focus Canada</p>	Proposed models of regulation and inspection of integrated care	<i>An Integrated People Centred Health and Social Services Standard designed for authorities and jurisdictions (province, state, region, sub-region or municipal-level). The stated aim is to support clients with quality improvement and assessment, rather than regulation or inspection.</i>
Hood (2018) ⁵³	An analysis of ofsted inspection reports for children's social care services in England	Inspection	<p>Type of publication Empirical data</p> <p>Population /setting Children</p> <p>Country of focus UK</p>	Proposed models of regulation and inspection of integrated care	<i>Document analysis of 60 Ofsted inspection reports into children's social care in England, covering reports under three inspection frameworks during the period 2009 to 2016. Includes the frequency of recommendations relating to integrated working under different inspection frameworks.</i>
House of Commons Health Committee (2015) ²³	Complaints and raising concerns: fourth report of session 2014-15: report, together with formal minutes relating to the report	Professional regulation	<p>Type of publication Government/statutory body consultations and reports</p> <p>Population /setting Health care in general</p> <p>Country of focus UK</p>	Proposed models of regulation and inspection of integrated care	<i>House of Commons Health Committee report on Complaints and Raising Concerns. States that there is a strong case for integrating complaints about health and social care under the same umbrella and this should start with a single rather than separate ombudsmen. States that linking together professional regulation, system regulation and the complaints system is essential.</i>
Hudson (2016) ⁵⁵	Simpler, clearer, more stable: integrated accountability for integrated care	System regulation and inspection	<p>Type of publication Theoretical / conceptual article</p> <p>Population /setting Health and social care in general</p> <p>Country of focus UK</p>	Proposed models of regulation and inspection of integrated care	<i>Outlines the principles that should underpin a good accountability framework, and examines how the present arrangements for accountability across health and care in England match up against these, focusing on integrated working and new models of care. The report concludes that more integrated ways of working will need an integrated approach to accountability which can reflect different local circumstances and changing ways of delivering care, and outlines key components.</i>

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Jewell (2008) ²²	Health and social care regulation in Wales: an integrated system of political, corporate and professional governance for improving public health	Professional regulation System regulation and inspection	Type of publication Description of model or current practice Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>Describes the Welsh integrated system of governance for public health. Outlines a focus on strengthening collaborative working and coordination between bodies inspecting, regulating and auditing health and social care.</i>
Ketelaars (2011) ⁴⁶	Integrated care requires integrated supervision	System regulation and inspection	Type of publication Description of model or current practice Population /setting Health care in general Country of focus Netherlands	Proposed models of regulation and inspection of integrated care Barriers and enablers of effective regulation and inspection of integrated care Ways to overcome such barriers without legislative change Understanding how other countries have approached regulation and inspection of integrated care	<i>Dutch Health Care Inspectorate case study discusses how a regulator can best work with multidisciplinary care groups providing integrated care. "By applying a risk-based approach to integrated care providers, the Inspectorate can analyse the care providers' performance by means of quality indicators and rank them. In order to be effective, appropriated supervision arrangements will be applied to the care providers of integrated care. With a ranking model transparency will be improved and this may encourage integrated care providers to strive for greater quality due to the competition inherent in the system. Supervision based on advice and encouragement might be helpful in the implementation of integrated care."</i>
King's Fund (2005) ²⁴	Wider review of regulation in health and social care	System regulation and inspection	Type of publication Government/statutory body consultations and reports	Proposed models of regulation and inspection of integrated care	<i>Response to Department of Health's wider review of regulation in health and social care. Only mentions 'integrated care' in relation to the merging of health and social care regulators (to eventually form the CQC)</i>

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			Population /setting Health and social care in general Country of focus UK		
King's Fund (2008) ²⁷	The future regulation of health and adult social care in England: a consultation on the framework for the registration of health and adult social care providers	System regulation and inspection	Type of publication Government/statutory body consultations and reports Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>Response to further consultation on the establishment of the CQC</i>
King's Fund (2010) ³³	Consultation response. The King's Fund's response to Liberating the NHS: regulating healthcare providers	System regulation	Type of publication Government/statutory body consultations and reports Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>Response to government consultation on Liberating the NHS: regulating healthcare providers</i>
Linares (2019) ⁵⁷	Advancing in Integrated Care: Results of 4 years of evaluation	System regulation	Type of publication Empirical data Conference abstract Population /setting Health care in general	Proposed models of regulation and inspection of integrated care Evidence on the	<i>Abstract summarising the development of a conceptual framework for assessment that includes dimensions and indicators relating to integration of care. Presents the degree of compliance with these indicators over a 4- year period.</i>

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			Country of focus Basque country	effectiveness of such models Understanding how other countries have approached regulation and inspection of integrated care	
Mitchell (2019) ⁴²	Inspecting integrated health and social care in Scotland: A journey of transformation in scrutiny, assurance and improvement	System regulation and inspection	Type of publication Description of model or current practice Conference abstract Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>Summarises the more recent approach to joint health and social care inspections in Scotland</i>
Monitor (2014) ⁴¹	Supporting integrated care through regulation	System regulation	Type of publication Description of model or current practice Population /setting Health care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>Briefing on Monitor's role in enabling integrated care</i>
Monitor (2015) ³⁶	Integrated care licence condition: guidance for providers of NHS-funded services	System regulation	Type of publication Government/statutory body consultations and reports Population /setting Health care in general	Proposed models of regulation and inspection of integrated care Barriers and enablers of effective regulation and	<i>Provides guidance to help licensees and NHS Trusts understand what is expected of them in relation to the integrated care licence condition and where Monitor may take action. Sets out some high-level principles to help providers deliver care that is better integrated and gives examples of how these might apply in practice. Provides examples of actions and behaviours by providers that may represent a breach of the integrated care licence condition.</i>

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			Country of focus UK	inspection of integrated care	
Monitor (2015) ³⁷	Integrated care licence condition: consultation on draft guidance for providers of NHS-funded services	System regulation	Type of publication Government/statutory body consultations and reports Population /setting Health care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>Consultation on Monitor's draft guidance on the integrated care licence condition</i>
Pickford (2009) ⁵⁸	An integrated inspectorate – a time and a place. Care and Social Services Inspectorate Wales: a case study	System regulation and inspection	Type of publication Editorial or commentary Population /setting Social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care Ways to overcome such barriers without legislative change	<i>Describes how Care and Social Services Inspectorate Wales (CSSIW) tackled the creation of an integrated inspectorate. The proposed model was named the "circle of care" i.e. one inspectorate could overview social services and care from commissioning through contracting to assessment and care management, to provision and into leadership and management. Describes dissolving the boundary between the traditional activities of regulation and inspection.</i>
Reedijk (2019) ⁵¹	Integrated Inspection Teams	System regulation and inspection	Type of publication Description of model or current practice Conference abstract Population /setting Health and social care in general Country of focus Netherlands	Proposed models of regulation and inspection of integrated care	<i>Outlines how governmental supervision of the Dutch health- and social care system has been reformed to shift its focus from the traditional silo-bound and compliance-driven inspection to an integrated and problem orientated inspection. Describes how five Dutch governmental based inspectorates joint up in a programmed effort to develop and implement an integrated inspection framework.</i>
Rutz (2016) ⁵⁴	Children's journeys through organizations:	System regulation and inspection	Type of publication Description of model or current practice	Proposed models of regulation and	<i>In the Netherlands, inspectorates have developed a "journey tool" to reconstruct children's travels through all the organizations providing care. The journey tool does not assess organizations separately, but considers how well</i>

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	how inspectors evaluate coordination of care		Theoretical / conceptual article Population /setting Children Country of focus Netherlands	inspection of integrated care Barriers and enablers of effective regulation and inspection of integrated care Understanding how other countries have approached regulation and inspection of integrated care	<i>organizations and professionals coordinate their activities across various sectors to provide integrated care. The authors applied an ontological theoretical framework to the coordination of care to analyse 24 journeys through care organizations.</i>
Smithson (2018) ⁵⁹	Impact of the care quality commission on provider performance	System regulation and inspection	Type of publication Empirical data Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care Evidence on the effectiveness of such models Barriers and enablers of effective regulation and inspection of integrated care	<i>The first major evaluation of the Care Quality Commission's (CQC) approach to inspecting and rating health and social care providers. Notes that the inspection model was focused on individual providers, but as health and social care provision becomes more integrated, place- or service-based regulatory approaches that cross organisational and sectoral boundaries will become increasingly important.</i>
Verver (2018) ⁶⁰	What are the perceived added values and barriers of regulating long-term care in the home environment using a care	System regulation and inspection	Type of publication Empirical data Description of model or current practice Population /setting Older people Country of focus Netherlands	Proposed models of regulation and inspection of integrated care Barriers and enablers of effective regulation and	<i>Dutch Health and Youth Care Inspectorate evaluation of a regulatory framework focusing on care networks around older adults living independently. Used semi-structured interviews with the older adults, and focus groups with care providers and inspectors to assess the perceived added value of, and barriers to the framework.</i>

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	network perspective: a qualitative study			inspection of integrated care	
Welsh Government (2014) ³²	The future of regulation and inspection of care and support in Wales: consultation: summary of responses	System regulation and inspection	Type of publication Government/statutory body consultations and reports Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>Summary of responses to the consultation on the White Paper "The Future of Regulation and Inspection of Care and Support in Wales". Several responses specifically concerned with the regulation of integrated health and social care.</i>
Welsh Government (2017) ³⁸	Services fit for the future: quality and governance in health and care in Wales	System regulation and inspection	Type of publication Government/statutory body consultations and reports Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care	<i>White Paper seeking views on proposals including "the strengthening of local health boards so they function as integrated, accountable, population-based organisations; new duties of candour and quality; areas where health and social care can act more collaboratively; and more effective inspection, regulation and capture of citizens' voices".</i>

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4.1.2 Evidence on the effectiveness of such models

There appears to be very limited empirical evidence on the effectiveness of models of integrated care regulation, with just four records being coded as relevant to this question (see Table 2).

4.1.2.1 Professional regulation

None of the identified records reported empirical evidence relating to integrated professional regulation.

4.1.2.2 System regulation

A single Dutch randomised controlled trial (published in 2015) did not observe improvements in quality of integrated diabetes care resulting from a supervision program based on announcements of inspections, site visits, and sending individualized reports.⁶¹

More recently (2018), an evaluation of the CQC approach to inspecting and rating health and social care providers noted that place- or service-based regulatory approaches that cross organisational and sectoral boundaries will become increasingly important as health and social care provision becomes more integrated. The authors emphasised that work which is already under way to align the activities of regulators, commissioners and other improvement-focused organisations needs to gain pace and depth.⁵⁹

A 2019 conference abstract summarised the development of a conceptual framework for assessment in the Basque country, which included dimensions and indicators relating to integration of care. The authors presented the degree of compliance with these indicators over a 4 year period.⁵⁷

One 2019 editorial has argued that, given the significant resources used as part of inspections, it is important to ask to what extent all this effort has had positive (or negative) effects and represents value for money. The author notes the general lack of research to evaluate inspections in this regard.⁶²

Table 2: Evidence on the effectiveness of proposed models of regulation

Author (Year)	Title	Type of regulation or inspection	Publication type / Setting / Country	Review question (if any) this record directly addresses	Description
Linares (2019) ⁵⁷	Advancing in Integrated Care: Results of 4 years of evaluation	System regulation	Type of publication Empirical data Conference abstract Population /setting Health care in general Country of focus Basque country	Proposed models of regulation and inspection of integrated care Evidence on the effectiveness of such models Understanding how other countries have approached regulation and inspection of integrated care	<i>Abstract summarising the development of a conceptual framework for assessment that includes dimensions and indicators relating to integration of care. Presents the degree of compliance with these indicators over a 4- year period.</i>
Oude (2015) ⁶¹	Effects of Government Supervision on Quality of Integrated Diabetes Care: A Cluster Randomized Controlled Trial	System regulation and inspection	Type of publication Empirical data Population /setting Diabetes care Country of focus Netherlands	Evidence on the effectiveness of such models Understanding how other countries have approached regulation and inspection of integrated care	<i>Randomised controlled trial evaluating a supervision programme in integrated diabetes care. The supervision program included announcements of inspections, site visits, and sending individualized reports. No significant improvements in the quality of integrated diabetes care as a result of the supervision program were observed. Although structures of care did improve over time, the authors suggested that other quality-improvement initiatives are necessary to substantially strengthen integrated care for diabetes patients.</i>
Sheldon (2019) ⁶²	Inspecting the inspectors – does external review of health services provide value for money?	Regulation System regulation and inspection	Type of publication Editorial or commentary Population /setting Health and social care in general Country of focus UK	Evidence on the effectiveness of such models	<i>Argues that given the significant resources used as part of inspections, it is important to ask to what extent all this effort has had positive (or negative) effects and represents value for money. Notes the dearth of research evaluating inspections.</i>

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Smithson (2018) ⁵⁹	Impact of the care quality commission on provider performance	System regulation and inspection	Type of publication Empirical data Population /setting Health and social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care Evidence on the effectiveness of such models Barriers and enablers of effective regulation and inspection of integrated care	<i>The first major evaluation of the Care Quality Commission's (CQC) approach to inspecting and rating health and social care providers. Notes that the inspection model was focused on individual providers, but as health and social care provision becomes more integrated, place- or service-based regulatory approaches that cross organisational and sectoral boundaries will become increasingly important.</i>
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4.1.3 Barriers and enablers of effective regulation and inspection of integrated care

Seventeen records discussed barriers or enablers relating to the effective regulation and/or inspection of integrated care (see Table 3).

4.1.3.1 Professional regulation

Six records looked at barriers or enablers relating to the effective regulation of professionals or interprofessional working.⁶³⁻⁶⁸

Three of these provided some form of empirical evidence.^{63, 65, 67}

One UK-focused analysis of information sharing and confidentiality practices in multi-agency working arrangements discussed the impact of formal regulation by national policy makers.⁶³

A US study focusing on informed consent and confidentiality discussed differences in the legal and ethical standards underpinning the licensing of behavioural health (BHPs) and medical providers (PCPs) working together in integrated primary care.⁶⁷

Another analysis looked at Ontario's legislative obligation for health regulatory bodies to support interprofessional collaboration (IPC), collaborate, and incorporate IPC into their quality assurance programs.⁶⁵ Barriers to IPC implementation related to the scope of practice protection, conflicting legislation, and lack of knowledge about the roles of other health professionals.⁶⁵

A discussion paper describing some barriers to the evolution of regulation in relation to interprofessional collaboration in Ontario gave brief examples of local efforts.⁶⁶ This concluded that the shift in culture needed for successful interprofessional regulation challenges both how providers see themselves, and the very foundations of professional autonomy.

One record examined from a Canadian legal perspective the regulatory and medico-legal barriers that might prevent or inhibit health care professionals from working together on an interprofessional basis, and to forecast the kinds of changes within legal systems which will be necessary to accommodate the change.⁶⁴

One US theoretical paper compared the ethical positions of different professional organisations with regard to informed consent, confidentiality, and grievance procedures.⁶⁸

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4.1.3.2 System regulation

Eight records looked at barriers or enablers relating to effective systems regulation.^{69,36, 60, 63, 70-73}

One qualitative study conducted in the Dutch region of Limburg suggested that multidisciplinary co-operation in primary care was hampered by organisational rules and regulations that emphasise individual care delivery rather than co-operation.⁷²

The 2018 annual survey of NHS Trusts and foundation Trusts' experiences of regulation found that Trusts feel that the regulators and national bodies could do more to support them to work in collaboration with local partners.⁶⁹ Trusts were in favour of NHS Improvement and NHS England working more closely together and developing new models of oversight at local systems level. It also reported that, despite the regulators' recent attempts to coordinate their work, Trusts continue to experience duplication in the requests from the regulators and other national bodies. The 2019 survey is described in section 4.2.1.

A mixed-methods study combining survey and interview data from the Netherlands proposed reforms around four themes of "interorganizational governance" (control, purchase, accountability and supervision).⁷⁰

The Dutch Health and Youth Care Inspectorate evaluated a regulatory framework focusing on care networks around older adults living independently. Positive elements of this were the involvement of older adults in the regulatory activity, the focus of the framework on care networks and the open nature of the conversations with inspectors. Concerns were raised about the substantial amount of time needed to establish the framework as well as financial and privacy issues around care networks.⁶⁰

Table 3: Barriers and enablers of effective regulation and inspection of integrated care

Author (Year)	Title	Type of regulation or inspection	Publication type / Setting / Country	Review question (if any) this record directly addresses	Description
Bellamy (2008) ⁶³	Information-sharing and confidentiality in social policy: regulating multi-agency working	System regulation	Type of publication Empirical data Population /setting Health and social care in general Country of focus UK	Barriers and enablers of effective regulation and inspection of integrated care	<i>Discusses the impact of formal regulation by national policy makers on information sharing and confidentiality practices in multi-agency working arrangements</i>
Campbell (2007) ⁴³	Integrated inspection of services for people with learning disabilities in Scotland: the way forward?	Inspection	Type of publication Description of model or current practice Population /setting Learning disabilities Country of focus UK	Proposed models of regulation and inspection of integrated care Barriers and enablers of effective regulation and inspection of integrated care Ways to overcome such barriers without legislative change	<i>Describes the findings of the first joint inspection of services for people with learning disabilities in Scotland. Describes some of the barriers that were encountered and proposes some strategies to overcome these barriers</i>
Carr (2018) ⁷¹	The Distribution of Regulation in Aged and Dementia Care: A Continuum Approach	System regulation	Type of publication Empirical data Population /setting Dementia care	Barriers and enablers of effective regulation and inspection of integrated care	<i>This study explored aged and dementia care regulation at the system, organization, and practice levels and involved multiple research methods, including a review of past and current care and regulatory policies, mapping the regulatory system, identifying and interpreting different kinds of care pathways, and qualitative research with aged care provider organizations and their staff. The qualitative component comprised semi-structured, in-depth interviews (N = 60) with staff at distinct levels of aged care provider</i>

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			Country of focus Australia	Ways to overcome such barriers without legislative change Understanding how other countries have approached regulation and inspection of integrated care	<i>organizations. Argues that current debates around regulation should shift from notions of good/ bad and more/less regulation to an analysis of how regulation creates areas that are closely controlled and those that allow practice innovation.</i>
Elissen (2011) ⁷²	Can we make sense of multidisciplinary co-operation in primary care by considering routines and rules?	System regulation	Type of publication Empirical data Population /setting Health care in general Country of focus Netherlands	Barriers and enablers of effective regulation and inspection of integrated care Understanding how other countries have approached regulation and inspection of integrated care	<i>Qualitative study including semi-structured interviews with providers from six primary care professions in the Dutch region of Limburg; relevant documents included co-operation agreements, annual reports and internal memos. Authors concluded that more research is needed, though the study suggests that “the emergence of more extensive multidisciplinary co-operation in primary care is hampered by the organisational rules and regulations prevailing in the sector. By emphasising individual care delivery rather than co-operation, these rules stimulate the perseverance of diversity between the routines by which providers perform their solo care delivery activities, rather than the creation of the amount of compatibility between those routines that is necessary for the current, rather limited shape of multidisciplinary co-operation to expand.”</i>
Hodgson (2013) ⁶⁸	Patient and provider relationships: consent, confidentiality, and managing mistakes in integrated primary care settings.	Professional regulation	Type of publication Theoretical / conceptual article Population /setting Health care in general Country of focus USA	Barriers and enablers of effective regulation and inspection of integrated care Understanding how other countries have approached regulation and inspection of integrated care	<i>Compares the ethical positions of different professional organisations with regard to informed consent, confidentiality, and grievance procedures. Offers recommendations about how to manage a specific clinical vignette, and highlights what is needed to advance our understanding of integration ethics.</i>
Hudgins (2013) ⁶⁷	Navigating the legal and ethical foundations of informed consent	Professional regulation	Type of publication Empirical data	Barriers and enablers of effective regulation	<i>Discusses problems relating to differences in the legal and ethical standards underpinning the licensing of behavioural health (BHPs) and medical providers (PCPs) working together in integrated primary care. Focuses on informed consent and confidentiality.</i>

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	and confidentiality in integrated primary care		Description of model or current practice Population /setting Health care in general Country of focus USA	and inspection of integrated care Understanding how other countries have approached regulation and inspection of integrated care	
Ketelaars (2011) ⁴⁶	Integrated care requires integrated supervision	System regulation and inspection	Type of publication Description of model or current practice Population /setting Health care in general Country of focus Netherlands	Proposed models of regulation and inspection of integrated care Barriers and enablers of effective regulation and inspection of integrated care Ways to overcome such barriers without legislative change Understanding how other countries have approached regulation and inspection of integrated care	<i>Dutch Health Care Inspectorate case study discusses how a regulator can best work with multidisciplinary care groups providing integrated care.</i> <i>“By applying a risk-based approach to integrated care providers, the Inspectorate can analyse the care providers’ performance by means of quality indicators and rank them. In order to be effective, appropriated supervision arrangements will be applied to the care providers of integrated care. With a ranking model transparency will be improved and this may encourage integrated care providers to strive for greater quality due to the competition inherent in the system. Supervision based on advice and encouragement might be helpful in the implementation of integrated care.”</i>
Lahey (2005) ⁶⁴	Regulatory and medico-legal barriers to interprofessional practice	Professional regulation	Type of publication Theoretical / conceptual article Population /setting Health care in general	Barriers and enablers of effective regulation and inspection of integrated care Understanding how other countries have	<i>Examines from a Canadian perspective the regulatory and medico-legal barriers that might prevent or inhibit health care professionals from working together on an interprofessional basis, and to forecast the kinds of changes within legal systems which will be necessary to accommodate the change.</i>

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			Country of focus Canada	approached regulation and inspection of integrated care	
Monitor (2015) ³⁶	Integrated care licence condition: guidance for providers of NHS-funded services	System regulation	Type of publication Government/statutory body consultations and reports Population /setting Health care in general Country of focus UK	Proposed models of regulation and inspection of integrated care Barriers and enablers of effective regulation and inspection of integrated care	<i>Provides guidance to help licensees and NHS Trusts understand what is expected of them in relation to the integrated care licence condition and where Monitor may take action. Sets out some high-level principles to help providers deliver care that is better integrated and gives examples of how these might apply in practice. Provides examples of actions and behaviours by providers that may represent a breach of the integrated care licence condition.</i>
NHS Providers (2018) ⁶⁹	The changing nature of regulation in the NHS	System regulation	Type of publication Empirical data Population /setting Health care in general Country of focus UK	Barriers and enablers of effective regulation and inspection of integrated care	<i>Annual survey exploring NHS Trusts and foundation Trusts' experiences of regulation over the preceding 12 months and their views on the future of regulation, identifying trends over time. Findings included: Trusts feel that the regulators and national bodies could do more to support them to work in collaboration with local partners and were favoured NHS Improvement and NHS England working more closely together and developing new models of oversight at local systems level; while the regulators have taken steps to coordinate their approaches with each other and other national bodies, these efforts have not yet been reflected in Trusts' experiences. Trusts reported that they continue to experience duplication in the requests from the regulators and other national bodies.</i>
Regan (2015) ⁶⁵	Legislating interprofessional collaboration: A policy analysis of health professions regulatory legislation in Ontario, Canada	Professional regulation	Type of publication Empirical data Population /setting Health care in general Country of focus Canada	Barriers and enablers of effective regulation and inspection of integrated care Understanding how other countries have approached regulation and inspection of integrated care	<i>Ontario introduced a legislative obligation for health regulatory colleges to support interprofessional collaboration (IPC), collaborate where they share controlled acts, and incorporate IPC into their quality assurance programs. Article includes a policy analysis, qualitative content analysis of college documents pertaining to IPC, and interviews with representatives from 14 colleges. Three themes were identified: ideal versus reality; barriers to the ideal; and legislating IPC. Commitment to the ideal of IPC was evident in college documents and interviews. Colleges expressed concern about the lack of clarity regarding the intent of legislation. In addition, barriers to IPC stemming from long-standing issues in practice including scope of practice protection, conflicting legislation, and lack of knowledge about the roles of</i>

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					<i>other health professionals.</i>
Rosen (2011) ⁷³	Integration in action: four international case studies	System regulation	<p>Type of publication Empirical data Description of model or current practice</p> <p>Population /setting Health care in general</p> <p>Country of focus International</p>	<p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Ways to overcome such barriers without legislative change</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<i>This report explores how to strengthen integration between services in order to improve health outcomes, patient experience of care and value for money from available resources. It describes work to improve integration in four international organisations: (1) a government-funded network to improve access to and quality of Medicaid services in North Carolina, United States (2) an independent practice association in upstate New York, United States (3) a Dutch organisation providing support to general practitioners (GPs) to deliver integrated care for diabetes and other chronic conditions (4) a Scottish health and social care partnership. Case study data were collected through semi-structured interviews with clinicians, managers, patients and academics, and supplemented by documentary analysis and literature review.</i>
Rutz (2016) ⁵⁴	Children's journeys through organizations: how inspectors evaluate coordination of care	System regulation and inspection	<p>Type of publication Description of model or current practice Theoretical / conceptual article</p> <p>Population /setting Children</p> <p>Country of focus Netherlands</p>	<p>Proposed models of regulation and inspection of integrated care</p> <p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<i>In the Netherlands, inspectorates have developed a "journey tool" to reconstruct children's travels through all the organizations providing care. The journey tool does not assess organizations separately, but considers how well organizations and professionals coordinate their activities across various sectors to provide integrated care. The authors applied an ontological theoretical framework to the coordination of care to analyse 24 journeys through care organizations.</i>
Smithson (2018) ⁵⁹	Impact of the care quality commission on provider performance	System regulation and inspection	<p>Type of publication Empirical data</p>	Proposed models of regulation and	<i>The first major evaluation of the Care Quality Commission's (CQC) approach to inspecting and rating health and social care providers. Notes that the inspection model was focused on individual providers, but as health and social care provision becomes more integrated, place- or service-based regulatory</i>

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			<p>Population /setting Health and social care in general</p> <p>Country of focus UK</p>	<p>inspection of integrated care</p> <p>Evidence on the effectiveness of such models</p> <p>Barriers and enablers of effective regulation and inspection of integrated care</p>	<p><i>approaches that cross organisational and sectoral boundaries will become increasingly important.</i></p>
Spierenburg (2016) ⁷⁰	Interorganizational Care needs Horizontal Governance	System regulation	<p>Type of publication Empirical data</p> <p>Population /setting Health care in general</p> <p>Country of focus Netherlands</p>	<p>Barriers and enablers of effective regulation and inspection of integrated care</p>	<p><i>Qualitative study of "interorganisational governance" in health care. Outlines four themes of interorganizational governance: control, purchase, accountability and supervisory. Concludes that it is time to change and shape new forms of governance, horizontal governance, experimental governance. Not only the executive boards of the big care organizations, also the supervisory boards and inspectors of quality of care are willing to and in need for change.</i></p>
Verver (2018) ⁶⁰	What are the perceived added values and barriers of regulating long-term care in the home environment using a care network perspective: a qualitative study	System regulation and inspection	<p>Type of publication Empirical data Description of model or current practice</p> <p>Population /setting Older people</p> <p>Country of focus Netherlands</p>	<p>Proposed models of regulation and inspection of integrated care</p> <p>Barriers and enablers of effective regulation and inspection of integrated care</p>	<p><i>Dutch Health and Youth Care Inspectorate evaluation of a regulatory framework focusing on care networks around older adults living independently. Used semi-structured interviews with the older adults, and focus groups with care providers and inspectors to assess the perceived added value of, and barriers to the framework.</i></p>
Wenghofer (2017) ⁶⁶	Evolving Professional Regulation: Keeping up with Health System Evolution	Professional regulation	<p>Type of publication Editorial or commentary</p>	<p>Barriers and enablers of effective regulation and inspection of integrated care</p>	<p><i>Discussion paper describing some barriers to the evolution of regulation in relation to interprofessional collaboration (IPC). Gives brief examples of local efforts in Ontario, Canada. Concludes that the shift in culture needed for interprofessional regulation challenges both how providers see themselves in the healthcare system, and the very foundations of professional autonomy.</i></p>

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		Inspection	Population /setting Health care in general		
			Country of focus Canada		

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4.1.4 Ways to overcome such barriers without legislative change

4.1.4.1 Professional regulation

No records focused on ways to overcome barriers to the implementation of professional regulations in relation to integrated care (see Table 4).

4.1.4.2 System regulation

Five records touched on the subject of how to overcome barriers to effective regulation and inspection of integrated care.^{43, 46, 58, 71, 73}

Two of these included some form of empirical evidence.^{71, 73}

A UK report from 2011 explored how to strengthen integration between services in order to improve health outcomes, patient experience of care and value for money from available resources.⁷³ It described work to improve integration in four international organisations, and made recommendations for UK regulators. These included linking the regulation of integration to a requirement to demonstrate improved patient experience and clinical outcomes, and developing regulations that promote choice and competition within integrated systems.

A 2018 Australian study explored regulation in aged and dementia care at the system, organization, and practice levels.⁷¹ This involved reviewing past and current care and regulatory policies, mapping the regulatory system, identifying and interpreting different kinds of care pathways, and semi-structured, in-depth interviews with staff at distinct levels of aged care provider organizations. The authors concluded that that current debates around regulation should shift from notions of good/bad and more/less regulation to an analysis of how regulation creates areas that are closely controlled and those that allow practice innovation.

One 2009 journal article (without empirical data) described how Care and Social Services Inspectorate Wales (CSSIW; now called Care Inspectorate Wales) tackled the creation of an integrated inspectorate, focusing on the "circle of care" concept i.e. one inspectorate with an overview of social services and care from commissioning through contracting to assessment and care management, to provision and into leadership and management.⁵⁸

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Table 4: Ways to overcome barriers to effective regulation and inspection of integrated care

Author (Year)	Title	Type of regulation or inspection	Publication type / Setting / Country	Review question (if any) this record directly addresses	Description
Campbell (2007) ⁴³	Integrated inspection of services for people with learning disabilities in Scotland: the way forward?	Inspection	<p>Type of publication Description of model or current practice</p> <p>Population /setting Learning disabilities</p> <p>Country of focus UK</p>	<p>Proposed models of regulation and inspection of integrated care</p> <p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Ways to overcome such barriers without legislative change</p>	<i>Describes the findings of the first joint inspection of services for people with learning disabilities in Scotland. Describes some of the barriers that were encountered and proposes some strategies to overcome these barriers</i>
Carr (2018) ⁷¹	The Distribution of Regulation in Aged and Dementia Care: A Continuum Approach	System regulation	<p>Type of publication Empirical data</p> <p>Population /setting Dementia care</p> <p>Country of focus Australia</p>	<p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Ways to overcome such barriers without legislative change</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<i>This study explored aged and dementia care regulation at the system, organization, and practice levels and involved multiple research methods, including a review of past and current care and regulatory policies, mapping the regulatory system, identifying and interpreting different kinds of care pathways, and qualitative research with aged care provider organizations and their staff. The qualitative component comprised semi-structured, in-depth interviews (N = 60) with staff at distinct levels of aged care provider organizations. Argues that current debates around regulation should shift from notions of good/ bad and more/less regulation to an analysis of how regulation creates areas that are closely controlled and those that allow practice innovation.</i>
Ketelaars (2011) ⁴⁶	Integrated care requires integrated supervision	System regulation and inspection	<p>Type of publication Description of model or current practice</p> <p>Population /setting Health care in general</p>	<p>Proposed models of regulation and inspection of integrated care</p> <p>Barriers and enablers of effective regulation and inspection of integrated care</p>	<p><i>Dutch Health Care Inspectorate case study discusses how a regulator can best work with multidisciplinary care groups providing integrated care.</i></p> <p><i>“By applying a risk-based approach to integrated care providers, the Inspectorate can analyse the care providers’ performance by means of quality indicators and rank them. In order to be effective, appropriated supervision arrangements will be applied to the care providers of integrated care. With a ranking model transparency will be improved and this may encourage</i></p>

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			Country of focus Netherlands	Ways to overcome such barriers without legislative change Understanding how other countries have approached regulation and inspection of integrated care	<i>integrated care providers to strive for greater quality due to the competition inherent in the system. Supervision based on advice and encouragement might be helpful in the implementation of integrated care."</i>
Pickford (2009) ⁵⁸	An integrated inspectorate – a time and a place. Care and Social Services Inspectorate Wales: a case study	System regulation and inspection	Type of publication Editorial or commentary Population /setting Social care in general Country of focus UK	Proposed models of regulation and inspection of integrated care Ways to overcome such barriers without legislative change	<i>Describes how Care and Social Services Inspectorate Wales (CSSIW) tackled the creation of an integrated inspectorate. The proposed model was named the "circle of care" i.e. one inspectorate could overview social services and care from commissioning through contracting to assessment and care management, to provision and into leadership and management. Describes dissolving the boundary between the traditional activities of regulation and inspection.</i>
Rosen (2011) ⁷³	Integration in action: four international case studies	System regulation	Type of publication Empirical data Description of model or current practice Population /setting Health care in general Country of focus International	Barriers and enablers of effective regulation and inspection of integrated care Ways to overcome such barriers without legislative change Understanding how other countries have approached regulation and inspection of integrated care	<i>This report explores how to strengthen integration between services in order to improve health outcomes, patient experience of care and value for money from available resources. It describes work to improve integration in four international organisations: (1) a government-funded network to improve access to and quality of Medicaid services in North Carolina, United States (2) an independent practice association in upstate New York, United States (3) a Dutch organisation providing support to general practitioners (GPs) to deliver integrated care for diabetes and other chronic conditions (4) a Scottish health and social care partnership. Case study data were collected through semi-structured interviews with clinicians, managers, patients and academics, and supplemented by documentary analysis and literature review.</i>

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4.1.5 Understanding how other countries have approached regulation and inspection of integrated care

Sixteen records included some information on how countries outside the UK have approached regulation and/or inspection of integrated care (see Table 5).^{45-47, 52, 54, 57, 61, 64, 65, 67, 68, 71-75}

4.1.5.1 Professional regulation

Four records relating to professional regulation in countries outside the UK^{64, 65, 67, 68} have been described earlier in section 4.1.

4.1.5.2 System regulation

Eight records described international approaches to system regulation and/or inspection of integrated care,^{45-47, 52, 54, 67, 73, 74} and eight studies reported some empirical evidence on these approaches.^{52, 57, 61, 65, 67, 71-73} Each of these has been summarised above, with the exception of Nolte (2012), which described the regulatory, funding and organisational context for the development and implementation of approaches to chronic care, using examples from Austria, Germany and the Netherlands. However, this was focused more on economic regulation than quality regulation.⁷⁴

One recent (2019) editorial gave an overview of recent international developments in relation to regulation of integrated care and described a Regulating and Inspecting Integrated Care Special Interest Group (RIIC-SIG) that is supported by the International Foundation for Integrated Care (IFIC).⁷⁵

Table 5: Understanding how other countries have approached regulation and inspection of integrated care

Author (Year)	Title	Type of regulation or inspection	Publication type / Setting / Country	Review question (if any) this record directly addresses	Description
Carr (2018) ⁷¹	The Distribution of Regulation in Aged and Dementia Care: A Continuum Approach	System regulation	<p>Type of publication Empirical data</p> <p>Population /setting Dementia care</p> <p>Country of focus Australia</p>	<p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Ways to overcome such barriers without legislative change</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<i>This study explored aged and dementia care regulation at the system, organization, and practice levels and involved multiple research methods, including a review of past and current care and regulatory policies, mapping the regulatory system, identifying and interpreting different kinds of care pathways, and qualitative research with aged care provider organizations and their staff. The qualitative component comprised semi-structured, in-depth interviews (N = 60) with staff at distinct levels of aged care provider organizations. Argues that current debates around regulation should shift from notions of good/ bad and more/less regulation to an analysis of how regulation creates areas that are closely controlled and those that allow practice innovation.</i>
Chokshi (2014) ⁴⁵	Redesigning the regulatory framework for ambulatory care services in New York	System regulation	<p>Type of publication Description of model or current practice</p> <p>Population /setting Health care in general</p> <p>Country of focus USA</p>	<p>Proposed models of regulation and inspection of integrated care</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<i>Describes the principles underpinning the New York Public Health and Health Planning Council's redesign of the state's ambulatory care services regulatory framework, alongside the regulatory recommendations themselves.</i>
Dutch Health and Youth Care Inspectorate (2018) ⁴⁷	Good care in care networks - Position Paper on Integrated Care	System regulation and inspection	<p>Type of publication Description of model or current practice</p>	<p>Proposed models of regulation and inspection of integrated care</p> <p>Understanding how other</p>	<i>Describes the Dutch Health and Youth Care Inspectorate's concept of 'care networks' for people living in home environments with multiple care needs, their regulatory framework, and plans for evaluation and review</i>

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			<p>Population /setting Health and social care in general</p> <p>Country of focus Netherlands</p>	countries have approached regulation and inspection of integrated care	
Dutch Health and Youth Care Inspectorate (2017) ⁵²	Kwetsbare oudere in Houten heeft spil in het netwerk nodig voor samenhang in de zorg thuis	<p>Regulation Inspection</p>	<p>Type of publication Empirical data Description of model or current practice</p> <p>Population /setting Older people</p> <p>Country of focus Netherlands</p>	<p>Proposed models of regulation and inspection of integrated care</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<i>Dutch Health Care Inspectorate (IGZ) survey of older people, caregivers, and care staff who participated in a regional pilot scheme of integrated home-based care networks for the elderly.</i>
Elissen (2011) ⁷²	Can we make sense of multidisciplinary co-operation in primary care by considering routines and rules?	System regulation	<p>Type of publication Empirical data</p> <p>Population /setting Health care in general</p> <p>Country of focus Netherlands</p>	<p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<i>Qualitative study including semi-structured interviews with providers from six primary care professions in the Dutch region of Limburg; relevant documents included co-operation agreements, annual reports and internal memos. Authors concluded that more research is needed, though the study suggests that “the emergence of more extensive multidisciplinary co-operation in primary care is hampered by the organisational rules and regulations prevailing in the sector. By emphasising individual care delivery rather than co-operation, these rules stimulate the perseverance of diversity between the routines by which providers perform their solo care delivery activities, rather than the creation of the amount of compatibility between those routines that is necessary for the current, rather limited shape of multidisciplinary co-operation to expand.”</i>
Hodgson (2013) ⁶⁸	Patient and Provider Relationships: Consent,	Professional regulation	<p>Type of publication Theoretical / conceptual article</p>	Barriers and enablers of effective regulation and inspection of integrated care	<i>Compares the ethical positions of different professional organisations with regard to informed consent, confidentiality, and grievance procedures. Offers recommendations about how to manage a specific clinical vignette, and highlights what is needed to advance our understanding of</i>

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	Confidentiality, and Managing Mistakes in Integrated Primary Care Settings.		<p>Population /setting Health care in general</p> <p>Country of focus USA</p>	Understanding how other countries have approached regulation and inspection of integrated care	<i>integration ethics.</i>
Hudgins (2013) ⁶⁷	Navigating the legal and ethical foundations of informed consent and confidentiality in integrated primary care	Professional regulation	<p>Type of publication Empirical data Description of model or current practice</p> <p>Population /setting Health care in general</p> <p>Country of focus USA</p>	<p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<i>Discusses problems relating to differences in the legal and ethical standards underpinning the licensing of behavioural health (BHPs) and medical providers (PCPs) working together in integrated primary care. Focuses on informed consent and confidentiality.</i>
Ketelaars (2011) ⁴⁶	Integrated care requires integrated supervision	System regulation and inspection	<p>Type of publication Description of model or current practice</p> <p>Population /setting Health care in general</p> <p>Country of focus Netherlands</p>	<p>Proposed models of regulation and inspection of integrated care</p> <p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Ways to overcome such barriers without legislative change</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<p><i>Dutch Health Care Inspectorate case study discusses how a regulator can best work with multidisciplinary care groups providing integrated care.</i></p> <p><i>“By applying a risk-based approach to integrated care providers, the Inspectorate can analyse the care providers’ performance by means of quality indicators and rank them. In order to be effective, appropriated supervision arrangements will be applied to the care providers of integrated care. With a ranking model transparency will be improved and this may encourage integrated care providers to strive for greater quality due to the competition inherent in the system. Supervision based on advice and encouragement might be helpful in the implementation of integrated care.”</i></p>

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Lahey (2005) ⁶⁴	Regulatory and medico-legal barriers to interprofessional practice	Professional regulation	<p>Type of publication Theoretical / conceptual article</p> <p>Population /setting Health care in general</p> <p>Country of focus Canada</p>	<p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<i>Examines from a Canadian perspective the regulatory and medico-legal barriers that might prevent or inhibit health care professionals from working together on an interprofessional basis, and to forecast the kinds of changes within legal systems which will be necessary to accommodate the change.</i>
Linares (2019) ⁵⁷	Advancing in Integrated Care: Results of 4 years of evaluation	System regulation	<p>Type of publication Empirical data Conference abstract</p> <p>Population /setting Health care in general</p> <p>Country of focus Basque country</p>	<p>Proposed models of regulation and inspection of integrated care</p> <p>Evidence on the effectiveness of such models</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<i>Abstract summarising the development of a conceptual framework for assessment that includes dimensions and indicators relating to integration of care. Presents the degree of compliance with these indicators over a 4-year period.</i>
Nolte (2012) ⁷⁴	Overcoming fragmentation in health care: chronic care in Austria, Germany and The Netherlands	System regulation	<p>Type of publication Description of model or current practice</p> <p>Population /setting Health care in general</p> <p>Country of focus International</p>	<p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<i>Examines the role of the regulatory, funding and organisational context for the development and implementation of approaches to chronic care, using examples from Austria, Germany and the Netherlands. More focused on economic regulation than quality regulation.</i>

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Oude (2015) ⁶¹	Effects of Government Supervision on Quality of Integrated Diabetes Care: A Cluster Randomized Controlled Trial	System regulation and inspection	<p>Type of publication Empirical data</p> <p>Population /setting Diabetes care</p> <p>Country of focus Netherlands</p>	<p>Evidence on the effectiveness of such models</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<p><i>Randomised controlled trial evaluating a supervision programme in integrated diabetes care. The supervision program included announcements of inspections, site visits, and sending individualized reports. No significant improvements in the quality of integrated diabetes care as a result of the supervision program were observed. Although structures of care did improve over time, the authors suggested that other quality-improvement initiatives are necessary to substantially strengthen integrated care for diabetes patients.</i></p>
Regan (2015) ⁶⁵	Legislating interprofessional collaboration: A policy analysis of health professions regulatory legislation in Ontario, Canada	Professional regulation	<p>Type of publication Empirical data</p> <p>Population /setting Health care in general</p> <p>Country of focus Canada</p>	<p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<p><i>Ontario introduced a legislative obligation for health regulatory colleges to support interprofessional collaboration (IPC), collaborate where they share controlled acts, and incorporate IPC into their quality assurance programs. Article includes a policy analysis, qualitative content analysis of college documents pertaining to IPC, and interviews with representatives from 14 colleges. Three themes were identified: ideal versus reality; barriers to the ideal; and legislating IPC. Commitment to the ideal of IPC was evident in college documents and interviews. Colleges expressed concern about the lack of clarity regarding the intent of legislation. In addition, barriers to IPC stemming from long-standing issues in practice including scope of practice protection, conflicting legislation, and lack of knowledge about the roles of other health professionals.</i></p>
Rosen (2011) ⁷³	Integration in action: four international case studies	System regulation	<p>Type of publication Empirical data Description of model or current practice</p> <p>Population /setting Health care in general</p> <p>Country of focus International</p>	<p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Ways to overcome such barriers without legislative change</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<p><i>This report explores how to strengthen integration between services in order to improve health outcomes, patient experience of care and value for money from available resources. It describes work to improve integration in four international organisations: (1) a government-funded network to improve access to and quality of Medicaid services in North Carolina, United States (2) an independent practice association in upstate New York, United States (3) a Dutch organisation providing support to general practitioners (GPs) to deliver integrated care for diabetes and other chronic conditions (4) a Scottish health and social care partnership. Case study data were collected through semi-structured interviews with clinicians, managers, patients and academics, and supplemented by documentary analysis and literature review.</i></p>

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Rutz (2016) ⁵⁴	Children's journeys through organizations: how inspectors evaluate coordination of care	System regulation and inspection	<p>Type of publication Description of model or current practice Theoretical / conceptual article</p> <p>Population /setting Children</p> <p>Country of focus Netherlands</p>	<p>Proposed models of regulation and inspection of integrated care</p> <p>Barriers and enablers of effective regulation and inspection of integrated care</p> <p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<p><i>In the Netherlands, inspectorates have developed a "journey tool" to reconstruct children's travels through all the organizations providing care. The journey tool does not assess organizations separately, but considers how well organizations and professionals coordinate their activities across various sectors to provide integrated care. The authors applied an ontological theoretical framework to the coordination of care to analyse 24 journeys through care organizations.</i></p>
Sullivan-Taylor (2019) ⁷⁵	Integrated Care Regulation, Assessment, and Inspection - A Collaborative Learning Journey	System regulation and inspection	<p>Type of publication Editorial or commentary</p> <p>Population /setting Health and social care in general</p> <p>Country of focus International</p>	<p>Understanding how other countries have approached regulation and inspection of integrated care</p>	<p><i>Overview of recent international developments in relation to regulation of integrated care. Highlights the Regulating and Inspecting Integrated Care Special Interest Group (RIIC-SIG) that is supported by the International Foundation for Integrated Care (IFIC). RIIC-SIG objectives for 2019–2021 include: 1. Establishing a platform to share relevant material such as frameworks, experiences, leading practices and approaches (2019); 2. Identifying and securing the necessary resources to ensure sustainability of the RIIC-SIG (2019); 3. Developing and publishing a paper on assessing, regulating and inspecting integrated care (2020;); 4. Defining building blocks for regulating/inspecting integrated care and common research questions on regulating/inspecting integrated care (2020;); 5. Establishing relationships with researchers to stimulate research (2020–2021) 6. Evaluating the outcome and impact of the RIIC-SIG (2021).</i></p>

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4.1.6 Publications not directly addressing any of these questions

Fifteen records were concerned to some extent with the regulation and/or inspection of integrated care, but addressed issues beyond the objectives of this scoping review (see Table 6).⁷⁶⁻⁹⁰

4.1.6.1 Professional regulation

Three records related to the Law Commissions' 2012 review of UK law relating to the regulation of health care professionals and, in England only, the regulation of social workers. Recommendations had implications for integrated care provision, including considerations of interfaces with other regulatory systems, joint working, and duties to cooperate.^{79, 80, 86}

Two records were focused on core competencies of health care professionals. One outlined a framework of core competencies common to learners in health care, with a number of exemplar professions being chosen primarily because of their critical roles in interprofessional teams.⁸¹ A systematic review of the literature identified five core competencies for integrated care and 13 important "entry points" for the assurance and improvement of competencies.⁸³

4.1.6.2 System regulation

Three records relate to a qualitative study that explored perceptions of the impact of regulation (and regulatory practices) on partnership working in adult protection across England and Wales.^{84, 88, 90}

Another study reported a lack of alignment between regulatory frameworks for organisations providing services in ASD in Flanders, Belgium.⁸²

One descriptive record reported the methods and findings of a 2006 pilot multi-agency inspection of services for people with learning disabilities in Ayrshire.⁸⁹ and one 2010 article outlined ways in which quality can be assured in non-regulated care and support services.⁸⁷

A conference abstract described the establishment of a Special Interest Group on Regulating and inspecting integrated care, previously mentioned in section 4.1.5.⁷⁷

Table 6: Publications not directly addressing the proposed questions

Author (Year)	Title	Type of regulation or inspection	Publication type / Setting / Country	Review question (if any) this record directly addresses	Description
Buijze (2019) ⁷⁷	Special Interest Group: Regulating and inspecting integrated care	System regulation and inspection	Type of publication Conference abstract Population /setting Health and social care in general Country of focus International	Does not directly address the proposed questions	<i>Describes the establishment of a Special Interest Group on Regulating and inspecting integrated care</i>
Cloet (2019) ⁸²	Interorganizational and multidisciplinary collaboration for persons with Autism Spectrum Disorder: towards more integration of care in Flanders	System regulation	Type of publication Empirical data Conference abstract Population /setting Autism Spectrum Disorder Country of focus Belgium	Does not directly address the proposed questions	<i>Qualitative study of integration of care for persons with ASD in Flanders. Concludes that regulatory frameworks setting the criteria for organisations providing services in ASD trajectories are not entirely aligned, which will hamper efforts to develop a framework for a mandated network.</i>
Davies (2007) ⁷⁶	The promise of 21st century professionalism: regulatory reform and integrated care	Professional regulation	Type of publication Editorial or commentary Population /setting Health care in general Country of focus UK	Does not directly address the proposed questions	<i>Editorial on rethinking the concept of professional (self-)regulation in the context of 21st Century interprofessional teamwork</i>

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Langins (2016) ⁸³	Strengthening a competent health workforce for the provision of coordinated/integrated health services	Professional regulation	<p>Type of publication Theoretical / conceptual article</p> <p>Population /setting Health care in general</p> <p>Country of focus International</p>	Does not directly address the proposed questions	<i>A systematic review of the literature to identify the core competencies for integrated care. Discusses how competencies are the responsibility of a range of stakeholders - service managers, policy makers, regulatory bodies, and patient and professional associations - and how these stakeholders can work more closely with each other.</i>
Law Commission (2012) ⁸⁶	Regulation of health care professionals: regulation of social care professionals in England: a joint consultation	Professional regulation	<p>Type of publication Government/statutory body consultations and reports</p> <p>Population /setting Health and social care in general</p> <p>Country of focus UK</p>	Does not directly address the proposed questions	<i>Review of the UK law relating to the regulation of health care professionals and, in England only, the regulation of social workers. Recommendations had implications for integrated care provision, including considerations of interfaces with other regulatory systems, joint working, and duties to cooperate.</i>
NHS Confederation (2006) ⁸⁵	Reducing the burden: concordat between bodies inspecting, regulating and auditing healthcare	System regulation and inspection	<p>Type of publication Other <i>Concordat between bodies inspecting, regulating and auditing healthcare</i></p> <p>Population /setting Health care in general</p> <p>Country of focus UK</p>	Does not directly address the proposed questions	<i>Concordat between bodies inspecting, regulating and auditing healthcare, which aimed to ensure effective regulation while reducing the burden of inspection on organisations. Incorporated 20 signatories working together to coordinate their activities.</i>
Peate (2016) ⁷⁸	Rethinking regulation	Professional regulation	<p>Type of publication Editorial or commentary</p>	Does not directly address the proposed questions	<i>Short editorial noting the PSA's criticisms of existing regulatory arrangements in "Rethinking Regulation" and calls for new legislation and consideration of a single umbrella professions</i>

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			Population /setting Health care in general Country of focus UK		<i>regulator</i>
Penhale (2006) ⁹⁰	Partnership and regulation in adult protection: the effectiveness of multi-agency working and the regulatory framework in adult protection	System regulation	Type of publication Empirical data <i>Survey and interviews with social services staff, plus interviews with service users and carers</i> Population /setting Adult protection Country of focus UK	Does not directly address the proposed questions	<i>Study examining issues relating to partnership working arrangements in adult protection across England and Wales and explored perceptions of the impact of regulation (and regulatory practices) on adult protection.</i>
Perkins (2007) ⁸⁴	Partnership means protection? Perceptions of the effectiveness of multi-agency working and the regulatory framework within adult protection in England and Wales	System regulation	Type of publication Empirical data <i>Survey and interviews with social services staff</i> Population /setting Adult protection Country of focus UK	Does not directly address the proposed questions	<i>Examined issues relating to partnership working arrangements in adult protection across England and Wales and explored perceptions of the impact of regulation (and regulatory practices) on adult protection. Links to Penhale et al 2007</i>
Pinkney (2008) ⁸⁸	Voices from the frontline: social work practitioners' perceptions of multi-agency working in adult protection in England and Wales	System regulation	Type of publication Empirical data <i>Interviews with social workers</i>	Does not directly address the proposed questions	<i>Examined issues relating to partnership working arrangements in adult protection across England and Wales and explored perceptions of the impact of regulation (and regulatory practices) on adult protection. Links to Penhale et al 2006, Perkins 2007</i>

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			Population /setting Adult protection Country of focus UK		
Social Work Inspection Agency (2007) ⁸⁹	Multi-agency inspection of services for people with learning disabilities in Ayrshire	Inspection	Type of publication Description of model or current practice Population /setting Learning disabilities Country of focus UK	Does not directly address the proposed questions	<i>Report of the pilot multi-agency inspection of services for people with learning disabilities in Ayrshire. Appendix outlines the inspection approach. Linked to Campbell 2006/7 publications.</i>
South West Joint Improvement Partnership (2010) ⁸⁷	An options framework for assuring quality in the provision of non-regulated care and support services: SW regional commissioning	System regulation	Type of publication Theoretical / conceptual article Population /setting Social care in general Country of focus UK	Does not directly address the proposed questions	<i>Article outlining ways in which quality can be assured in non-regulated care and support services.</i>
Spencer-Lane (2012) ⁸⁰	Reforming the professional regulatory bodies: the Law Commission's review of health and social care professional regulation	Professional regulation	Type of publication Government/statutory body consultations and reports Population /setting Health and social care in general Country of focus UK	Does not directly address the proposed questions	<i>Proposed new structure with a single Act of Parliament to provide the legal framework for all the health and social care regulators. In effect, all the existing governing statutes and orders would be repealed, such as the Medical Act 1983 and the Nursing and Midwifery Order, 2001. Implications for integration of regulation.</i>

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Spencer-Lane (2014) ⁷⁹	Modernising the regulation of health and social care professionals: the Law Commissions' final report and draft Bill	Professional regulation	<p>Type of publication Government/statutory body consultations and reports Legal / statutory document</p> <p>Population /setting Health and social care in general</p> <p>Country of focus UK</p>	Does not directly address the proposed questions	<i>Summarises the Law Commissions' final report and draft Bill on the regulation of health and social care professionals. Recommendations had implications for integrated care provision, including considerations of interfaces with other regulatory systems, joint working, and duties to cooperate.</i>
Verma (2009) ⁸¹	Core competencies: the next generation. Comparison of a common framework for multiple professions	Professional regulation	<p>Type of publication Theoretical / conceptual article</p> <p>Population /setting Health and social care in general</p> <p>Country of focus Canada</p>	Does not directly address the proposed questions	<i>Outlines a framework of core competencies common to learners in health care. Based on the harmonized core competency model for medicine, nursing, occupational therapy, and physical therapy, the aim of this study was to apply the model to the core competencies identified in medical radiation technology, social work, psychology, and pharmacy. These professions were chosen primarily because of their critical roles in the hospital in general and on interprofessional teams in particular.</i>

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4.2 Supplementary searches

In addition to the publications identified from academic databases, 95 documents were included from supplementary website searches. A single record³⁴ appeared in both sections. As many did not comfortably map onto the research questions listed in section 4.1, they are detailed below according to publication type/focus.

4.2.1 Primary research and evaluations

Three publications reported findings from research and evaluation studies conducted in the UK (see Table 7). Two publications reported on evaluations of joint inspection pilots conducted in Scotland⁹¹ and Wales.⁹² In addition, the most recently published survey of senior managers in English NHS Trusts and foundation Trusts' explored their experiences of the regulatory process over the previous year as well as gaining their views on the future direction of regulation.⁹³ Findings revealed some concern about the suitability of the sector-based inspection model used by the CQC for assessing integrated care pathways and/or services delivered across sectors. Over a quarter of respondents (28%) thought that the current approach to regulation was a barrier to delivering integrated care, whilst a third (34%) did not believe that to be the case.

Table 7: Primary research and evaluations

Author (Year)	Title	Description
Care Inspectorate Scotland (2014) ⁹¹	Further developing the model for joint inspections of services for children and young people. Key issues arising from the evaluation of the pilot phase	<i>Reports findings and key lessons arising from an evaluation of four joint inspection pilot programmes in Scotland focused on services for children and young people. Evaluation examined the effectiveness of the pilots for improving services and outcomes for young people.</i>
Duggan (2016) ⁹²	Independent evaluation of Estyn/CSSIW joint inspection pilot	<i>Reports findings from an independent evaluation of the joint inspection pilot in Wales. Evaluation assessed the pilot at both a strategic and operational level.</i>
NHS Providers (2019) ⁹³	NHS regulation and oversight. A time of transition	<i>Details findings from the fifth annual NHS regulation survey conducted in 2019. Sent to NHS Trusts and foundation Trusts in England, the survey explored respondents' experiences of regulation over the preceding 12 months and sought their views on the future direction of regulation.</i>

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4.2.2 Evidence reviews, including reviews of effectiveness

Five evidence reviews reported on issues related to the regulation and inspection of different services (See Table 8). Kiersey and Coleman reported findings from a systematic review on the regulation and financing of home care services in four countries (Sweden, Germany, Netherlands and Scotland).⁹⁴ The scope of the review included both the regulation and inspection of services, and the registration, accreditation and training of home care staff. The review aimed in part to identify evidence on regulatory effectiveness and stakeholder experiences of regulation. The authors failed to find any evidence related to the effectiveness of formal home care regulation. A lack of direct evidence was also reported on staff or care recipients' experiences of regulation.

To inform a wider review of the accreditation scheme for health service organisations in Australia, the Australian Commission on Safety and Quality in Health Care (ACSQHC) commissioned a series of four evidence reviews, which potentially have relevance to the regulation of integrated health and social care.

1) Attestation by a governing body⁹⁵

One review examined the evidence on the use of attestation as part of the health care accreditation process.⁹⁵ Attestation was conceptualised in terms of the formal process relating to: "the making of a written affirmation or verification of organisational self-reporting of past performance rather than recurring future compliance" (pg 8). The review identified multiple examples of attestation from both health care and non-health care settings internationally. However, the review found little empirical evidence on the effectiveness of attestation for increasing the veracity of the assessment process in healthcare.

2) Short-notice and unannounced surveys⁹⁶

A review by Hinchcliff et al.⁹⁶ examined the effectiveness of using short-notice or unannounced surveys for assessing health service organisations as part of accreditation process. The review found insufficient evidence to draw clear conclusions about whether short-notice or unannounced surveys were more effective than advance-notice surveys for the purpose of healthcare accreditation. The authors did report a number of potential benefits and disadvantages to short-notice/unannounced surveys. For example, it was suggested that short notice or unannounced surveys may be more

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efficient than advanced notice surveys for assessing clinical standards, but not for assessing organisational focused ones. In addition, short notice or unannounced surveys may decrease the 'gaming' of external assessments by lower performing organisations. In terms of potential issues, it was suggested that the use of short notice or unannounced surveys could be perceived as a move towards a compliance-based model of accreditation rather than a quality improvement approach, and this may lessen stakeholder support for the regulatory process. There was also evidence that healthcare professionals can feel tested, rather than engaged by, the use of unannounced inspections.

3) Patient journey and tracer methodologies⁹⁷

Another review by Hinchcliff et al.⁹⁷ examined the evidence on patient journey and tracer methodologies. Tracer methods, including patient journey surveys, broadly related to a process by which the sequential steps of a patient's care are examined in order to assess the organisational processes that impact on care quality. The review identified little evidence on the effectiveness of patient journey surveys and other tracer methods compared to conventional assessment approaches for accrediting health service organisations against a set of standards. However, there was reported to be general support for such approaches from healthcare organisations, and some findings indicated that they could have benefits for the accreditation process. This includes improved efficiency, particularly in relation to the assessment of specific aspects of care, such as transitions in care across clinical processes, departments and disciplines. By prioritising the experiences and perspectives of service users, these approaches were also considered to be consistent with the goal of promoting the principles of patient centred care. However, a number of factors were also identified that can potentially limit their effective use including time and training requirements, information availability as well as other logistical issues.

4) Safety culture assessment⁹⁸

This review examined measurement tools for assessing safety culture in health service organisations. Tools were assessed on a range of criteria including validity; adaptability for multiple settings; accessibility and cost. No single tool was considered adequate for assessing all major aspects of safety culture.

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Table 8: Evidence reviews

Author (Year)	Title	Description
Hinchcliff (2017) ⁹⁶	Short-notice and unannounced survey methods: literature review	<i>One of four reviews commissioned by the Australian Commission on Safety and Quality in Health Care. Examines the use of short-notice and unannounced surveys for health services accreditation. Authors found insufficient evidence to draw clear conclusions about whether short-notice or unannounced surveys are more effective than advance-notice surveys in assessing health service organisations for accreditation.</i>
Hinchcliff (2017) ⁹⁷	Patient journey and tracer methodology: literature review	<i>One of four reviews commissioned by the Australian Commission on Safety and Quality in Health Care. Examines the use of patient journey and tracer methodologies for health services accreditation. The authors found very little research comparing the effectiveness of patient journey methodologies to conventional assessment methods during accreditation of health service organisations.</i>
Hogden (2017) ⁹⁸	Safety culture assessment in health care: a review of the literature on safety culture assessment modes	<i>One of four reviews commissioned by the Australian Commission on Safety and Quality in Health Care. Examines measurement tools for assessing safety culture in health service organisations. None of the tools examined were assessed as being suitable for large-scale implementation as part of accreditation processes under the AHSSQA Scheme.</i>
Kiersey (2017) ⁹⁴	Approaches to the regulation and financing of home care services in four European countries	<i>A review on the regulation and financing of home care services in four countries (Sweden, Germany, Netherlands and Scotland). Describes the approach to regulation in each of the countries. Also finds a lack of evidence on the effectiveness of formal home care regulation.</i>
Travaglia (2017) ⁹⁵	Attestation by governing bodies: literature review.	<i>One of four reviews commissioned by the Australian Commission on Safety and Quality in Health Care. Examines the use of attestation for the accreditation of health service organisations. The authors found very little evidence on the effectiveness of attestation in the accreditation process.</i>

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4.2.3 Other forms of 'review' and evaluation

Six studies described other forms of 'review' or evaluation (see Table 9). One review reported on the activity of the Joint Working Team in its first year of operation.⁹⁹ The Joint Working Team was established by the Local Government Ombudsman and Parliamentary and Health Service Ombudsman to investigate complaints about services in England that span both the health and social care sectors. The report gave examples of some of the cases that the team investigated and outlined perceived benefits of the joint approach. For example, it was considered to have made it more straightforward to investigate complaints, and to conclude them more effectively, than a 'one investigator for one sector' approach.⁹⁹

Three publications were identified that focused on professional regulation in health care. An independent review of the Australian National Registration and Accreditation Scheme for health professions was published in 2014.¹⁰⁰ This incorporated a cost-effectiveness and efficiency study. Among other conclusions, this study reported that the accreditation function is considerably more expensive, as a proportion of total expenditure on the scheme, than the quality assurance of higher education courses conducted by regulators in the UK. It made a series of recommendations for reform, which included merging several smaller regulators. In the UK, the PSA published a report on behalf of the Scottish government examining the implications of having different approaches to regulating a healthcare occupation across UK countries.¹⁰¹ It recommended that UK-wide regulation of all professional groups should remain the norm, but also stated that different approaches within the UK may be justified in some circumstances. Furthermore, a Canadian report reviewed the literature on models and practices related to measuring the performance of professional regulatory bodies.¹⁰² It suggested that harm reduction is the primary outcome for all professional regulatory bodies, but it is hard to measure in practice. There was reported to be no single recommended approach to measuring the performance of regulatory bodies.

In terms of systems regulation, ACSQHC published a document in 2018 that outlined six strategies for improving the reliability of its accreditation process for health service organisations.¹⁰³ These strategies, which were informed by a review of the accreditation scheme, aimed to ensure that the scheme more accurately assesses compliance with national standards.¹⁰³ In addition, an independent review from 2013 examined whether 'Ofsted-style' performance ratings should be

introduced for hospitals, general practices, care homes and other adult social care providers.¹⁰⁴ It suggested that ratings could potentially improve the accountability of providers for the quality of care if ratings were simple, clearly presented, valid as well as widely and accurately reported.

Table 9: Other forms of 'review' and evaluation

Author (Year)	Title	Description
Australian Health Ministers' Advisory Council (2014) ¹⁰⁰	Independent Review of the National Registration and Accreditation Scheme for health professions	<i>Reports findings from an independent review of the Australian National Registration and Accreditation Scheme for health professions. Puts forwards a range of recommendations for reform of professional regulation in Australia.</i>
Australian Commission on Safety and Quality in Health Care (2018) ¹⁰³	Review of the Australian health service safety and quality accreditation scheme: improving the reliability of health service organization accreditation processes	<i>Outlines six strategies for improving the reliability of the Australian Health Service Safety and Quality Accreditation scheme. Under the scheme, health service organisations are assessed for accreditation against National Safety and Quality Health Service (NSQHS) Standards.</i>
Balthazard (2017) ¹⁰²	Measuring the performance of professional regulatory bodies: a review of current models and practices	<i>Describes models and practices for measuring the performance of professional regulatory bodies identified from the international literature. Reports that there is no single recommended approach for measuring the performance of regulatory bodies.</i>
Local Government Ombudsman (2016) ⁹⁹	Working together to investigate health and social care complaints	<i>An overview of the first year of activity of The Joint Working Team, which was established by the Local Government Ombudsman and Parliamentary and Health Service Ombudsman to investigate complaints about service provision in England that cut across both the health and social care sectors.</i>
Nuffield Trust (2013) ¹⁰⁴	Rating providers for quality: a policy worth pursuing	<i>Independent review commissioned by the Secretary of State for Health in England, which examines the value of having 'Ofsted-style' performance ratings for hospitals, general practices, care homes and other adult social care providers.</i>
Professional Standards Authority (2018) ¹⁰¹	Regulating an occupation in fewer than all four UK countries. Implications for policy-makers, the public, and practitioners. Advice for the Scottish Government	<i>Report commissioned by the Scottish government that examines the implications of having different approaches to regulating a healthcare occupation across UK countries.</i>

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4.2.4 General discussions of regulatory reform, models and approaches

Twenty-seven documents provide general discussion of regulatory reform, models and approaches (see Table 10). Four related documents on the reform of healthcare scrutiny in Scotland were published by Healthcare Improvement Scotland in 2015. This included a draft quality framework¹⁰⁵ and documents relating to a public consultation exercise conducted on draft proposals.¹⁰⁶⁻¹⁰⁸ The final report of the panel established to develop proposals for reform was published in 2016.¹⁰⁹

Two more recent papers written by senior executives from the Care Inspectorate Scotland discussed the current 'Scottish model' of care inspection and the shift away from compliance to an outcome-focused model of scrutiny.^{110, 111} Across the two papers, the authors highlighted that the 'Scottish model' is an intelligence-led approach based on the European Foundation for Quality Management (EFQM) model, which places emphasis on individuals' experiences, supporting innovation, and establishing collaborative relationships between service providers and the regulator.

In a strategy document covering the period from 2016 to 2021, the CQC stated an aim to operate a more targeted, responsive and collaborative regulatory approach.¹¹² Multiple priorities were identified including delivering an intelligence-led, risk-based approach to regulation, and promoting a single shared view of quality. The latter involved an intention to work collaboratively with others to develop a consistent approach to defining and measuring care quality based on the CQC's five key questions: Is it safe? Is it effective? Is it caring? Is it responsive? Is it well-led? The strategy document was informed by a number of consultation focused publications, for example, CQC 2015¹¹³ and 2016^{114, 115}. Another document from the CQC provided a general overview of its approach to the inspection and regulation of adult social care services.¹¹⁶

Between 2015 and 2018, the Professional Standards Authority (PSA) produced a series of publications that discussed professional regulation in the UK and the need for reform. The papers focused on the 'Right-touch' approach to regulation developed by the PSA and proposals were presented for improving the regulatory system.¹¹⁷⁻¹²⁴ The PSA papers argued that existing arrangements for the regulation of health and care professionals in the UK were complicated and confusing and set forth their initial set of proposals for reform in "Rethinking regulation" (2015)¹¹⁷ and "Regulation rethought" (2016).¹²⁰ In "Right-touch assurance: a methodology for assessing and assuring occupational risk of harm" (2016),¹²¹ the PSA also proposed a methodology for assessing

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risk of harm, to enable the appropriate form of assurance for any given occupation to be identified. One recent publication outlined the way in which the 'Right Touch' principles of regulation have been applied by health and non-health sector regulators overseas (Australia, Canada, Ireland) and by other regulatory bodies in the UK, such as the Banking Standards Board and the General Pharmaceutical Council.¹²⁵

Table 10: General discussions of regulatory reform, models and approaches

Author (Year)	Title	Description
Care Quality Commission (2015) ¹¹²	Shaping the future: CQC's strategy for 2016-2021	<i>CQC's strategy for 2016-21. Outlines an ambition for a more targeted, responsive and collaborative approach to regulation. Identifies four key priorities: Encouraging improvement, innovation and sustainability in relation to care; Delivering an intelligence driven regulatory approach; promoting a single shared view of quality; improving efficiency and effectiveness</i>
Care Quality Commission (2015) ¹¹³	Building on strong foundations: shaping the future of health and social care regulation	<i>This document forms part of the consultation process conducted by the CQC to inform its 2016-21 strategy. It outlines preliminary proposals for improving the model and approach to regulation.</i>
Care Quality Commission (2016) ¹¹⁴	CQC's strategy 2016 to 2021. Shaping the future: consultation document	<i>Final consultation document published by the CQC in January 2016 to inform its 2016-2021 strategy.</i>
Care Quality Commission (2016) ¹¹⁵	Shaping the future. Response to the consultation on CQC's strategy for 2016 to 2021	<i>Summarises the responses received to the consultation on the CQC's strategy for 2016 to 2021</i>
Care Quality Commission (2017) ¹¹⁶	How CQC monitors, inspects and regulates adult social care services	<i>Describes the CQC's approach to the inspection and regulation of adult social care services in England. Covers monitoring and information sharing; the inspection process; and post inspection procedures.</i>
Health Professions Accreditation Councils' Forum (2016) ¹²⁶	Comparison of international accreditation systems for registered health professions	<i>Comparison of professional regulation in six countries (Australia, Canada, Ireland, New Zealand, the United Kingdom and the United States of America) from an Australian perspective.</i>
Healthcare Improvement Scotland (2015) ¹⁰⁵	Building a comprehensive approach to reviewing the quality of care: supporting the delivery of sustainable high quality services. Draft quality framework	<i>Part of a series of documents from 2015 focusing on the reform of healthcare scrutiny in Scotland. This proposed quality framework offers guidance on what 'good' quality care might look like and how it can be evidenced.</i>
Healthcare Improvement Scotland (2015) ¹⁰⁷	Building a comprehensive approach to reviewing the quality of care: supporting the delivery of	<i>Part of a series of documents from 2015 focusing on the reform of healthcare scrutiny in Scotland. This document summarises main proposals for reform.</i>

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	sustainable high quality services. A consultation paper: executive summary	
Healthcare Improvement Scotland (2015) ¹⁰⁶	Building a comprehensive approach to reviewing the quality of care: supporting the delivery of sustainable high quality services. A consultation paper	<i>Part of a series of documents from 2015 focusing on the reform of healthcare scrutiny in Scotland. This consultation paper sets out proposals for changing the model for assessing the quality of care.</i>
Healthcare Improvement Scotland (2016) ¹⁰⁹	Building a comprehensive approach to reviewing the quality of care: supporting the delivery of sustainable high quality services: design panel final report	<i>Final report of the Design Panel tasked with independently reviewing healthcare scrutiny in Scotland. Includes proposals for reform of the model for assessing care quality.</i>
Healthcare Improvement Scotland (2016) ¹⁰⁸	Building a comprehensive approach to reviewing the quality of care: supporting the delivery of sustainable high quality services. Consultation feedback report	<i>Part of a series of documents from 2015 focusing on the reform of healthcare scrutiny in Scotland. Summarises responses received to the consultation on reforming the model for assessing care quality.</i>
Kiersey (2017) ⁹⁴	Approaches to the regulation and financing of home care services in four European countries	<i>A review on the regulation and financing of home care services in four countries (Sweden, Germany, Netherlands and Scotland). Describes the approach to regulation in each of the countries. Also finds a lack of evidence on the effectiveness of formal home care regulation.</i>
Leslie (2017) ¹²⁷	Balancing tensions in regulatory reform: changes to regulation of health professions in Australia, the United Kingdom, and Ontario, Canada	<i>PhD thesis from Canada exploring reform of professional regulation in three case study countries (Canada, Australia and the UK).</i>
Leslie (2018) ¹²⁸	Policy tensions in regulatory reform: changes to regulation of health professions in Australia, the United Kingdom, and Ontario, Canada	<i>Paper based on the PhD thesis from Leslie (2017). Compares recent reform to the regulatory frameworks for health professionals in Canada, Australia and the UK.</i>
Mor (2014) ¹²⁹	Regulating long-term care quality: an international comparison	<i>Edited textbook describing approaches to regulating the quality of long-term health care in 13 countries.</i>
Okasha (2017) ¹¹⁰	If inspection is the enemy of improvement, someone's not doing it right: towards an outcome-focused model of scrutiny and improvement in care	<i>Discusses the shift away from compliance to an improvement focused model of scrutiny in Scotland.</i>

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Schweppenstedde (2014) ¹³⁰	Regulating quality and safety of health and social care: international experiences	<i>Provides an overview of approaches for regulating health and social care in six countries. Identifies four main regulatory strategies used internationally. Authors reports a lack of evidence on the effectiveness of strategies</i>
Professional Standards Authority (2015) ¹¹⁹	Right-touch regulation. Revised	<i>One of a series of documents that discusses Right-Touch regulation, which is the approach to regulatory decision making adopted by the PSA. Document conceptualises Right-Touch regulation as "being based on a proper evaluation of risk, is proportionate and outcome focused; it creates a framework in which professionalism can flourish and organisations can be excellent" (pg 7). Right-touch regulation is considered to be the minimum amount of regulatory force that is needed to achieve the desired outcome. The paper discusses the principles of Right-Touch regulation and reaffirms the commitment of the PSA to it. Six key principles were described: proportionate; consistent; targeted; transparent; accountable; agile. Also identifies eight key elements that are central to using Right-Touch regulation in practice: identify the problem before the solution; quantify and qualify the risks; get as close to the problem as possible; focus on the outcome; use regulation only when necessary; keep it simple; check for unintended consequences; review and respond to change. Document provides a number of case studies illustrating the approach.</i>
Professional Standards Authority (2015) ¹¹⁷	Rethinking regulation	<i>One of a series of documents from the PSA that discusses Right-Touch regulation. This paper calls for regulatory reform and the wider adoption of the principles of Right-Touch regulation.</i>
Professional Standards Authority (2015) ¹¹⁸	Reviewing Right-touch regulation: discussion and overview	<i>One of a series of documents from the PSA that focuses on Right-Touch regulation. This document provides further discussion of a number of issues related to the Right-Touch approach.</i>
Professional Standards Authority (2016) ¹²⁰	Regulation rethought: proposals for reform	<i>This document sets out PSA proposals for reform of the regulation of health and care professionals.</i>
Professional Standards Authority (2016) ¹²¹	Right-touch assurance: a methodology for assessing and assuring occupational risk of harm	<i>One of a series of documents from the PSA that focuses on Right-Touch regulation. This document describes a two-stage approach for determining what type of oversight is appropriate to manage risk of harm to patients or service users in new and unregulated occupations.</i>
Professional Standards Authority (2017) ¹²²	Right-touch reform: A new framework for assurance of professions	<i>One of a series of documents from the PSA that focuses on Right-Touch regulation. It builds on ideas put forward by the PSA in previous publications. The report focuses on four main areas: the role of regulators in prevention of harm; the future of fitness to practise; professional regulators' role in education and training; modernisation of registers. It also includes a proposal for a single assurance body.</i>

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Professional Standards Authority (2018) ¹²⁵	Right-touch regulation in practice: International perspectives	<i>One of a series of documents from the PSA that focuses on Right-Touch regulation. It presents examples of the way in the 'Right Touch' principles of regulation have been applied by regulators both in the UK and in other countries.</i>
Professional Standards Authority (Undated) ¹²⁴	Right-touch reform. A new framework for assurance of professions. A summary: Fitness to practice	<i>One of a series of documents from the PSA that focuses on Right-Touch regulation. It summarises the fitness to practice section of the Right-Touch reform report published by the PSA.</i>
Professional Standards Authority (Undated) ¹²³	Right-touch reform. A new framework for assurance of professions. A summary: harm prevention. Can we reduce the amount of harm?	<i>One of a series of documents from the PSA that focuses on Right-Touch regulation. It summarises the harm prevention section of the Right-Touch reform report published by the PSA.</i>
Reid, (2018) ¹¹¹	From enforcer to enabler: how regulatory sandboxes and adaptive approaches support the move from compliance to collaboration in health and social care	<i>Discusses the move towards a collaborative approach to the regulation of health and social care in Scotland.</i>

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4.2.4.1 International comparisons

Six publications provided an international comparison of current models and approaches to systems and/or professional regulation (see Table 10).^{94, 126-130} Three publications focused on providing a multi-country comparison of regulatory processes, or reform, in relation to health professionals.¹²⁶⁻

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Schweppenstedde et al. compared regulatory strategies that govern safety and quality in health and social care in six countries, and included findings related to both systems and professionals.¹³⁰ Based on a review of the literature and consultation with experts, this report identified four main regulatory strategies that are used internationally for ensuring quality and safety in health and social care provision. There was reported to be no consensus on what constitutes effective regulation in health and social care. Moreover, the authors identified a scarcity of evidence in relation to the effectiveness of regulatory strategies. The evidence review on home care conducted by Kiersey and Coleman, which was highlighted earlier, provided a descriptive comparison of the regulatory process in each of the countries studied.⁹⁴ Finally, an edited textbook from Mor et al. examined the regulation of the quality of long term care across 13 countries (n.b. due to the SARS-CoV-2 pandemic, the full text of this book could not be obtained to check its relevance at the time of writing).¹²⁹ A list of the countries included in each of the six publications is provided in Table 11.

Table 11: Countries included in international comparisons

First Author	Included countries
Mor (2014) ¹²⁹	Austria, Canada, Catalonia, China, England, Finland, Germany, Japan, Korea, Netherlands, New Zealand, Switzerland, United States
Schweppenstedde (2014) ¹³⁰	Australia, England, Finland, Germany, Netherlands, USA
Health Professions Accreditation Councils' Forum (2016) ¹²⁶	Australia, Canada, Ireland, New Zealand, UK, USA
Kiersey (2017) ⁹⁴	Sweden, Germany, Netherlands and Scotland
Leslie (2017) and (2018) ^{127, 128*}	Australia, Canada, UK

*Two publications based on PhD thesis

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4.2.5 'Process and implementation' focused publications

Countries have published a wide range of documents related to the process or implementation of regulation including quality or assessment frameworks, standards and codes of practice. The following section provides an overview of documents considered potentially relevant to the review questions (see Table 12). All 38 publications focus on the regulation or inspection of health or social care provision, but in some cases, they may not relate specifically to integrated care services.

Australia

The National Safety and Quality Health Service (NSQHS) Standards, published in 2017, were developed by the ACSQHC in collaboration with partner organisations and key stakeholders.¹³¹ The standards provide a nationally consistent statement about the quality of care that individuals can expect from health service organisations in Australia. The standards document defined a health service organisation broadly as a service involving “a group of clinicians and others working in a systematic way to deliver health care to patients. It can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, patients’ homes, community settings, practices and clinicians’ rooms” (pg 72).¹³¹ Through the Australian Health Service Safety and Quality Accreditation Scheme, health service organisations in Australia are assessed by approved accrediting agencies for compliance against the NSQHS Standards¹⁰³ A flow chart of the NSQHS assessment process has been published recently.¹³²

One of the eight Australian national standards addresses ‘comprehensive care’ within health service organisations, which relates to the “coordinated delivery of the total health care required or requested by a patient” (pg, 38). Notably, in a related document on the comprehensive care standard published by ACSQHC, comprehensive care was conceptualised as including integrated care planning, and the delivery of integrated, multidisciplinary care, and/or team working across specialties and disciplines.¹³³ This second document from ACSQHC provided a conceptual model for supporting the delivery of comprehensive care in health service organisations.¹³³

The ACSQH developed an assessment framework for accrediting services against the NSQHS standards.¹³⁴ It is based on a structured approach to assessing safety and quality processes called the

PICMoRS method, which stands for: P Process; I Improvement strategies; C Consumer participation; Mo Monitoring; R Reporting; S Safety and quality systems.¹³⁴

In 2019, the Australian Aged Care Quality and Safety Commission published a set of Aged Care Quality Standards.¹³⁵ The standards provide a framework for quality and safety applicable to all organisations providing Commonwealth subsidised aged care services. The document also provided guidance to support organisations implement and maintain compliance with the standards. A more recent document published in February 2020, detailed the Commission's strategy for a proportionate, risk-based regulatory regime for aged care.¹³⁶ It also outlined how recent regulatory reform has emphasised the centrality of service users in the co-design and improvement of aged care services in Australia.

England

In the last three years, the CQC has published updated frameworks to assess adult social care services¹³⁷ and health care services¹³⁸ in England. These updated frameworks, which are intended for use by inspection teams, include key lines of enquiry, prompts and ratings characteristics. A version of the assessment framework for adult social care has also been published that includes potential sources of evidence in relation to the key lines of enquiry.¹³⁹ Both frameworks were developed from the 'Our Next Phase' series of consultations, which is discussed further in section 4.2.6.

In addition, a handbook published in 2015 described the CQC's approach to the regulation of health and social care in secure settings such as prisons and young offender institutions.¹⁴⁰ For use in these secure settings, CQC and the Prison Inspectorate (HMIP) developed a joint inspection framework, which mapped the CQC's five key questions to HMIP's 'expectations', along with the Healthcare Standards for Children and Young People in Secure Settings, to produce a set of key lines of enquiry.¹⁴⁰

Scotland

Nine National Health and Wellbeing Outcomes together with a set of core indicators were published by the Scottish Government in 2015 to inform the planning and delivery of integrated health and social services.^{141, 142} An assessment is made by the relevant scrutiny body during inspections about

the extent to which an integrated service is contributing to these outcomes.¹⁴¹ More recently, the Scotland government has produced a set of health and social care standards, which apply to all registered health and social services.¹⁴³ Since 2018, regulatory authorities have taken these standards into account when inspecting and registering health and care services.¹⁴³

Two documents focused on the 'Quality of Care' approach, which underpins the inspection and external quality assurance process of health care services in Scotland.^{144, 145} The approach is based on a set of fundamental principles and a common quality framework. One document outlined the overall 'Quality of Care approach'¹⁴⁴, whilst the other described the common quality framework.¹⁴⁵ The quality framework is based on the European Foundation for Quality Management (EFQM) excellence model and aligns with the Health and Social care standards in Scotland.¹⁴³ The framework highlighted the fact that the EFQM model is also used by other sectors in Scotland, including social care and local authorities, as well as for joint inspections of adult health and social care services, and services for children and young people.¹⁴⁵

In Scotland, a range of health and social care provision is integrated, and the Scottish Care Inspectorate has published quality frameworks covering a number of adult and child services within the last two years, including the following:

- Support services (not care at home)¹⁴⁶
- Care homes for older people¹⁴⁷
- Care homes for adults¹⁴⁸
- Children and young people in need of care and protection¹⁴⁹
- Care homes for children and young people and school care accommodation (special residential schools)¹⁵⁰

Two other documents from the Care Inspectorate in Scotland focused on the joint inspection of services for children and young people. One was a handbook for joint inspection, which detailed the inspection processes, such as scheduling, their scope and stages of inspection.¹⁵¹ The other was a recent guidance document published in 2019 outlining what inspectors will consider when reaching

decisions, and producing joint inspection reports, in relation to services for children and young people in need of care and protection.¹⁵²

Health Improvement Scotland published its methodology for the inspection of registered independent healthcare services in 2018.¹⁵³ One other document identified from Scotland was a strategy document setting out a framework for delivering digitally enabled information sharing across health and social care by 2020.¹⁵⁴

Wales

In Wales, a range of ‘codes of practice’ and framework documents related to the inspection of various types of services have been published. This includes two recent code of practice documents from the Care Inspectorate that set out its approach to inspecting local authority social services¹⁵⁵ and all regulated care services.¹⁵⁶ Two inspection frameworks were also published by the Care Inspectorate Wales in 2019. One framework addressed adult placement services,¹⁵⁷ whilst the other had a specific focus on care home services, secure accommodation services, residential family centre services, and domiciliary support services.¹⁵⁸ The framework documents state that the primary focus of inspection is on how well services are enabling people to achieve national well-being outcomes. The effectiveness of services is assessed under a number of broad inspection themes: care and support; leadership and management; and environment. For each theme, the frameworks provide lines of enquiry and examples of ‘what good looks like’.^{157, 158}

A policy document detailed the Care Inspectorate’s overarching principles and approach to securing service improvement and enforcing compliance.¹⁵⁹ A similar document from Healthcare Inspectorate Wales set out its policy for following up on issues arising from inspections and dealing with concerns received from individuals and other organisations.¹⁶⁰

Two other potentially relevant documents related to regulation and inspection in Wales were identified. The first was a concordat from 2005 between the scrutiny bodies in Wales, which outlined jointly agreed objectives and practices to support the improvement of services, and eliminate unnecessary burden on health and social care staff arising from the regulatory process. Ten objectives were detailed for achieving more effective collaboration and co-ordination of external review.¹⁶¹ The other publication was guidance on information sharing between the scrutiny

bodies that are part of the Inspection Wales Programme.¹⁶² This is a joint programme in which four regulatory, inspection and audit bodies participate (Wales Audit Office; Care Inspectorate Wales; Healthcare Inspectorate Wales and Estyn- the Office of Her Majesty's Chief Inspector for Education and Training Inspectorate for Wales).¹⁶²

UK professional regulation

The PSA has recently published revised standards for assessing the performance of the professional regulators in the UK.¹⁶³ The new standards replaced the ones used for reviews between 2010-2019.¹⁶⁴ Informed by six key principles, the 18 revised standards describe the outcomes expected of regulators.¹⁶³ A related framework document detailed the type of evidence that may be used during the review process.¹⁶⁵ The revised standards were informed by two consultations conducted by the PSA in 2017 and 2018.¹⁶⁶⁻¹⁶⁸

Table 12: Process and implementation focused publications

Author (Year)	Title	Description
Aged Care Quality and Safety Commission (2019) ¹³⁵	Guidance and resources for providers to support the Aged Care Quality Standards	<i>Details the eight Australian Aged Care Quality Standards, which apply to all organisations that provide Commonwealth subsidised aged care services. Since July 2019, organisations have been assessed against the quality standards. Document also provides guidance for organisations to help them implement the standards.</i>
Aged Care Quality and Safety Commission (2020) ¹³⁶	Aged Care Quality and Safety Commission: regulatory strategy	<i>Strategy document detailing the Australian Aged Care Quality and Safety Commission's approach to the regulation of aged care. The strategy adopts a responsive risk-based approach to regulation.</i>
Australian Commission on Safety and Quality in Health Care (2017) ¹³¹	National safety and quality health service standards: second edition	<i>Describes the eight Australian national safety and quality health service standards, one of which is the Comprehensive Care Standard.</i>
Australian Commission on Safety and Quality in Health Care (2018) ¹³⁴	Fact sheet 12: assessment framework for safety and quality systems	<i>Provides an overview of the framework for assessing health service organisations against Australian national quality and safety standards (NSQHS). Framework incorporates a structured assessment approach, called the PICMoRS method.</i>
Australian Commission on Safety and Quality in Health Care (2018) ¹³³	Implementing the comprehensive care standard: a conceptual model for supporting comprehensive care delivery	<i>Presents a conceptual model to support the delivery of comprehensive care in Australian health service organisations.</i>
Australian Commission on	Flow chart of an assessment to NSQHS Standards	<i>Flowchart illustrating the accreditation process for health service organisations in Australia.</i>

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Safety and Quality in Health Care (2019) ¹³²		
Care Inspectorate Scotland (2016) ¹⁵¹	Inspection handbook 2016/17: joint inspection of services for children and young people	<i>Handbook describing the process for joint inspection of services for children in community planning partnership areas in Scotland.</i>
Care Inspectorate Scotland (2018) ¹⁴⁷	A quality framework for care homes for older people	<i>Revised quality framework for care homes for older people in Scotland. Framework based on the Health and Social Care Standards which were introduced in 2018.</i>
Care Inspectorate Scotland (2018) ¹⁴⁸	A quality framework for care homes for adults	<i>Revised quality framework for care homes for adults in Scotland. Framework based on the Health and Social Care Standards which were introduced in 2018.</i>
Care Inspectorate Scotland (2019) ¹⁵⁰	A quality framework for care homes for children and young people and schoolcare accommodation (special residential schools)	<i>Revised quality framework for care homes for children and young people and schoolcare accommodation in Scotland. Framework based on the Health and Social Care Standards which were introduced in 2018.</i>
Care Inspectorate Scotland (2019) ¹⁴⁶	A quality framework for support services (not care at home)	<i>Revised quality framework for support services in Scotland. Framework based on the Health and Social Care Standards which were introduced in 2018.</i>
Care Inspectorate Wales (2019) ¹⁵⁶	Code of practice for inspection of regulated services	<i>Document from Care Inspectorate Wales that sets out its approach to inspecting all regulated services.</i>
Care Inspectorate Wales (2019) ¹⁵⁷	Inspection framework for adult placement	<i>Inspection framework used by Care Inspectorate Wales for assessing adult placement services. Key focus is the achievement of national well-being outcomes, and the following broad inspection themes: care and support; leadership and management; and environment.</i>
Care Inspectorate	Joint inspections of services for children and young people in need of care and protection –	<i>Scottish guidance document related to services for children and young people in need of care and protection. Specifies what joint inspection teams will consider when reaching assessment decisions and producing reports.</i>

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Scotland (2019) ¹⁵²	the guide: evaluating joint inspections guidance	
Care Inspectorate Scotland(2019) ¹⁴⁹	A quality framework for children and young people in need of care and protection	<i>Revised quality framework for care homes for young people in need of care and protection in Scotland. Framework based on the Health and Social Care Standards which were introduced in 2018.</i>
Care Inspectorate Wales (2019) ¹⁵⁸	Inspection framework for care home services, secure accommodation services, residential family centre services, and domiciliary support services	<i>Inspection framework used by Care Inspectorate Wales for assessing home services, secure accommodation services, residential family centre services and domiciliary support services. Key focus is the achievement of national well-being outcomes, and the following broad inspection themes: care and support; leadership and management; and environment.</i>
Care Inspectorate Wales (2019) ¹⁵⁵	Code of practice for review of local authority social services	<i>Document from Care Inspectorate Wales that sets out its approach to inspecting local authority social services.</i>
Care Inspectorate Wales(2020) ¹⁵⁹	Securing improvement and enforcement policy	<i>Policy document from Care Inspectorate Wales that describes its approach to securing service improvement and enforcing compliance by regulated services.</i>
Care Quality Commission (2015) ¹⁴⁰	How CQC regulates health and social care in prisons and young offender institutions, and health care in immigration removal centres	<i>Handbook describing the joint approach to regulating health and social care services in secure settings in England. Uses a joint inspection framework developed by the CQC and Her Majesty's Inspectorate of Prisons.</i>
Care Quality Commission (2017) ¹³⁷	Key lines of enquiry, prompts and ratings characteristics for adult social care services	<i>Updated CQC framework used by inspection teams for assessing adult social care services. Includes key lines of enquiry, prompts and ratings characteristics.</i>
Care Quality Commission (2018) ¹³⁹	Adult social care assessment framework with sources of evidence	<i>A version of the updated CQC framework for assessing adult social care services that includes potential sources of evidence for the key lines of enquiry.</i>
Care Quality Commission (2018) ¹³⁸	Key lines of enquiry, prompts and ratings characteristics for healthcare services	<i>Updated CQC framework used by inspection teams for assessing health care services. Includes key lines of enquiry, prompts and ratings characteristics.</i>
Healthcare Improvement	Quality of care approach: quality assurance to drive improvement	<i>Describes Healthcare Improvement Scotland's quality of care approach. This approach is used for designing inspection and review frameworks and providing external assurance of healthcare quality.</i>

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Scotland (2017) ¹⁴⁴		
Healthcare Improvement Scotland (2018) ¹⁵³	Independent healthcare regulation: Inspection methodology	<i>This document describes Healthcare Improvement Scotland's methodology for inspecting registered independent healthcare services.</i>
Healthcare Improvement Scotland (2018) ¹⁴⁵	Quality of care approach: the quality framework evaluating and improving healthcare	<i>Common quality framework covering nine domains. Quality indicators are described under each domain, which can be used for both external regulatory scrutiny and self-evaluation by services. The quality framework is based on the European Foundation for Quality Management (EFQM) excellence model and aligns with the Health and Social care standards in Scotland.</i>
Inspection Wales (2015) ¹⁶²	Inspection Wales Programme: information sharing guidance	<i>Provides guidance on information sharing between the scrutiny bodies that form part of the Inspection Wales Programme. Inspection Wales is a joint programme involving four Welsh regulatory, inspection and audit bodies: Wales Audit Office; Care Inspectorate Wales; Healthcare Inspectorate Wales and Estyn- the Office of Her Majesty's Chief Inspector for Education and Training Inspectorate for Wales.</i>
Professional Standards Authority (2016) ¹⁶⁴	The performance review standards: standards of good regulation	<i>Outdated version of the standards for assessing the performance of the professional regulators in the UK which was used for reviews between 2010-2019.</i>
Professional Standards Authority (2016) ¹⁶⁶	A review of the standards of good regulation: consultation paper	<i>First of two consultations papers published by the PSA to inform the review and revision of the standards of good regulation.</i>
Professional Standards Authority (2017) ¹⁶⁷	Review of the standards of good regulation: summary of consultation responses	<i>Summary of responses received to the consultation for the PSA's review of the Standards of Good Regulation.</i>
Professional Standards Authority (2018) ¹⁶⁸	A review of the standards of good regulation: consultation paper	<i>Second of two consultations papers published by the PSA to inform the review and revision of the standards of good regulation.</i>
Professional Standards	Standards of good regulation 2019	<i>New standards introduced in January 2020 for assessing the performance of the professional regulators in the UK. The 18 revised standards describe the outcomes that the PSA expects of regulators.</i>

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Authority (2018) ¹⁶³		
Professional Standards Authority (2019) ¹⁶⁵	Standards of good regulation: evidence framework	<i>Outlines the type of evidence that may be used during the process of assessing a professional regulator.</i>
Roberts (2019) ¹⁶⁰	Follow-up and assurance policy	<i>Document from Healthcare Inspectorate Wales that details its policy for following up on issues identified during inspections and dealing with concerns received about services from external sources, such as the general public.</i>
Scottish Government (2015) ¹⁵⁴	Health & social care information sharing – a strategic framework: 2014-2020	<i>Strategy document from Scotland detailing a framework for the digital sharing of information across health and social care by 2020.</i>
Scottish Government (2015) ¹⁴²	Core suite of integration indicators	<i>Details a suite of core indicators for measuring progress towards meeting Scottish National Health and Wellbeing Outcomes and identifying areas for improvement.</i>
Scottish Government (2015) ¹⁴¹	National health and wellbeing outcomes: a framework for improving the planning and delivery of integrated health and social care services	<i>Framework document outlining nine national health and wellbeing outcomes which inform the planning, delivery and inspection of integrated health and social services in Scotland.</i>
Scottish Government (2017) ¹⁴³	Health and social care standards: my support, my life	<i>Details a set of standards that apply to all registered health and social services in Scotland. Scrutiny bodies take these standards into account when inspecting and registering services.</i>
Welsh Assembly Government (2005) ¹⁶¹	Concordat between bodies inspecting, regulating and auditing health and social care in Wales	<i>Concordat between the scrutiny bodies in Wales. Outlines jointly agreed objectives and practices for i) achieving more effective collaboration and co-ordination in relation to external review ii) eliminating unnecessary burdens arising from the regulatory process on health and social care staff.</i>

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4.2.6 Other consultation documents

Following the publication of its most recent five-year strategy (2016 to 2021)¹¹², the CQC conducted the 'Our Next Phase of regulation' consultation, which was a series of consultations on developing further its regulatory model and approach. The consultation documents covered a broad range of issues including the approach to regulating: new models of care and large or complex providers; NHS Trusts, primary medical services and adult social care; independent healthcare services, as well as the revision and consolidation of the assessment frameworks for adult social care, and health care services.^{34, 169-176} See Table 13 for further details.

Earlier publications related to the CQC's 2013 'A New Start' consultation were also identified,^{177, 178} which included consultation submissions from the Kings Fund⁵⁶ and the Nuffield Trust.¹⁷⁹ 'A New Start' consultation proposed moving away from a compliance-based approach and the adoption of a regulatory framework based on the five key questions, highlighted earlier.¹⁷⁷ A series of three CQC documents ('A Fresh Start') published following this consultation process outlined further the planned changes to the regulatory model for adult social care¹⁸⁰ and community health services,¹⁸¹ as well as changes to the registration of health and adult social care service providers¹⁸² An impact assessment of the likely benefits and costs resulting from the proposed changes to the regulatory model for adult social care was also published in 2014.¹⁸³

Table 13: Other consultation documents

Author (Year)	Title	Description
Care Quality Commission (2013) ¹⁷⁷	A new start: consultation on changes to the way CQC regulates, inspects and monitors care	<i>'A New Start' consultation document that proposes changes to the way in which CQC regulated all services. Also includes more detailed proposals for changes to the regulation and inspection of NHS Trusts and foundation Trusts and independent acute hospitals.</i>
Care Quality Commission (2013) ¹⁸⁰	A fresh start for the regulation and inspection of adult social care: working together to change how we inspect and regulate adult social care services	<i>A CQC document published in 2013 that sets out planned changes to the regulation and inspection of adult social care.</i>
Care Quality Commission (2013) ¹⁸¹	A fresh start for the regulation and inspection of community health care. Working together to change how we regulate and inspect community health services	<i>A CQC document published in 2013 that sets out planned changes to the regulation and inspection of community health services.</i>
Care Quality Commission (2013) ¹⁷⁸	A new start: Responses to our consultation on changes to the way CQC regulates, inspects and monitors care services	<i>Provides a summary of responses received by the CQC to its 'A New Start' consultation in 2013.</i>
Care Quality Commission (2014) ¹⁸³	Changes to the way we regulate and inspect adult social care: final regulatory impact assessment	<i>Provides an assessment of the likely benefits and costs arising from changes proposed by the CQC to the regulation and inspection of adult social care.</i>
Care Quality Commission (2015) ¹⁸²	A fresh start for registration. Improving how we register providers of all health and adult social care services	<i>Sets out planned changes to the registration process for health and adult social care service providers.</i>
Care Quality Commission (2016) ¹⁶⁹	Our next phase of regulation. A more targeted, responsive and collaborative approach. Cross-sector and NHS Trusts	<i>First in a series of consultation documents published as part of the 'Our Next Phase of Regulation' consultation process. This document focuses on: the regulation of new models of care and complex providers; the registration of services for people with learning difficulties; the regulation of NHS Trusts and foundation Trusts, and assessment frameworks across all health and social care services.</i>
Care Quality Commission (2017) ³⁴	Consultation 2. Our next phase of regulation A more targeted, responsive and collaborative approach to regulating in a changing landscape of	<i>Second in a series of consultation documents published as part of the 'Our Next Phase of Regulation' consultation process. This document focuses on: new models of care and large or complex providers; primary medical care services and adult social care services; CQC's role in relation the fit and proper persons requirement.</i>

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	health and social care. Cross-sector, Primary medical services, Adult social care services.	
Care Quality Commission (2017) ¹⁷⁰	Response to the consultation on CQC's next phase of regulation: new models of care, assessment frameworks, registering services for people with a learning disability and/or autism, and changes to our regulation of NHS Trusts	<i>Part of a series of documents published as part of the 'Our Next Phase of Regulation' consultation. This document summarises responses received in relation to the regulation of new models of care and complex providers; the registration of services for people with learning difficulties; the regulation of NHS Trusts and foundation Trusts, and assessment frameworks across all health and social care services.</i>
Care Quality Commission (2017) ¹⁷²	Response to consultation 2: our next phase of regulation	<i>Part of a series of documents published as part of the 'Our Next Phase of Regulation' consultation. This document summarises responses received in relation to: new models of care and large or complex providers; primary medical care services and adult social care services; CQC's role in relation the fit and proper persons requirement</i>
Care Quality Commission (2018) ¹⁷⁴	Consultation 3: our next phase of regulation A more targeted, responsive and collaborative approach. Independent healthcare	<i>Third in a series of consultation documents published as part of the 'Our Next Phase of Regulation' consultation process. This document focuses on the regulation of independent healthcare services.</i>
Care Quality Commission (2018) ¹⁷⁵	Response to consultation 3. Our next phase of regulation. Independent healthcare services	<i>Part of a series of documents published as part of the 'Our Next Phase of Regulation' consultation. This document summarises responses received in relation to the regulation of independent healthcare services.</i>
Grimes (2017) ¹⁷³	CQC next phase regulation: consultation 2: summary report	<i>Independent analysis of responses received to the second 'Our Next Phase of Regulation' consultation document published by the CQC (Our next phase of regulation A more targeted, responsive and collaborative approach to regulating in a changing landscape of health and social care. Cross-sector, Primary medical services, Adult social care services).</i>
Grimes (2018) ¹⁷⁶	CQC Next phase of regulation: consultation 3 - independent healthcare summary report	<i>Independent analysis of responses received to the third 'Our Next Phase of Regulation' consultation document published by the CQC (Our next phase of regulation: a more targeted, responsive and collaborative approach – independent healthcare).</i>
King's Fund (2013) ⁵⁶	Consultation response. A New Start - Consultation on changes to the way the CQC regulates, inspects and monitors care	<i>Response by the King's Fund to CQC's 'A New Start' consultation.</i>
Nuffield Trust (2013) ¹⁷⁹	Changes to the way the CQC inspects, regulates and monitors care: consultation response	<i>Response by the Nuffield Trust to CQC's 'A New Start' consultation</i>
van der Stoep (2017) ¹⁷¹	CQC's next phase of regulation consultation: new models of care, assessment frameworks, registering services for people with a learning	<i>Independent analysis of responses to the first 'Our Next Phase of Regulation' consultation document published by the CQC (Our next phase of regulation. A more targeted, responsive and collaborative approach: Cross-sector and NHS Trusts).</i>

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	disability and/or autism, and changes to our regulation of NHS Trusts: summary analysis report	
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5 Discussion

This rapid scoping review aimed to bring together the literature on regulation and inspection of integrated care services. Literature identified from electronic databases was organised according to questions on the effectiveness of different models of regulation and/or inspection in integrated care identified during stakeholder consultation. The review suggests that there is a growing literature relating to the regulation and/or inspection of integrated care, but there is a notable absence of evidence relating to effectiveness and more generally in the area of professional regulation.

While regulatory bodies are increasingly concerned with how to provide oversight within integrated care systems, the number of publications in the academic literature (i.e. identified through database searches) specifically focused on regulation of integrated care is relatively small.

The need for a better evidence base in this area is reflected in the objectives of the Regulating and Inspecting Integrated Care Special Interest Group (RIIC-SIG) for 2019-2021.⁷⁵ These included: Developing and publishing a paper on assessing, regulating and inspecting integrated care (2020); Defining building blocks for regulating/inspecting integrated care and common research questions on regulating/inspecting integrated care (2020) and; Establishing relationships with researchers to stimulate research (2020–2021).

5.1 Limitations

Inclusion in this scoping review was restricted to publications “primarily focused on the integration of health and social care provision”. However, the degree of focus on integration or regulation was a difficult criterion to apply with strict consistency. Rather than exclude potentially relevant material, we erred on the side of inclusion. This was particularly the case for records identified in the grey literature where we could access full documents. Such records often focused on regulation more broadly but incorporated some material pertinent to integrated care (for example, quality/assessment frameworks that were informed by the same principles that underpin integrated care).

Conversely, potentially relevant records in the database searches may have been excluded where insufficient information was available in titles and abstracts. For example, initially the 2018 annual

survey of NHS Trusts and foundation Trusts' experiences of regulation was included, but the 2019 survey was not. However, the latter was later picked up through the grey literature searching, so this additional step appears to have been worthwhile.

Rather than screen every record retrieved from the electronic database searches, the application of a machine-learning based prioritisation tool meant that we screened 74% (5306/7179) of those records. While it is possible that relevant records may have been missed, this seems unlikely as more than 2000 records were screened without a single relevant record being included before screening was halted. In addition, the vast majority of relevant records were identified in the first 15% of screened items, suggesting that the prioritisation tool was effective.

Some of the older material identified in this scoping review (such as the government's 2005 consultation on the future regulation of health and adult social care in England) predates the establishment of bodies such as the CQC, so may be considered outdated. However, the results of this scoping review suggest that the selected period of 2005-2020 captures the evolution of regulation in response to the emerging importance of service integration.

An attempt was made to identify the most recent versions of frameworks and codes of practices, and documents were not generally included if it appeared that they had been superseded. However, the status of publications was often unclear and it was difficult to determine with certainty whether some were still current.

This form of rapid scoping review is not suited to definitively answering the kinds of questions raised by stakeholders; given the breadth of scope and limited available resources, there was no opportunity to extract detailed information from the included literature. Since it would be inappropriate to make assertions based on a relatively superficial examination of individual publications, this report focuses instead on higher-level interpretations of the overall body of evidence, in particular any obvious gaps in this evidence. We describe the implications of these interpretations for future research below.

5.2 Implications for research

While there is a body of literature on the subject of regulation of integrated health and/or social care, only a relatively small proportion of this provides empirical evidence.

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There may be an opportunity to synthesise some of the existing evidence on system regulation and inspection identified in this scoping review in a more formal systematic review. However, any such review would likely be dominated by views and experience data derived from surveys and interviews and include little objective data on effectiveness. In the future, realist reviews or other interpretative synthesis methods with a strong theoretical or conceptual focus might be able to utilise the qualitative data identified in this scoping exercise.

This scoping review identified only one study that used an experimental design to evaluate the effectiveness of an approach to regulation. This study used patient health outcomes plus certain structures and processes of care as indicators of effectiveness. However, measurement of integration could equally include outcomes such as the number of visits from different professionals per service user, or user-generated measures of 'user-centredness'. Before a useful evidence base on the effectiveness of regulation in integrated care can be developed, policy makers and researchers need to agree what constitutes 'effective' regulation, how this can be measured, and which study designs are most appropriate for evaluation. Related questions about what constitutes 'successful' integration of care should also be taken into account when planning such research.

Much of the views and experiences data in the literature is derived from various public consultation exercises. There may be scope for more structured in-depth qualitative data collection as part of future evaluations to better understand the barriers and facilitators of implantation.

While potentially useful reforms have been proposed, empirical evidence in relation to professional regulation appears particularly scarce. While this precludes truly 'evidence-based' reform at present, it does mean there is an opportunity to build an evidence base in this area. Organisations responsible for regulating professionals might therefore consider incorporating some form of evaluation into any planned strategic reforms.

6 Conclusions

This rapid scoping review aimed to identify and quantify the published literature that might possibly inform the following questions:

- What models of regulation and inspection of integrated care have been proposed? (Including approaches taken in other countries)
- What evidence is there on the effectiveness of such models?
- What are the barriers and enablers of effective regulation and inspection of integrated care?
- Can barriers to effective care and inspection of integrated care be overcome without legislative change?

Internationally over the last decade, there has been increasing focus on delivering more closely integrated health and social care services. This scoping review suggests that some of the published literature on regulation and inspection has been informed by this development.

The scoping review identified 166 potentially relevant records: 71 from searching academic publication databases, and 95 from online searches of the grey literature.

6.1 Proposed models of regulation and inspection of integrated care

Much of the literature on models of regulation relates to the establishment and evolution of the main system regulatory bodies in the UK (e.g. the CQC and Monitor/NHS Improvement in England), through related various consultations, responses, and reports.

Many of the models of regulation described in the literature were not initially designed with integrated care as a primary focus, but have undergone incremental reform to adapt to the ongoing integration of health and social care services. An exception might be the inspection of health and care services in Scotland, which since 2018 has been informed by a revised set of national standards that explicitly emphasise person-centred care. However, other national standards (for example in England and Australia) also incorporate concepts such as person-centred or comprehensive care. Recent publications from the UK system regulators have discussed the broader idea of moving away from purely 'compliance-based' approaches.

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This scoping review suggests that much of the literature from outside the UK on moving towards integrated system regulation comes from the Netherlands, Canada, and Australia. Other publications have looked at regulatory approaches across different countries.

Much of the literature is concerned with describing models of system regulation and inspection. Only a small proportion is primarily concerned with models of professional regulation, primarily the reforms proposed by Professional Standards Authority, and a recent consultation by the Department of Health and Social Care.

6.2 Evidence on the effectiveness of such models

There appears to be a general lack of empirical evidence on the effectiveness of existing approaches to system regulation and inspection in the context of integrated care. Among the limited available primary data are evaluations of pilot joint inspection programmes undertaken in Scotland and Wales. Several evidence reviews evaluating regulatory tools similarly noted a lack of useful primary research evidence, and publications looking at regulatory approaches across different countries do not appear to have identified consensus on what constitutes effective regulation.

Other than a cost-effectiveness and efficiency study of the national accreditation scheme in Australia, this scoping review did not identify empirical evidence on the effects of different models of professional regulation.

6.3 Barriers and enablers of effective regulation and inspection of integrated care

Where empirical evidence was identified, this largely focused on qualitative views/experience data, including barriers to, and enablers of, effective regulation of integrated care.

The evidence on professional regulation was typically small in scale and/or narrow in focus, whereas some of the evidence on system regulation was larger in scale and scope (e.g. the annual survey of NHS Trusts and foundation Trusts' experiences of regulation).

6.4 Evidence on overcoming barriers to effective regulation and inspection of integrated care without legislative change

A small number of publications have suggested ways to overcome specific barriers to effective regulation of integrated care, again focused on system regulation rather than professional regulation. Only rarely were these suggestions based on any formal empirical investigation.

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8 Contributions of authors

Mark Rodgers (Research Fellow, Evidence Synthesis) drafted the protocol and carried out study selection, data extraction, and write up of the report.

Gary Raine (Research Fellow, Evidence Synthesis) drafted the protocol, conducted website and google searches, carried out study selection, data extraction, and write up of the report.

Melissa Harden (Information Specialist) conducted all database searching, wrote the search sections of the report and commented on the draft report.

Alison Eastwood (Professor, Research) oversaw the project, contributed advice and expertise and commented on all drafts of the report. All authors commented on the protocol.

9 Data Sharing

All data requests should be submitted to the corresponding author for consideration.

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11 Appendices

11.1 Appendix 1: Database search strategies

11.1.1 Phase 1 search strategies

Scoping searches were carried out at the start of the project to give an overview of the extent and types of studies relating to the integration of professional regulation or inspection of health and social care.

MEDLINE ALL

via Ovid <http://ovidsp.ovid.com/>
1946 to November 13 2019
Searched on: 14th November 2019
Records retrieved: 2016

- 1 Social Control, Formal/ (11706)
- 2 (professional\$ adj4 (regulat\$ or governance)).ti,ab. (1750)
- 3 (professional\$ adj3 (standard or standards)).ti,ab. (2227)
- 4 1 or 2 or 3 (15556)
- 5 exp Health Personnel/ (495597)
- 6 exp Health Occupations/ (1655793)
- 7 Social Workers/ (510)
- 8 exp Patient Care Team/ (66693)
- 9 5 or 6 or 7 or 8 (2050514)
- 10 4 and 9 (4840)
- 11 ((interprofession\$ or inter-profession\$ or multiprofession\$ or multi-profession\$) adj3 regulat\$).ti,ab. (11)
- 12 ((interdisciplin\$ or inter-disciplin\$ or multidisciplin\$ or multi-disciplin\$) adj3 regulat\$).ti,ab. (36)
- 13 (joint\$ adj3 regulat\$).ti,ab. (681)
- 14 or/11-13 (728)
- 15 10 or 14 (5564)
- 16 "Facility Regulation and Control"/ (3172)
- 17 Quality Assurance, Health Care/ (55326)
- 18 inspect\$.ti,ab. (44362)
- 19 16 or 17 or 18 (102020)
- 20 integration.ti,ab. (161166)
- 21 15 and 20 (65)
- 22 19 and 20 (1121)
- 23 21 or 22 (1186)

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- 24 "Delivery of Health Care, Integrated"/ (12139)
- 25 (integrat\$ adj3 (care or service\$)).ti,ab. (19638)
- 26 shared care.ti,ab. (1251)
- 27 ((coordinated or co-ordinated) adj2 care).ti,ab. (1897)
- 28 (joined-up adj2 (service\$ or care)).ti,ab. (27)
- 29 or/24-28 (31042)
- 30 15 and 29 (29)
- 31 19 and 29 (924)
- 32 30 or 31 (953)
- 33 (regulat\$ adj4 health adj4 social).ti,ab. (105)
- 34 (inspect\$ adj4 health adj4 social).ti,ab. (22)
- 35 33 or 34 (122)
- 36 23 or 32 or 35 (2063)
- 37 exp animals/ not humans/ (4642721)
- 38 36 not 37 (2016)

Cumulative Index to Nursing & Allied Health (CINAHL Complete)

via Ebsco <https://www.ebscohost.com/>
 Inception to 14th November 2019
 Searched on: 15th November 2019
 Records retrieved: 927

- S1 (MH "Professional Regulation") 6,023
- S2 TI (professional* N4 (regulat* or governance)) OR AB (professional* N4 (regulat* or governance)) 1,456
- S3 TI (professional* N3 (standard or standards)) OR AB (professional* N3 (standard or standards)) 1,782
- S4 S1 OR S2 OR S3 8,882
- S5 (MH "Health Personnel+") 510,246
- S6 (MH "Health Manpower+") 519,003
- S7 (MH "Health Occupations+") 707,323
- S8 (MH "Social Workers") 8,034
- S9 (MH "Multidisciplinary Care Team+") 40,116
- S10 S5 OR S6 OR S7 OR S8 OR S9 1,164,932
- S11 S4 AND S10 5,148
- S12 TI ((interprofession* or inter-profession* or multiprofession* or multi-profession*) N3 regulat*) OR AB ((interprofession* or inter-profession* or multiprofession* or multi-profession*) N3 regulat*) 11
- S13 TI ((interdisciplin* or inter-disciplin* or multidisciplin* or multi-disciplin*) N3 regulat*) OR AB ((interdisciplin* or inter-disciplin* or multidisciplin* or multi-disciplin*) N3 regulat*) 23
- S14 TI joint* N3 regulat* OR AB joint* N3 regulat* 150
- S15 S12 OR S13 OR S14 184
- S16 S11 OR S15 5,326
- S17 (MH "Quality of Health Care/EV") 4,293

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S18	(MH "Quality Assessment")	7,125	
S19	(MH "Quality Assurance")	19,492	
S20	TI inspect* OR AB inspect*	7,989	
S21	S17 OR S18 OR S19 OR S20	38,097	
S22	TI integration OR AB integration	32,573	
S23	S16 AND S22	60	
S24	S21 AND S22	353	
S25	S23 OR S24	412	
S26	(MH "Health Care Delivery, Integrated")	10,167	
S27	TI (integrat* N3 (care or service*)) OR AB (integrat* N3 (care or service*))	16,658	
S28	TI "shared care" OR AB "shared care"	751	
S29	TI ((coordinated or co-ordinated) N2 care) OR AB ((coordinated or co-ordinated) N2 care)	1,578	
S30	TI (joined-up N2 (service* or care)) OR AB (joined-up N2 (service* or care))	64	
S31	S26 OR S27 OR S28 OR S29 OR S30	25,663	
S32	S16 AND S31	39	
S33	S21 AND S31	495	
S34	S32 OR S33	534	
S35	TI regulat* N4 health N4 social OR AB regulat* N4 health N4 social	106	
S36	TI inspect* N4 health N4 social OR AB inspect* N4 health N4 social	11	
S37	S35 OR S36	113	
S38	S25 OR S34 OR S37	927	

11.1.2 Phase 2 search strategies

After refinement of the research questions, a targeted literature search of published and grey literature was undertaken to identify studies relating to the regulation or inspection of integrated care staff or services.

MEDLINE ALL

via Ovid <http://ovidsp.ovid.com/>

1946 to January 21, 2020

Searched on: 22nd January 2020

Records retrieved: 2436

- 1 "Delivery of Health Care, Integrated"/ (12269)
- 2 Case Management/ (9976)
- 3 Patient-Centered Care/ (18670)
- 4 disease management/ (34840)
- 5 Patient Care Management/ (3917)
- 6 Comprehensive Health Care/ (6554)
- 7 (integrat\$ adj3 (care or healthcare or service\$ or model\$)).ti,ab. (38654)
- 8 shared care.ti,ab. (1268)
- 9 ((joined-up or joining-up) adj2 (care or healthcare or service\$ or model\$)).ti,ab. (34)
- 10 (joint\$ adj2 (working or care or healthcare or service\$)).ti,ab. (1341)

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- 11 ((Multidisciplinary or multi-disciplinary or interdisciplinary or inter-disciplinary or interprofessional or inter-professional or multiprofessional or multi-professional or multispecialty or multi-specialty) adj2 (team\$ or working or collaborat\$ or care or healthcare or management or provider\$ or approach\$ or program\$ or service\$ or model\$)).ti,ab. (69282)
- 12 ((interorgani?ation\$ or inter-organi?ation\$ or multiagenc\$ or multi-agenc\$ or interagenc\$ or inter-agenc\$) adj2 (team\$ or working or collaborat\$ or care or healthcare or management or provider\$ or approach\$ or program\$ or service\$ or model\$)).ti,ab. (1076)
- 13 ((coordinat\$ or co-ordinat\$) adj2 (care or healthcare or service\$ or program\$ or approach\$)).ti,ab. (13897)
- 14 (continu\$ adj2 care).ti,ab. (16710)
- 15 (collaborat\$ adj2 (care or manag\$ or healthcare or service\$ or program\$ or approach\$ or working)).ti,ab. (11739)
- 16 (patient-centred or patient-centered).ti,ab. (19799)
- 17 ((case or care) adj management).ti,ab. (17955)
- 18 (comanag\$ or co-manag\$).ti,ab. (1113)
- 19 (medical home or PCMH).ti,ab. (2869)
- 20 Care network\$.ti,ab. (2326)
- 21 ((vertical or horizontal or macro or micro or meso) adj2 integration).ti,ab. (760)
- 22 or/1-21 (242757)
- 23 Social Control, Formal/ (11741)
- 24 exp Licensure/ (17393)
- 25 exp Certification/ (17978)
- 26 exp Credentialing/ (54048)
- 27 Government Regulation/ (20952)
- 28 "Facility Regulation and Control"/ (3175)
- 29 exp Societies/es, st [Ethics, Standards] (4213)
- 30 (professional\$ adj4 (regulat\$ or governance)).ti,ab. (1787)
- 31 (professional\$ adj3 (standard or standards)).ti,ab. (2248)
- 32 ((profession\$ or practitioner\$ or clinician\$ or doctor\$ or physician\$ or medical or nurse\$ or nursing or midwi?e\$ or midwifery or pharmacist\$ or pharmaceutical or dentist\$ or dental or optician\$ or optical or osteopath\$ or chiropract\$ or social work\$) adj3 regulat\$).ti,ab. (8257)
- 33 ((organi?ation\$ or provider\$ or service\$ or care or healthcare or program\$ or system\$) adj3 regulat\$).ti,ab. (47600)
- 34 (joint\$ adj3 regulat\$).ti,ab. (700)
- 35 inspect\$.ti,ab. (44862)
- 36 or/23-35 (187325)
- 37 22 and 36 (3409)
- 38 (regulat\$ adj4 health adj4 social).ti,ab. (108)
- 39 (inspect\$ adj4 health adj4 social).ti,ab. (23)
- 40 ((Multidisciplinary or multi-disciplinary or interdisciplinary or inter-disciplinary or interprofessional or inter-professional or multiprofessional or multi-professional or multispecialty or multi-specialty) adj3 (regulat\$ or inspect\$)).ti,ab. (48)
- 41 ((interorgani?ation\$ or inter-organi?ation\$ or multiagenc\$ or multi-agenc\$ or interagenc\$ or inter-agenc\$ or multi-service\$ or multiservice\$ or multiprovider\$ or multi-provider\$) adj3 (regulat\$ or inspect\$)).ti,ab. (28)

- 42 or/38-41 (202)
- 43 37 or 42 (3591)
- 44 exp animals/ not humans/ (4666040)
- 45 43 not 44 (3536)
- 46 limit 45 to yr="2005 -Current" (2436)

PsycINFO

via Ovid <http://ovidsp.ovid.com/>

2002 to January Week 2 2020

Searched on: 22nd January 2020

Records retrieved: 719

- 1 integrated services/ (2827)
- 2 case management/ (1820)
- 3 client centered therapy/ (2142)
- 4 disease management/ (6484)
- 5 "continuum of care"/ (1665)
- 6 interdisciplinary treatment approach/ (3769)
- 7 multimodal treatment approach/ (1008)
- 8 (integrat\$ adj3 (care or healthcare or service\$ or model\$)).ti,ab. (17169)
- 9 shared care.ti,ab. (274)
- 10 ((joined-up or joining-up) adj2 (care or healthcare or service\$ or model\$)).ti,ab. (27)
- 11 (joint\$ adj2 (working or care or healthcare or service\$)).ti,ab. (364)
- 12 ((Multidisciplinary or multi-disciplinary or interdisciplinary or inter-disciplinary or interprofessional or inter-professional or multiprofessional or multi-professional or multispecialty or multi-specialty) adj2 (team\$ or working or collaborat\$ or care or healthcare or management or provider\$ or approach\$ or program\$ or service\$ or model\$)).ti,ab. (14996)
- 13 ((interorgani?ation\$ or inter-organi?ation\$ or multiagenc\$ or multi-agenc\$ or interagenc\$ or inter-agenc\$) adj2 (team\$ or working or collaborat\$ or care or healthcare or management or provider\$ or approach\$ or program\$ or service\$ or model\$)).ti,ab. (1171)
- 14 ((coordinat\$ or co-ordinat\$) adj2 (care or healthcare or service\$ or program\$ or approach\$)).ti,ab. (3962)
- 15 (continu\$ adj2 care).ti,ab. (4262)
- 16 (collaborat\$ adj2 (care or manag\$ or healthcare or service\$ or program\$ or approach\$ or working)).ti,ab. (6275)
- 17 (patient-centred or patient-centered).ti,ab. (5137)
- 18 ((case or care) adj management).ti,ab. (4651)
- 19 (comanag\$ or co-manag\$).ti,ab. (182)
- 20 (medical home or PCMH).ti,ab. (841)
- 21 Care network\$.ti,ab. (447)
- 22 ((vertical or horizontal or macro or micro or meso) adj2 integration).ti,ab. (222)
- 23 or/1-22 (65746)
- 24 professional standards/ (3939)
- 25 professional licensing/ (712)
- 26 professional certification/ (1154)

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- 27 exp professional organizations/ (5087)
- 28 (professional\$ adj4 (regulat\$ or governance)).ti,ab. (723)
- 29 (professional\$ adj4 (regulat\$ or governance)).ti,ab,id. (748)
- 30 (professional\$ adj3 (standard or standards)).ti,ab. (1578)
- 31 ((profession\$ or practitioner\$ or clinician\$ or doctor\$ or physician\$ or medical or nurse\$ or nursing or midwi?e\$ or midwifery or pharmacist\$ or pharmaceutical or dentist\$ or dental or optician\$ or optical or osteopath\$ or chiropract\$ or social work\$) adj3 regulat\$).ti,ab. (1491)
- 32 ((organi?ation\$ or provider\$ or service\$ or care or healthcare or program\$ or system\$) adj3 regulat\$).ti,ab. (5208)
- 33 (joint\$ adj3 regulat\$).ti,ab. (91)
- 34 inspect\$.ti,ab. (4903)
- 35 or/24-34 (22728)
- 36 23 and 35 (714)
- 37 (regulat\$ adj4 health adj4 social).ti,ab. (61)
- 38 (inspect\$ adj4 health adj4 social).ti,ab. (4)
- 39 ((Multidisciplinary or multi-disciplinary or interdisciplinary or inter-disciplinary or interprofessional or inter-professional or multiprofessional or multi-professional or multispecialty or multi-specialty) adj3 (regulat\$ or inspect\$)).ti,ab. (15)
- 40 ((interorgani?ation\$ or inter-organi?ation\$ or multiagenc\$ or multi-agenc\$ or interagenc\$ or inter-agenc\$ or multi-service\$ or multiservice\$ or multiprovider\$ or multi-provider\$) adj3 (regulat\$ or inspect\$)).ti,ab. (4)
- 41 or/37-40 (82)
- 42 36 or 41 (792)
- 43 limit 42 to yr="2005 -Current" (719)

Health Management Information Consortium

via Ovid <http://ovidsp.ovid.com/>

1979 to November 2019

Searched on: 22nd January 2020

Records retrieved: 178

- 1 (integrat\$ adj3 (care or healthcare or service\$ or model\$)).mp. (4916)
- 2 shared care.mp. (363)
- 3 ((joined-up or joining-up) adj2 (care or healthcare or service\$ or model\$)).mp. (90)
- 4 ((Multidisciplinary or multi-disciplinary or interdisciplinary or inter-disciplinary or interprofessional or inter-professional or multiprofessional or multi-professional or multispecialty or multi-specialty) adj2 (team\$ or working or collaborat\$ or care or healthcare or management or provider\$ or approach\$ or program\$ or service\$ or model\$)).mp. (4546)
- 5 ((interorgani?ation\$ or inter-organi?ation\$ or multiagenc\$ or multi-agenc\$ or interagenc\$ or inter-agenc\$) adj2 (team\$ or working or collaborat\$ or care or healthcare or management or provider\$ or approach\$ or program\$ or service\$ or model\$)).mp. (2354)
- 6 ((coordinat\$ or co-ordinat\$) adj2 (care or healthcare or service\$ or program\$ or approach\$)).mp. (1437)
- 7 (continu\$ adj2 care).mp. (2351)

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- 8 (collaborat\$ adj2 (care or manag\$ or healthcare or service\$ or program\$ or approach\$ or working)).mp. (1459)
- 9 (patient-centred or patient-centered).mp. (2246)
- 10 ((case or care) adj management).mp. (2274)
- 11 (comanag\$ or co-manag\$).mp. (19)
- 12 (medical home or PCMH).mp. (53)
- 13 Care network\$.mp. (192)
- 14 ((vertical or horizontal or macro or micro or meso) adj2 integration).mp. (57)
- 15 or/1-14 (19052)
- 16 (professional\$ adj4 (regulat\$ or governance)).mp. (872)
- 17 (professional\$ adj3 (standard or standards)).mp. (450)
- 18 ((profession\$ or practitioner\$ or clinician\$ or doctor\$ or physician\$ or medical or nurse\$ or nursing or midwi?e\$ or midwifery or pharmacist\$ or pharmaceutical or dentist\$ or dental or optician\$ or optical or osteopath\$ or chiropract\$ or social work\$) adj3 regulat\$).mp. (1663)
- 19 ((organi?ation\$ or provider\$ or service\$ or care or healthcare or program\$ or system\$) adj3 regulat\$).mp. (1483)
- 20 (joint\$ adj3 regulat\$).mp. (6)
- 21 inspect\$.mp. (6215)
- 22 or/16-21 (9307)
- 23 15 and 22 (565)
- 24 (regulat\$ adj4 health adj4 social).ti,ab. (94)
- 25 (inspect\$ adj4 health adj4 social).ti,ab. (63)
- 26 ((Multidisciplinary or multi-disciplinary or interdisciplinary or inter-disciplinary or interprofessional or inter-professional or multiprofessional or multi-professional or multispecialty or multi-specialty) adj3 (regulat\$ or inspect\$)).ti,ab. (23)
- 27 ((interorgani?ation\$ or inter-organi?ation\$ or multiagenc\$ or multi-agenc\$ or interagenc\$ or inter-agenc\$ or multi-service\$ or multiservice\$ or multiprovider\$ or multi-provider\$) adj3 (regulat\$ or inspect\$)).ti,ab. (19)
- 28 24 or 25 or 26 or 27 (190)
- 29 23 or 28 (720)
- 30 limit 29 to yr="2005 -Current" (178)

Cumulative Index to Nursing & Allied Health (CINAHL Complete)

via Ebsco <https://www.ebscohost.com/>

Inception to 21st January 2020

Searched on: 22nd January 2020

Records retrieved: 2045

- S1 (MH "Health Care Delivery, Integrated") 10,391
- S2 (MH "Case Management") 16,324
- S3 (MH "Patient Centered Care") 26,578
- S4 (MH "Disease Management") 18,145
- S5 (MH "Continuity of Patient Care") 13,287
- S6 TI (integrat* N3 (care or healthcare or service* or model*)) OR AB (integrat* N3 (care or healthcare or service* or model*)) 22,984

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S7 TI shared N1 care OR AB shared N1 care 1,111

S8 TI ((joined-up or joining-up) N2 (care or healthcare or service* or model*)) OR AB ((joined-up or joining-up) N2 (care or healthcare or service* or model*)) 77

S9 TI ((joint* N2 (working or care or healthcare or service*))) OR AB ((joint* N2 (working or care or healthcare or service*))) 1,269

S10 TI ((Multidisciplinary or multi-disciplinary or interdisciplinary or inter-disciplinary or interprofessional or inter-professional or multiprofessional or multi-professional or multispecialty or multi-specialty) N2 (team* or working or collaborat* or care or healthcare or management or provider* or approach* or program* or service* or model*)) OR AB ((Multidisciplinary or multi-disciplinary or interdisciplinary or inter-disciplinary or interprofessional or inter-professional or multiprofessional or multi-professional or multispecialty or multi-specialty) N2 (team* or working or collaborat* or care or healthcare or management or provider* or approach* or program* or service* or model*)) 35,921

S11 TI ((interorganization* or inter-organization* or multiagency* or multi-agency* or interagency* or inter-agency*) N2 (team* or working or collaborat* or care or healthcare or management or provider* or approach* or program* or service* or model*)) OR AB ((interorganization* or inter-organization* or multiagency* or multi-agency* or interagency* or inter-agency*) N2 (team* or working or collaborat* or care or healthcare or management or provider* or approach* or program* or service* or model*)) 1,171

S12 TI ((coordinat* or co-ordinat*) N2 (care or healthcare or service* or program* or approach*)) OR AB ((coordinat* or co-ordinat*) N2 (care or healthcare or service* or program* or approach*)) 10,820

S13 TI continu* N2 care OR AB continu* N2 care 13,278

S14 TI ((collaborat* N2 (care or manag* or healthcare or service* or program* or approach* or working)) OR AB ((collaborat* N2 (care or manag* or healthcare or service* or program* or approach* or working))) 12,281

S15 TI (patient-centred or patient-centered) OR AB (patient-centred or patient-centered) 12,955

S16 TI ((case or care) N1 management) OR AB ((case or care) N1 management) 16,757

S17 TI (comanag* or co-manag*) OR AB (comanag* or co-manag*) 559

S18 TI ("medical home" or PCMH) OR AB ("medical home" or PCMH) 2,341

S19 TI Care N1 network* OR AB Care N1 network* 2,095

S20 TI ((vertical or horizontal or macro or micro or meso) N2 integration) OR AB ((vertical or horizontal or macro or micro or meso) N2 integration) 251

S21 S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 171,897

S22 (MH "Professional Regulation") 6,076

S23 (MH "Licensure") OR (MH "Licensure, Nursing") 11,336

S24 (MH "Credentialing") OR (MH "Certification") 18,462

S25 (MH "Government Regulations") 16,324

S26 (MH "Professional Organizations/ST/EI") 330

S27 TI (professional* N4 (regulat* or governance)) OR AB (professional* N4 (regulat* or governance)) 1,513

S28 TI (professional* N3 (standard or standards)) OR AB (professional* N3 (standard or standards)) 1,833

S29 TI ((profession* or practitioner* or clinician* or doctor* or physician* or medical or nurse* or nursing or midwi?e* or midwifery or pharmacist* or pharmaceutical or dentist* or dental or optician* or optical or osteopath* or chiropract* or social work*) N3 regulat*) OR AB ((profession* or practitioner* or clinician* or doctor* or physician* or medical or nurse* or nursing or midwi?e* or midwifery or pharmacist* or pharmaceutical or dentist* or dental or optician* or optical or osteopath* or chiropract* or social work*) N3 regulat*) 5,533

S30 TI ((organi?ation* or provider* or service* or care or healthcare or program* or system*) N3 regulat*) OR AB ((organi?ation* or provider* or service* or care or healthcare or program* or system*) N3 regulat*) 6,806

S31 TI joint* N3 regulat* OR AB joint* N3 regulat* 154

S32 TI inspect* OR AB inspect* 8,153

S33 S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 68,978

S34 S21 AND S33 2,420

S35 TI (regulat* N4 health N4 social) OR AB (regulat* N4 health N4 social) 107

S36 TI (inspect* N4 health N4 social) OR AB (inspect* N4 health N4 social) 11

S37 TI ((Multidisciplinary or multi-disciplinary or interdisciplinary or inter-disciplinary or interprofessional or inter-professional or multiprofessional or multi-professional or multispecialty or multi-specialty) N3 (regulat* or inspect*)) OR AB ((Multidisciplinary or multi-disciplinary or interdisciplinary or inter-disciplinary or interprofessional or inter-professional or multiprofessional or multi-professional or multispecialty or multi-specialty) N3 (regulat* or inspect*)) 36

S38 TI ((interorgani?ation* or inter-organi?ation* or multiagenc* or multi-agenc* or interagenc* or inter-agenc* or multi-service* or multiservice* or multiprovider* or multi-provider*) N3 (regulat* or inspect*)) OR AB ((interorgani?ation* or inter-organi?ation* or multiagenc* or multi-agenc* or interagenc* or inter-agenc* or multi-service* or multiservice* or multiprovider* or multi-provider*) N3 (regulat* or inspect*)) 2

S39 S35 OR S36 OR S37 OR S38 152

S40 S34 OR S39 Limiters - Published Date: 20050101-20201231 2 045

Social Care Online

<https://www.scie-socialcareonline.org.uk/>

Searched on: 22nd January 2020

Records retrieved: 1381

The MEDLINE search strategy was simplified to fit the search interface of Social Care Online. 11 separate searches were carried out and results downloaded for each search. Social Care Online automatically searches for synonyms therefore a more limited range of search terms were used. The advanced search screen was used and 'all fields' selected.

1. (regulation OR regulatory) AND (Integration OR integrated OR integrate OR integrates) – 252
2. (regulation OR regulatory) AND (joint OR "joined up") – 175
3. (regulation OR regulatory) AND ("shared care" OR "co-ordinated care") – 1
4. (regulation OR regulatory) AND (interagency OR inter-agency OR multiagency OR multi-agency OR interorganisation OR inter-organisation) – 45

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5. (regulation OR regulatory) AND (Multidisciplinary OR multi-disciplinary OR interdisciplinary OR inter-disciplinary OR interprofessional OR inter-professional OR multiservice OR multi-service OR multiprovider OR multi-provider) – 119
6. (Integration OR integrated OR integrate OR integrates) AND (inspection OR inspector) – 131
7. (“shared care” OR “co-ordinated care”) AND (inspection OR inspector) – 5
8. (interagency OR inter-agency OR multiagency OR multi-agency OR interorganisation OR inter-organisation) AND (inspection OR inspector) – 107
9. (Multidisciplinary OR multi-disciplinary OR interdisciplinary OR inter-disciplinary OR interprofessional OR inter-professional OR multiservice OR multi-service OR multiprovider OR multi-provider) AND (inspection OR inspector) – 206
10. joint AND inspection AND health AND social – 273
11. joint AND regulation AND health AND social – 67

11.2 Appendix 2: Website searches (all searches conducted February 2020)

Australian Aged Care Quality and Safety Commission <https://www.agedcarequality.gov.au/>

- Checked 'resources library' and 'standards' section

Australian Commission on Safety and Quality in Healthcare

<https://www.safetyandquality.gov.au/>

- Checked 'standards' section
- Keyword search in 'publication and resources': integrated; regulation; inspection; framework; joint; model

Australian Health Practitioner Regulation Agency

<https://www.ahpra.gov.au/>

- Checked 'procedures' 'publication and resources' section

Care inspectorate Scotland

<https://www.careinspectorate.com/>

- Keyword search: integrated; regulation; regulating; framework; joint, model, standards in 'publications and statistics' section

Checked the 'Integration of health and social care' and 'resources' sections of 'The Hub'

<https://hub.careinspectorate.com/national-policy-and-legislation/policies/integration-of-health-and-social-care/>

Care Inspectorate Wales

<https://careinspectorate.wales/>

- Keyword search: integrated; regulation; standards; framework; joint; model

Care Quality Commission <https://www.cqc.org.uk/>

- Searched publications for keywords: Integrated; regulation; standards; framework; joint; models
- Searched documents for keywords: Integrated; regulation; standards; framework; joint; models.

Dutch Health and Youth Care Inspectorate

<https://english.igj.nl/integrated-care>

- Checked 'regulation' section

- Keyword search: integrated; regulation; regulating; inspection, inspecting; standards; framework; joint; model

Healthcare improvement Scotland <http://www.healthcareimprovementscotland.org/>

- Keyword search: integrated; regulation; regulating; framework; joint, model
- Keyword search 'standards' in "policy and strategy"; 'standards'; "best practice statement"; "indicators"; "process documentation" sections

Healthcare Inspectorate Wales <https://hiw.org.uk/>

- Checked 'our reports' section
- Keyword search: integrated; regulation; standards; framework; joint; model,

The King's Fund

<https://www.kingsfund.org.uk/>

- Browsed 'publications' and 'projects' in two topic areas: (1) Joined-up health and care services – <https://www.kingsfund.org.uk/topics/integrated-care>; (2) Governance, accountability and regulation across health and social care: <https://www.kingsfund.org.uk/topics/governance-and-regulation>
- Searched the King's Fund Library database- Keywords: Integrated care AND regulation; Integrated care AND inspection; Integrated AND health AND social AND care AND regulation; Integrated AND health AND social AND care AND inspection

The Health Foundation <https://www.health.org.uk/>

- Browsed publications for integrated care; regulation; social care; person centred care.

The Nuffield Trust <https://www.nuffieldtrust.org.uk/>

- Searched "all research" – keywords: Regulation (filter research, report, journal article, project); inspection (filter research, report, journal article, project); integrated care (filter research, report, journal article, project);

The Rand Corporation <https://www.rand.org/>

- Advanced search - Any of these words: regulation care restricted to content type (i) research, (ii) project, (iii) brief
- Any of these words: inspection care; restricted to content type (i) research

Professional Standards Authority <https://www.professionalstandards.org.uk/home>

- Checked 'improving regulation' and 'publications' section

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- Keyword search: Integrated; regulation; standards; framework; models; joint

Regulation and Quality Improvement Authority Northern Ireland <https://www.rqia.org.uk/>

- Checked 'guidance' and 'Standards' section
- Keyword search: integrated; regulation; framework; model.

11.3 Appendix 3: Google searches

Search via Google advanced https://www.google.co.uk/advanced_search

Key words searched, restricted to pdf documents, date restriction: 2005-2020

- integrated health social care regulation – browsed through 1-17 pages
- integrated health social care regulating - browsed through 1-20 pages
- health social care integration regulation - browsed through 1-17 pages
- health social care integration regulating - browsed through 1-19 pages
- integrated health social care inspection - browsed through 1-13 pages
- integrated health social care inspecting - browsed through 1-14 pages
- health social care integration inspection - browsed through 1-13 pages
- health social care integration inspecting - browsed through 1-13 pages

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