

Our purpose and role



- We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



- Register
 - Monitor and inspect
 - Use legal powers
 - Speak independently
 - Encourage improvement
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- People have a right to expect safe, good care from their health and social care services

Our current model of regulation



Register

We **register** those who apply to CQC to provide health and adult social care services

Monitor, inspect and rate

We **monitor** services, carry out expert **inspections**, and judge each service, usually to give an overall **rating**, and conduct **thematic reviews**

Enforce

Where we find poor care, we ask providers to improve and can **enforce** this if necessary

Independent voice

We provide an **independent voice** on the state of health and adult social care in England on issues that matter to the public, providers and stakeholders

The Mum (or anyone you love) Test



Is it responsive to people's needs?

Is it effective?

Is it safe?

Is it well-led?



Is it caring?

Is it good enough for my Mum?

- Independent of politics and the system
- Regulate across all sectors
- Clinically driven with expert teams
- Evidence-based judgement, not regulatory compliance
- Highlight excellence and expose poor care with transparent ratings
- Always on the side of people who use services

Scope of CQC's remit



Care homes
and domiciliary
care

12,500 providers

25,500 individual
services

Hospitals and
clinics

224 NHS trusts

1,800
independents

Ambulances

10 NHS trusts

250 independent

Primary dental
care

8,000 providers

Primary
medical
services

9,000 providers

- 1.75 million people use adult social care
- 11 million NHS and 1.6 million independent inpatients
- 22 million dental patients per year (15m NHS, 7m private)

England's population is 55m

Public engagement strategy



Why we use Experts by Experience?



Experts by Experience are people who have personal experience of using or caring for someone who uses health, mental health and/or social care services that we regulate.

- CQC has a statutory obligation to involve the public in its work
- ExE have lived experience of the services we inspect
- ExE use their experience to carry out meaningful conversations with people, make observations and gather evidence on inspection
- ExE help us to increase the quality and quantity of evidence
- Using their lived experience, ExE are able to gather evidence which may otherwise be missed e.g. identifying risks or concerns as well as good practise
- ExE also bring a different perspective to the inspection team

Current contract

Currently there are approximately 800 ExE employed by organisations contracted to provide Experts by Experience across the four regions (North, Central, London and South).

- Older people and people living with dementia
- People who have a learning disability, people who have a dual diagnosis of learning disabilities and mental health conditions, people living with autism
- People who have a physical and/or sensory impairment
- Family carers of people who have severe learning disabilities and/or behaviour that is considered to be challenging
- People who have experience of using mental health services, including people with experience of detention under the Mental Health Act
- People who have experience of using substance misuse services
- Children and young people who use health, mental health or care services
- People who have recently used maternity services

Experts by Experience (ExE) are currently deployed in the following areas:

- Adult Social Care Residential, Nursing and Domiciliary care
- Hospitals, Mental Health and Community services
- Mental Health Act Visits
- Primary Medical Services – GP surgery only
- New Registrations
- Co-production and CQC staff training

The role of Experts by Experience



The Expert by Experience has:

- Recent personal experience of using or caring for someone who uses health and/or social care services
- Ability to communicate with people who use services and make observations (with support if required)
- Ability to take accurate notes and report on their findings (with support if required)
- Good understanding of health and social care infrastructure, particularly in their area of expertise
- Good working knowledge of equality, diversity and human rights principles

Future requirements: What inspection teams have told us



Key principles remain the same: lived experience

Local Hub Structure

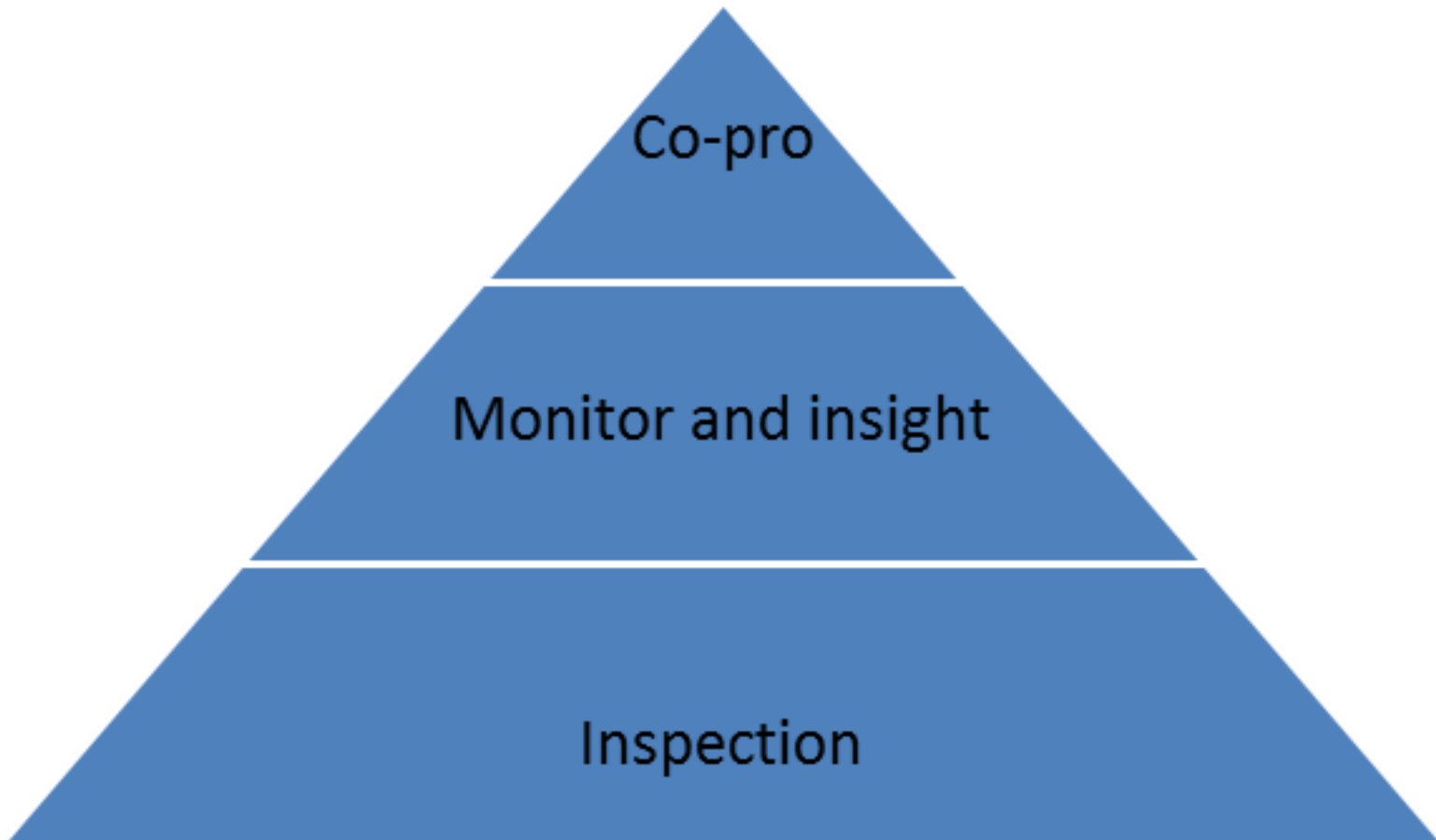
Consistency and quality support

Reliable and flexible

Use in larger services, or where there is risk or if we need help to engage



Three proposed areas of Expert by Experience support in the new contract



Proposed New Contract



Experts by Experience (ExE) will be deployed in the following areas

Inspection

- ASC Residential
- ASC Community
- DCA services
- Mental Health Hospital and Community (Independent and NHS)
- MHA site visits
- Registration

Co-Production

- Policy development, CQC staff training, advisory role, consultation, document review

Monitor and Insight

- Gathering local intelligence to inform the ongoing regulation of all sectors with a particular focus around targeted groups such as seldom heard communities and people with protected characteristics
- CQC Ambassador/Citizen Researcher role

Proposed experience required



- Primary family carers of people who use residential services
- People with experience of using residential services
- Primary family carers of someone who has used DCA services
- Primary family carers of person with severe/complex learning disability with experience of DCA services
- People with experience of using DCA services
- People with lived experience of mental health inpatients care
- People with lived experience of mental health community care
- People with experience of substance misuse services
- People with experience of detention under the mental health act
- Children and Young people or primary family carers with experience of using mental health service

CQC will provide a target percentage for recruitment of people with experience of the above services within these categories;

- Person with dementia
- Older Person
- Person with a Learning Disability
- Person on the autistic spectrum
- Person with a physical or sensory Impairment
- Primary family carers of people with severe/complex learning disability
- Person with a protected characteristic
- Equality targets in line with CQCs own but flexibility of local variability based on population