

## **Voices into action**

How the Care Quality Commission is going to involve people





# Main points

## The Care Quality Commission is committed to:

- Involving people who use health and adult social care services in everything we do.
- Making sure that services involve people and respond to their views.

We believe that this involvement is central to improving services for everyone.

We will build on the best of what the previous regulators of health and adult social care did, and develop it. This document sets out our plans for involving people.

## Governance

- At least one member of our board will have experience of using health and social care services. The views and experiences of people who use services will be reflected in the board's discussions and in the decisions they make.
- We will have a number of different groups – either to help us with day-to-day business or to advise on special projects such as consultations and reports. People who use services will be represented in these groups.

## Working together

- We will continue to run the 'Experts by Experience' scheme. This involves, people who use services and their carers being part of our inspection teams and giving us advice based on their experience.
- We will set up panels of people to help shape our work – for example, to test how easy to read our publications are. Some of these panels will work online, others will work face-to-face.
- We will work mainly with mixed groups of people. We will also have some specialist groups, such as a Service User Reference Panel, which represents the views of people who are currently or recently detained mental health service patients.
- We will have a special group to advise us on our equality, diversity and human rights policies. They will challenge us if necessary.

## Surveys and studies

- We will carry out regular studies to find out from people what their care services have been like.

We will also carry out in-depth studies of different aspects of care services, such as meeting the healthcare needs of adults of all ages in care homes.

We will consult people on what we will ask about in these studies and surveys, and involve people in how we carry them out.

## Checking how services involve people

- We will assess how health and adult social care services involve people.
- We will look for best practice in how care services involve people and evidence of what services have done differently as a result, and how involvement has improved services.
- We will work with providers and commissioners of care services, as well as with people who use services, to agree ways to assess how well services involve people.

## Communication

- We will publish information about what we do and distribute it widely – for example, by using our regional communications teams and local media.
- We will work to make our call centre easy to use. The staff will be trained to talk to people who communicate in different ways
- We will train our inspectors and people who carry out checks on services to talk to people who communicate in different ways.
- We will work to make our website easy to use. It will have information about what people tell us, how people are involved and the services we check.

Everything we write will be set out clearly in simple English. Our information will be available in different formats, such as easy read and large print.

## Consultation

- When we are consulting with people on specific policies or issues, we will consult formally by publishing a consultation document that anyone can respond to. We will also consult informally.
- When we are consulting, we will make sure that we hear the views of groups of people that are often left out. For example, we will work with community groups, such as those that represent homeless people.

## Sharing our functions

- We will look for ways of sharing our functions with different groups of people and voluntary organisations.
- This could involve giving user and carer groups a bigger say in assessing services, asking user and carer groups to carry out research on our behalf, or giving user and carer groups a role in designing how we will assess services.
- In particular, we will work with local involvement networks (LINKs)

## Next steps

- We will publish a detailed plan showing how we will involve people.
- We will consult further with people on how we will assess how well care services involve people.
- We will report on our involvement work every year – including the difference it has made.

## Terms used in this statement

This statement of involvement uses the term 'people who use health and social care services' to refer to the wide range of people who we will be involving in our work. Almost everyone is affected by care services, so we aim to involve as broad a range of people as possible. This includes carers, families, friends and the public, as well as patients and people who use social care services. It includes children as well as adults. We do not regulate most social care services for children as these are regulated by Ofsted.



# 1. Introduction

## The Care Quality Commission is all about people.

We want to see high quality health and social care that:

- Supports people to live healthy and independent lives.
- Helps individuals, families and carers make informed decisions about their care.
- Responds to individual needs.

As a modern and forward-thinking regulator, we will focus on what we can achieve for people and take an approach based on human rights. Involving people who use health and social-care services and their carers, families and friends in what we do and how we do it is central to our plans, and essential for our success.

## Our approach

Involving people is integral to how we will work. We want to involve people because we think it will help us to get things right. When we consult people, their views will have a genuine impact on our decisions. When we invite people to take part directly in our work (for example, by asking them to come with us when we inspect care services), we will treat them as valued members of the team.

We will expect the services we regulate to show us that they involve people and respond to what people tell them. Providers have told us that involving people can benefit all aspects of care, including how services are planned, organised and provided; how services are used; the outcomes of care; and wider benefits for people who are involved, including members of staff and the public.

The public, including carers and people who use services, have said that being effectively involved gives them a voice in services, recognises their right to be heard, and can increase their trust, confidence and understanding of services. It can also increase their knowledge about their local services, and lead to improvements in their health and wellbeing.

## Our values

Our involvement work is based on human rights, equality and diversity, and valuing what people say. In doing our job, we will be guided by our values. This includes putting the people who use health and social care services first, listening to what they tell us and acting on it, and standing up for their rights and dignity.



There are clear links between involving people and promoting equality, diversity and human rights. We want to make sure that we involve the right people and involve them in the right way. It is essential that we take account of what they tell us to shape what we do around securing dignity, safety and choice for people. We will check our plans for involving people against how well they support and promote equality, diversity and human rights.

## Best practice

We will be following the principles of best practice in how we involve people. These principles say that organisations should:

- Involve people early in their work and plan ahead.
- Find out who is likely to be affected by involvement, and who is supposed to benefit from it.
- Make sure that involvement is a part of everything they do, so that people who use services and the public can be informed and involved at all important stages of their work.
- Include all the right people and make special efforts to reach out to those who rarely get heard.
- Act on what they learn so that what matters most to people who use services and the public informs and shapes their work.
- Give feedback – so that people know what has happened as a result of giving their views.
- Remove barriers that people face when trying to get involved.

## Legal framework

The Health and Social Care Act 2008 (the Act that created the Care Quality Commission) sets out some requirements on involvement, which say that we must (among other things) do the following.

We must:

- Focus on the needs and experiences of people who use health and social care services.
- Listen to the views and experiences of people who use services and the views and experiences of their families and friends.
- Listen to the views and opinions of LINKs.
- Protect and promote the rights of people who use services.
- Publish a statement on how we will involve people.

Clause 5 of the Act says that the statement must include information on how we will:

- Promote awareness among service users and carers about the work we do and what we are responsible for.
- Promote and have discussions with people who use health and social care services and their carers about how services are provided, and about how we work.
- Make sure that we listen to what people who use services and carers tell us.
- Make it possible for people who use services and their carers to do, or help us with our work.

In this statement of involvement we set out how we plan to meet these responsibilities and aims.



## 2. What we will do

We have taken the best of what the previous three regulators in health and social care have done before in involvement, and added our own ideas. We will build on this, and work with existing networks and groups. We will value the input of people who have developed real skill and expertise in involvement. But we will not just involve the most experienced people – we will actively try to include people from many different backgrounds and support them to get involved.

### **Governance**

- At least one member of our board will be someone with experience of using services. The views and experiences of people who use services will be reflected in the board's discussions and in the decisions they make.
- We will have a number of different groups – either to help us with day-to-day business or to advise on special projects such as consultations and reports. People who use services will be represented in these groups.

### **Specialist groups**

- Most of our working groups will involve a range of people looking at particular topics, rather than being organised around traditional 'user groups' such as older people. However, we will have some specialist groups that focus on a particular group of people who use services. Initially these groups will be:
  - mental health service users
  - carers
  - people with learning disabilities.
- We will review the number of specialist groups from time to time.
- We will have a specialist group to give us advice on our equality, diversity and human rights policies and practices. They will also check what we do, and challenge us if necessary.

## Working together

- We will make use of 'Experts by Experience' – they will work as part of our inspection teams, take part in Mental Health Act visits and contribute to reviews of services. Experts by Experience will include carers as well as people who use services.
- Regular panels – we will set up panels to help shape some of our work by giving us their views and feedback. These panels will include a wide range of people from across the services that we regulate. They will usually work through online communication, such as emails, rather than meeting, but sometimes we may have face-to-face panel discussions.
- We will involve people who use services when training and developing staff.

## Children and young people

- We will have a separate way of involving children that is child friendly. (However, sometimes we will ask parents to tell us what they think too.) We will involve children by carrying out face-to-face work in places where children and young people feel comfortable, as well as using interactive technology such as text messaging. We will value what children tell us about the services they use. (We do not regulate most social care services for children as these are regulated by Ofsted.)

## Surveys and studies

- We will have a regular programme of surveys to find out about people's experience of services.
- We will carry out studies of different aspects of services.
- We will consult people on what we should ask about in our surveys and studies, and involve them in the way we carry them out
- We will develop ways for people to give us their views on care services at any time, using our website and our contact centre. We will make sure that people's views count.



“Really get out there. Listen to us and feed back to us.”

## Communication

- We will publish information about ourselves and distribute it widely, using our regional communication teams and local media to make sure that it reaches as many people as possible.
- All our publications will be ‘user friendly’, in plain English and in clear formats.
- We will make our publications available in different formats, including easy read and large print.
- Our contact centre will be easy to access and staff will be trained in responding to people who communicate in different ways.
- We will train our inspectors and assessors to communicate well.
- Our website will be easy to use and will have information about what people tell us and how we involve people, as well as information about the services we regulate.

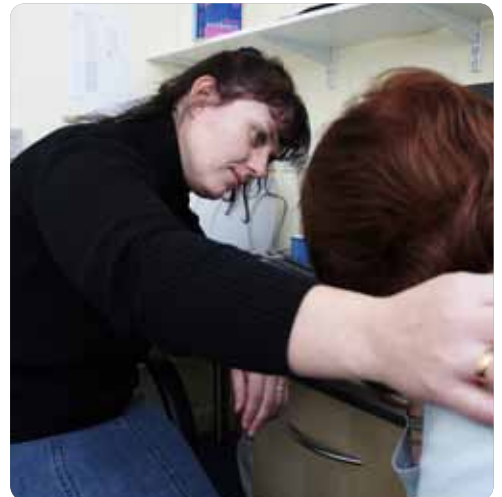
“Perhaps the most important thing is to show how the feedback is used. Consultation where they have already made their minds up is a turn-off for all concerned.”

## Consultation

- We will hold both formal and informal public consultations. We will make sure that we include people who rarely get to tell others what they think. To do this, we will use resources developed by the previous three commissions, such as the Speak Out network, and develop these further.
- We will make consultations as local as possible, to make it easier for people to get involved.
- We will involve people in designing the consultations and make sure that we consult people at the right time.
- We will have different consultation methods and will use electronic media – for example, online surveys and discussions – to give people different opportunities to tell us what they think. We will also use face-to-face methods such as public meetings, focus groups and interviews. We will evaluate our consultation methods to make sure that we are using the most effective ones.

### 3. Using what people tell us

- We will use what people tell us to shape our policies, priorities and methods. We will ask our teams across the organisation how they have taken account of the views of people who use services and carers.
- We will keep track of what people say about services and use it to inform our assessments.
- The way we plan programmes will make sure that involvement is included in all of our work.
- We will give feedback to people who get involved with us, so they know what has happened as a result of them telling us what they think.



## 4. Assessing involvement

“The organisation being audited should be aware of how it will help them to improve.”

“Our GP clinic has asked our view on many subjects from phone consultations to extra hours. They listen and then act for the benefit of patients.”

We will check how well the providers and commissioners (people who buy services for others) that we assess are involving people, and how they are responding to and using what people tell them. We will develop ways to do this based on best practice. Methods will include:

- Surveys about people’s experiences of services (including existing patient surveys among other things).
- Other ways to assess people’s experiences of services (such as a method currently used in some care home inspections to see what kind of service people with dementia are getting).
- Developing good communication with local involvement networks (LINKs) so that they can share their knowledge of local services and contribute to assessing how well services perform.
- Using what our equality, diversity and human rights Experts by Experience tell us, to shape how services should address equality and diversity issues.



## 5. Sharing functions

“We would urge the Commission to utilise all opportunities for service users, carers and representative groups to be directly involved in collecting and reviewing evidence, carrying out research and formulating recommendations.”

We will look for ways of sharing our functions with different groups of people and with voluntary organisations. This could include, for example giving user and carer groups more influence in helping us assess services; asking user and carer groups to carry out research on our behalf; or giving user and carer groups a role in designing new ways of assessing services.

We will be developing:

- A wider range of approaches to encourage people to get involved.
- Ways to build relationships and create partnerships with people who use care services, their carers and the public.
- Approaches designed for particular groups to make them more accessible.
- Ways to use more information from people about their experiences of care, including individual stories.
- Better surveys that help to find out what really matters to people.
- The way we work with other agencies to gather and use information together.



# 6. Making sure it happens

## Letting people know about us

- We will use a wide range of ways to tell people about the work we do.
- We will work locally to develop links with community organisations.

## A partnership approach

“Voluntary and carer organisations...are a vital part of user/carer advocacy.”

We will work with voluntary organisations, (in particular user and carer-led organisations), for example to support the work of our Experts by Experience, or to gather information about people’s experiences for us. We know that some groups have very limited resources, and so we will offer support to help these groups to work with us. We will make sure that our contracts with other organisations for involvement work are accessible.

## Staffing

“The most important work of CQC will result from its communication with people, and this takes personal interaction of high quality, which in turn takes time and skill.”

- We will have a dedicated team to help put our policies into practice, and we will also make sure that our senior staff know how to involve people as part of their job.
- Our regional operations staff will form relationships with LINKs and with any other relevant representative organisations in their areas.
- We will train our staff to work well with all kinds of people.

## Resources

“Paying people to get involved is an important issue which not only ensures more people can get involved, but shows respect.”

- We will pay people for some types of involvement, unless they prefer not to be paid.
- We plan how to involve people, and pay them to get involved, in many of our activities. We will take account of this when planning our budget.

# 7. How will we know we are succeeding?

“It is vital that ‘involvement equals influence’.”

We will know we are getting it right when we can tell people what impact their involvement has had.

In our own work, this will mean:

- A lot of individual people taking part and getting involved in what we do.
- We have good relationships with user and carer organisations.
- People can see that our reports reflect the experiences and views of the people who use care services.

In the services we regulate, this will mean:

- High standards of care.
- High levels of user satisfaction.
- A lot of people who use services taking part and getting involved.
- Services improving as a result of people getting involved.
- Positive comments in the press.

## Success measures

- We will put into place ways of checking how the recommendations in this statement are put into place. For example, we will monitor how well we are doing in involving people from a range of different backgrounds, and check how people are given feedback about their involvement.
- We will also check how efficient we are in supporting all of our involvement activities.
- We will monitor how each of our work areas has taken account of the views of people who use services and their carers.
- We will regularly assess how we involve people.
- As part of our yearly planning, we will set detailed targets for how we involve people in our different work areas.
- We will check on how much change is taking place in the organisations we inspect, and look at whether involving people is making a real difference to those organisations.

We expect to see:

- Organisations that commission and provide services, showing a better understanding of the people who use services, and their journey through services.
- Organisations having a better understanding of the voluntary sector as representatives of people who use services.

- Services being more open in how they make decisions and better at explaining to people what they do.
- Services communicating better with patients and the public about their views and priorities.
- Services planning more effectively and making better use of expertise in the community, such as local voluntary groups.

## 8. Reporting on and reviewing our statement of involvement

The commitments that we set out in this statement will form the basis for a work plan, which we will make public. We will monitor our progress on putting this statement into practice. We will publish updates of our progress on our website. [www.cqc.org.uk](http://www.cqc.org.uk)

We will review this statement regularly and we will formally review it at least every three years. Our annual report will set out what we have done to put it into place.



*Quotes in this document come from people who responded to our consultation on 'Voices into action'.*



## Where we are

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