



Royal College of Psychiatrists: Proposed Amendment to the Health and Social Care Bill at Grand Committee in the House of Lords – Involving Service Users, Families and Carers.

Amendment

After Clause 2

BARONESS MEACHER
LORD PATEL OF BRADFORD

27 Insert the following new Clause—

"Duty to involve service users, including their families and carers

- (1) It shall be the duty of the Commission, in performing its functions, to ensure that people are or who have recently been users of relevant services, including their families and carers, to be involved in the exercise of its functions by being—
 - (a) provided with information about the exercise of its functions,
 - (b) consulted about the exercise of its functions,
 - (c) involved in the inspection of registered service providers,
 - (d) involved in the process of special reviews, or
 - (e) involved in another way.
- (2) The Commission must take such steps as it considers appropriate to secure members of the public's involvement in the exercise of its functions in that way."

Purpose of the amendment

This amendment introduces a new clause which places a statutory duty on the new Commission to involve service users, including their families and carers.

Reason for the amendment

The Royal College of Psychiatrists support Baroness Meacher's amendment to ensure that involvement with service users, carers and families, including the provision of information and regular consultation, is a statutory role of the Care Quality Commission's work.

This type of involvement is becoming a part of mainstream Government policy and is become more routine practice in health and social care. **However, the Health and Social Care Bill makes no explicit reference to service users, families and carers.**

Lord Darzi at Second Reading in the House of Lords said:

'Many noble Lords sought reassurances that the commission will involve patients, people who use the service, carers and the wider public in its work. The Government believe strongly in the importance of engaging the public and professionals of its work. For this reason Clause 2 requires the new commission to consider the views of the public as well as the patients and service user representative groups in all aspects of its work and there will be formal mechanisms to enable this. I appreciate the extent of concern on this subject and recognise that our effort to reassure in the other place has not won over some noble Lords in this House. I hope we can explore these issues in more depth in Committee.'¹

We look forward to a more in-depth debate on these issues at Committee. As drafted, Clause 2 is too vague and we would urge Peers to press for an explicit reference in the legislation to promoting service user, carer, and family involvement in the regulation of health and social care services.

It is essential that service users and carers are involved in the way health services are run and monitored. As experts through experience, these service users are uniquely able to provide vital information on quality of care and facilities, which may not be picked up on by other groups. Furthermore, they may even challenge perceived information, to the benefit of services in general.

Service User and Carer involvement and deprivation of liberty

There is no more important place for service user and carer involvement than in the regulation of the care provided to people detained under the Mental Health Act. In an area where many vulnerable patients have their rights taken away from them, it is important that the regulator has a strategy to put service users and carers at the centre of its work.

The Mental Health Act Commission has built up a strong service users and carers involvement in their work. They seek to involve users of mental health services in all aspects of their work, working closely with a Service User Reference Panel (SURP), made up of 20 to 30 people who are currently detained, or have recently experienced detention.

The following section from the Mental Health Act Commission twelfth biennial report *Risk Rights and Recovery* demonstrates their focus on service user and carer involvement and outlines its importance in this area:

The Service User Reference Panel: service user involvement in the MHAC

The SURP was set up in 2005 as part of our service user involvement strategy to provide the MHAC with a service user perspective on all aspects of its current and projected activity, to influence all aspects of the Commission's work programme, including advising and commenting on priorities for visiting, development work, research and publications, and to contribute to particular projects through participation in steering groups or in other ways.

Over the two years since introducing this strategy, service user involvement has helped change the culture of the organisation, and has become a regular and integral feature of our work.

The SURP has demonstrated that service users want to be involved, to be listened to, and to influence mental health services and the work of the MHAC. Its members have been

¹ House of Lords Hansard. 25 Mar 2008 : Column 550

enthusiastic about developing the way we involve people in our work. They have helped with responses to formal consultations, taken part in training our workforce, influenced our programmatic development work, and been involved in specific projects, such as the *Count me In* census and our human rights case study *Making it real*¹⁸. SURP members have helped develop our equality schemes for race, disability and gender, and contributed to improvements in our communications materials for patients and the public. They have also contributed directly to publications, and examples of their views and experiences appear throughout this biennial report.

A most significant area of development is how service users influence the day to day practice of visiting Commissioners. In 2006 the SURP argued that service users should be more directly involved in visiting activity. Service users worked alongside Commissioners to pilot methods for doing this in a project called *Acting Together*. Evaluation of the project showed that direct service user input into visiting activity has clear benefits: patients at the sites visited were more willing to engage in discussion, and the visiting service users were able to provide an independent but user-focused view of the service. Commissioners involved in the project reported that the experience from the joint visits would continue to influence the way they visit in future. The outcome of the pilots will be further joint visits between Local Commissioners and SURP members, and will form part of training and development for the Commissioners. A report of the *Acting Together* pilot project is available on the Service User Involvement page of our website, or by contacting the MHAC office.

The MHAC has learnt much from the SURP about the need to be flexible in our approach and how to adapt ways of working to facilitate involvement. We use a range of methods to encourage people to get involved in a variety of different ways. Workable solutions are needed to overcome barriers to engagement, such as communication difficulties, bouts of ill-health, detention in secure settings, or deeply negative experiences of public authorities.

We aim to meet practical needs for communication and support: for example, where service users have no email access, or prefer to give views face-to-face or by telephone rather than in writing. Whilst we realise that we have more to learn, and will continue to develop our user involvement strategy, we believe that many of the lessons from our service user involvement have wider applicability for public services wishing to involve service users, particularly those concerned with mental health. With support from the Department of Health, we are producing a report, *From Strength to Strength*, outlining the development of our service user involvement strategy, to be published this year.²

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² *Rights, Risks, and Recovery* - The Mental Health Act Commission Twelfth Biennial Report 2005-2007 p23.