

Crime and Drugs Partnership Service User & Carer Involvement policy 2015

Background

The CDP has a long standing commitment to involvement and consultation going back over 10 years. At that time the partnership commissioned mostly treatment services, with NHS funding, so our involvement and consultation structures were built upon guidance and duties around health related legislation. E.g. the Health and Social Care Act 2001, NHS Act 2006. Health and Social Care Act 2012 and the NHS Constitution.

More recently the partnership has broadened its commissioning portfolio, which now includes joint commissioning with various NHS and non NHS bodies like CCG's, the PCC and the local authority, all of which have their own responsibilities and duties.

The CDP continues to apply the same principles of involvement and consultation across its wider commissioning work, whilst working to the Nottingham City Council's Strategy and Commissioning Directorate programme of Strategic Commissioning Reviews for adult, children and family social care services, which will be undertaken in accordance with the Commissioning Pathway <http://www.nottinghamcity.gov.uk/CHttpHandler.ashx?id=43456&p=0>

Service User and Carer Involvement

Service user and carer involvement is embedded within treatment and support services. We will ensure that service users are listened to, involved and consulted on decisions about their treatment and support. We will ensure that service users and carers are involved in the planning, development and delivery of services. We will ensure service users are involved in decisions regarding their own journey.

'You have a right to be involved, directly or through representatives, in the planning of healthcare services, in the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.' NHS Constitution, March 2013 (drug and alcohol treatment and indeed all PHE services provided by Local Authorities are subject to the NHS constitution)

This commitment is to give opportunities for our service users and carers to be involved at all levels.

This falls into four main areas.

- **At the individual level**, for service users to be actively involved in their own treatment and support, specifically through their relationship with workers in devising care/support plans.
- **At a service level**, where users of our services should be consulted and involved in the running of those services. Meaningful involvement is a contractual obligation and services should be able to evidence what measures they have employed to obtain the views of the patients/clients in their care with regard to the experience of that client's treatment and care, the running of the service and any proposed changes to how that service is delivered. This can be achieved in a number of ways, e.g. focus groups, feedback boxes and involvement in interview panels.

- **At a strategic level**, the CDP is committed to involving people in the planning, evaluation and development of future provision. We run long standing service user forums for adults who have issues around drug and alcohol use and mental health, which provides a continuous consultation function. Details are in the Service User and Carer Involvement section of the CDP website www.nottinghamcdp.com
- **At a policy level**, we work with Public Health England to promote good practice through Regional Forums for service users and carers. Some of our service users attend national conferences and events and get involved in national strategy and policy.

For other areas of commissioning, including criminal justice substance misuse treatment, young people’s services, family support and domestic & sexual violence, there is an expectation that involvement and consultation to be undertaken by providers at a service level. The CDP undertakes consultation on specific themes and issues with these groups as and when it is required.

The CDP employs an Involvement Officer to undertake some of these activities, to advise and support service providers and to support commissioners to undertake involvement and consultation in their specific areas of work.

Public Health Guidance

‘Service user involvement – A guide for drug and alcohol commissioners, providers and service users’ was released in October 2015 by Public health England. It builds on guidance originally published by the National Treatment Agency in 2006, which was largely in line with our local policy and practice. Services should refer to this guidance, particularly the first three levels of involvement and the prompts for involvement. It is an expectation that service will provide evidence for levels one and two and would support levels three and four.

The PHE guidance makes reference to the ‘Ladder of participation’ (adapted by Susan Lawrence) which is a useful way to understand how service user involvement can develop. In consultation on the writing of this policy service users felt that rungs one to five on the ladder should be evidenced by services and rungs six and seven should be seen as aspirational, but not necessarily the responsibility of services to provide.




Note should also be taken of the requirement for the reimbursement of costs for service users working in a voluntary capacity on involvement activities. This should cover travel costs as a minimum.

Nottingham City Council Consultations website <http://www.nottinghamcity.gov.uk/consultation>

Nottingham CDP website www.nottinghamcdp.com

Service User Involvement Guide – Public Health England
<http://www.nta.nhs.uk/uploads/service-user-involvement-a-guide-for-drug-and-alcohol-commissioners-providers-and-service-users.pdf>

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<p>Rung 7 Initiating Service users generate ideas for action and make all the major decisions. Staff are available for consultation but do not take charge. For example a service user group making commissioning decisions.</p>	
<p>Rung 6 Implementing Service users are given responsibility for a project and its outcomes. An example of this could be service users operating a needle exchange service.</p>	
<p>Rung 5 Decision Sharing Service users share responsibility for decision making with staff or commissioners. This could include being involved in the recruitment of staff members within a project.</p>	
<p>Rung 4 Representation Service users represent the views of their peers on specific items, this might be through service users forums or message boards.</p>	
<p>Rung 3 Consultation Staff or commissioners generate ideas and make key decisions, but consult service users. Staff or commissioners take service users views into account and give feedback on decisions and action. For example, consulting on proposed changes to opening hours within a service, or the development of a new service.</p>	
<p>Rung 2 Positive Contributions Service users are asked for their views on something but don't have any say about how these questions are asked or what happens to any of the information they gave. An example of this could be an annual service user satisfaction survey carried out within agencies or commissioners, where the questionnaire is developed by staff.</p>	
<p>Rung 1 Information Service users are given information by staff. They may passively consume this (poster, leaflets) or actively (meetings that give information). Staff have control of the information, deciding what, when and how it is shared with service users.</p>	

Susan Lawrence
(Adapted from Hear by Right/Roger Hart/Arnstein)