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Care Services Improvement Partnership



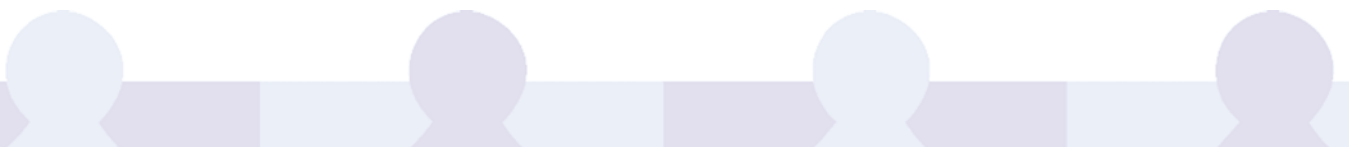
West Midlands  
Development Centre



CARERS in PARTNERSHIP

Guidance on Carer Involvement  
in Mental Health Foundation  
Trusts

**March 2007**



## About Carers in Partnership

Carers in Partnership is a carer-led network of carers, carer workers and other supportive professionals, which seeks to promote the carers' voice in the way that mental health services are planned, set up and run. We are supported by the Care Services Improvement Programme (CSIP) West Midlands Development Centre.

Carers in Partnership has over 100 carer members in the region, and supports around 50 carers support workers. We have been offering guidance and support to carers and mental health organisations for six years.

Carers in Partnership  
CSIP West Midlands Development Centre  
Uffculme Clinic  
52 Queensbridge Road  
Moseley  
Birmingham  
B13 2NJ

0121 678 4849    07717 805 970

[cip@csip.org.uk](mailto:cip@csip.org.uk)

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## Overview

In this paper we advise trusts seeking to become Foundation Trusts on what we believe to be the best approach to carer involvement in governance structures.

Carers, too, will find this paper useful in thinking about the arrival of Foundation Trusts and how to become involved.

### 1. Introduction: Why this paper?

This paper came about as a response to Carers in Partnership's members' concerns about the development of new Foundation Trust governance structures. Foundation Trusts will be in place in most areas in the next three years. All Foundation Trusts must have a membership, made up of staff, patients, and the public, and a council or Board (or Council) of Governors drawn from that membership.

Carers in Partnership believes it is very important that carers are represented at Board of Governor level in mental health Foundation Trusts. Carers responding to consultations have said that it is important that structures proposed by trusts allow for carers to be represented in sufficient numbers, by individuals of the right calibre, carrying a mandate from carers. At least one West Midlands Mental Health Trust has responded positively to such concerns.

NHS Trusts thinking about Foundation status will find the document *New Voices, New Accountabilities* from the Foundation Trust Network valuable in organising their approach to all membership and governorship issues. It records the experiences of the first Foundation Trusts and is extremely helpful in sharing lessons learnt. Carers may also find this document useful. However, *New Voices, New Accountabilities* was written for all kinds of Health Trust, and barely reflects on the role of carers. Providing regular and substantial care for an individual close to you, especially in mental health, is a particular and profound experience, and it must be represented in the governance of Foundation Trusts.

## 2. Foundation Trusts

Foundation Trusts are being set up across the country. The government intends that by 2008 all NHS provider trusts will be Foundation Trusts.

Foundation Trusts must be accountable to their local communities – including those who use their services – through a **membership**. Before trusts become Foundation Trusts they must consult on their plans, and this consultation will include their plans for membership.

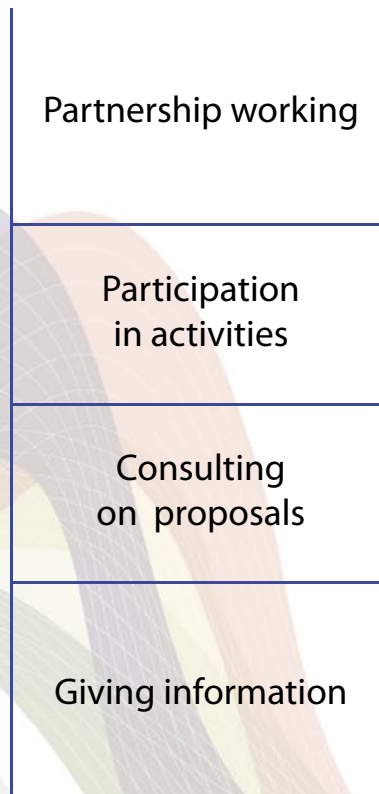
In 2006, there were only three mental health Foundation Trusts in England. One, South Staffordshire Healthcare NHS Foundation Trust, was in the West Midlands region. Others were in place or consulting on moves towards Foundation Trust status

## 3. Carer Involvement

The reasons for carer involvement in the planning, implementation, management and support of mental health services generally are well documented and well understood:

- ✦ Driven by government policy
- ✦ Better quality of services
- ✦ More timely and appropriate use of services, by carers and those they care about
- ✦ Confident and capable carers reduce use of services
- ✦ Fewer complaints
- ✦ Added legitimacy for the organisation – particularly in negotiating with commissioners
- ✦ Powerful ally in negotiating with public and wider communities
- ✦ Ally in seeking internal change and better practice

*Practice* of carer involvement is less well understood. There is a progression of involvement which can be seen as a ladder:



Active carer involvement is very beneficial and can happen at many levels: through individual service development, oversight and monitoring; in clinical governance; in staff recruitment and training. This paper does not reflect directly on those areas: however, good carer involvement will more readily flow from Trusts having a governance structure that deliberately and purposefully involves carers at the very top, strategic level for the first time.

## 4. Carer Involvement in Membership & Governance

There are four ways in which carers might be involved in the governance of a Foundation Trust.

- (1) Membership
- (2) Governors
- (3) Non-exec. directors
- (4) Clinical Governance

### 4.1 Membership

Foundation Trusts will have a membership of many thousands of staff, patients, carers and the public. Membership itself will be dependent on what the Trust and the Governors make it. At best it can be an informative and useful way of engaging with a very wide range of stakeholders. The best Trusts will be able to use membership to hear about quality of their services, make change more effective more quickly, and to communicate to particular stakeholder groups very rapidly. However, if poorly managed, membership becomes one more way of alienating disgruntled consumers!

Carers and service-users should be routinely encouraged to become members of the Trust. There should be an expectation amongst all Trust staff that many carers and users will want to become members; and frontline staff should know how to facilitate this in a variety of ways.

All Foundation Trusts will have asked themselves whether patients should automatically be made members of the Trust. While some have chosen to automatically make patients members, with the chance to 'opt out', most have chosen the opposite route, allowing patients to 'opt in' to membership. The virtues of each method, and some of the early results, are given in the Foundation Trust Network paper, *New Voices, New Accountability*. We believe that mental health Foundation Trusts should challenge themselves with the same question for carers. There is a very good reason for doing so: mental health services have a poor record generally of identifying and relating to carers at the early stages. By addressing this question, Trusts aspiring to be Foundation Trusts can start to plan carer involvement that includes carers in their membership and governorship.

### The loss of Public Patient Involvement (PPI) Forums

Carers and service-users have had a valuable route into service planning and delivery through Public and Patient Involvement Forums which in some areas have done fine work challenging decisions and ensuring that users have been rigorously consulted on changes.

These forums will very soon be abolished, to be replaced with *Local Involvement Networks (LINKs)* which will be mainly concerned with commissioning. This leaves Foundation Trusts without the

focussed source of comment that PPI forums previously provided. Foundation Trusts will want to be sure that expert knowledge is not lost to them. A membership structure offers the possibility of once again crystallising that expert knowledge, but it will not happen automatically. Trusts must make the most of their membership and governor structures.

## 4.2 Governors

Foundation Trusts will have a number of governors who will be chosen from the following constituencies within their membership:

- ✦ Staff
- ✦ Partner organisations (especially Local Authorities)
- ✦ General Public
- ✦ Patients, Service-users, carers

Trusts frequently choose to have three constituencies instead of four:

- ✦ Staff
- ✦ Partner organisations
- ✦ General Public, patients, service-users, carers

Carers in Partnership believes that mental health providers aspiring to become Foundation Trusts must develop their Board of Governors in such a way that the voice of carers can be heard clearly at this level.

Within the categories of public, patients, services-users and carers, the following questions arise:

### i. How many governors?

Foundation Trusts surveyed in the *New Voices, New Accountability* paper had anything from 18 to 53 governors. Most had around 35 governors. Trusts sometimes preferred to call them 'Councils' rather than 'Boards' to distinguish their role from that of the Board of Directors, which has responsibility for the management of the Trust and the implementation of strategy.

Trusts approaching Foundation status propose arrangements to achieve a Board of Governors which aims to represent the communities served. Often they do this by organising elections on geographical basis, perhaps along the lines of parliamentary constituencies. Sometimes Trusts, particularly Specialist Trusts, also need to make sure that there are places reserved for representatives from outside the immediate locality.

Some trusts opt for numbers at the smaller end of the spectrum in order to make meetings more purposeful and give everyone present a chance to contribute. This risks certain voices being lost altogether. Carers in Partnership believes that a Board of Governors that is smaller and more focussed, but which does not include a carers' voice, is inadequate.

## ii. Whether to have separate user and/or carer constituencies

It is important that the user and carer voice is heard at the Board of Governor level. Users and carers will bring their own unique perspective to all the jobs of work that governors must undertake (appendix 2). A Foundation Trust whose Board of Governors cannot readily capture the voices of carers and service-users on any particular issue, during a meeting, has plainly failed to manage its governance properly.

It is for Trusts, in consultation with local stakeholders, to decide how to ensure this representation. Some Trusts take the view that carers and users are certain to be represented within the wider public constituency. This is not necessarily the case, especially where a smallish Board of, say, fewer than 30 is proposed.

There are three strong reasons for having dedicated carers' constituencies (and by implication, user constituencies).

(a) *to ensure a carers' voice*

In the case of say, 10-15 public representatives, it is possible that carers will be elected, but by no means certain.

(b) *to ensure that people elected have a mandate to represent carers*

While public elections may inadvertently return carers, those individuals will have a mandate from a local community, not a group of carers. This may make it hard for them to gather and promote specific carer concerns.

(c) *to bring to the fore the best and strongest carer voices*

With public elections on, say, a geographic basis, where one person is returned per area, a clear and confident carer may readily be up against a competent service-user or an individual with a considerable reputation locally. In that case the carer may stand no chance of being elected, even though it would be to the benefit of the Trust and to other carers if they were.

Where Trusts seeking Foundation status do not wish to develop independent carer constituencies, they should be ready to explain to carers how they can be sure that:

(a) the carers' voice can be properly heard

- (b) carers elected to the Board can carry a mandate to speak for carers
- (c) there is space for the best and strongest carer voices at Governor level

Carers should feel ready to challenge Trusts proposing to become Foundation Trusts on these three points robustly, until they feel satisfied that the proposals are satisfactory. They will have a clear opportunity to do so during the mandatory consultation period. They may wish to approach Trusts informally before the consultation period, to make these points before plans are published. Carers in Partnership believes it is up to carers and Trusts locally to decide whether a separate carer constituency is necessary, and that there should be definite agreement between both parties on this point.

Carers are advised to respond both individually and collectively if at all possible. Carers can add weight to their argument by submitting a written response from a carers' forum, if there is one, or a carers' group.

### 4.3 Non Executive Directors

Non-executive directors are people of considerable experience and skills, who help to govern the organisation. Non-executive directors are paid at a particular rate and sit on the Trust board, along with the chair and a team of executive directors. They will usually have their own portfolios within the running of the organisation, for example complaints, clinical governance or lay managers' hearings.

There are currently no non-executive directors of mental health trusts, who are carers, to our knowledge, in the West Midlands region.

### 4.4 Clinical Governance

Clinical Governance is an important area for carer and service-user involvement. Clinical Governance committees take oversight of all the clinical practice in the Trust. Most internal policies relating to hospital and community practice will be discussed and agreed here. Clinical Governance also means learning from mistakes and complaints, and trying to make services work as well as they can.

Trusts should seek to ensure that carers are involved in this area. Carers should be paid for this work. A fuller exploration of this area is outside the scope of this paper, but it is mentioned here as it is very much complimentary to the issues of governorship and membership. An active cohort of carer members and governors is likely to allow effective carer involvement in clinical governance.

## Appendix One: Our Recommendations to Trusts

This is a summary of our recommendations and advice to Trusts seeking Foundation Trust status.

**A Foundation Trust's** Board of Governors should have a planned and structured means of hearing the carers' collective hopes and concerns.

**Trusts should carefully consider** the question of whether carers should opt in to membership or opt out of it.

- a. If carers need to opt in, how will Trusts make sure that carers have the opportunity to become members as soon as they take on a caring role?
- b. Whichever route is chosen, how can Trusts identify carers?
- c. What target should the Trust set itself for carer membership?

**Carers in Partnership believes** that a Board of Governors that is smaller and more focussed, but which does not include a carers' voice, is inadequate.

**Trusts should agree** with carers locally what the most appropriate approach is in their area.

**Trusts should be ready** to explain to carers locally how their proposals will:

- a. Ensure that the carers' voice can be heard on the Board of Governors
- b. Allow carers elected to the Board to carry a mandate to speak for carers
- c. Encourage the best and strongest carer voices to be heard at Governor level

Trusts should seek to ensure that carers are involved in **Clinical Governance**.

## Appendix Two: Role of Foundation Trust Governors

Governors are given a number of statutory roles in the enabling legislation for foundation trusts, namely:

- ✦ appointing, removing and deciding the terms of office, including the remuneration, of the chairman and other non-executive directors
- ✦ approving the appointment of the chief executive
- ✦ appointing or removing trust auditors
- ✦ reviewing the annual accounts, auditor's report and annual report at a general meeting
- ✦ expressing a view on the board of directors' forward plans

Guidance from the Department of Health makes clear that the board of governors' responsibility is to ensure foundation trusts respond to the needs and preferences of stakeholders, with day-to-day operational management remaining the preserve of the board of directors.

However, little further detail is provided about the governor role. A number of models are now beginning to emerge beyond the bare bones of these statutorily defined responsibilities. Four ways of working above and beyond these formal duties are already clear from the experience of first wave trusts:

- ✦ influencing policy and strategy
- ✦ leading member focus groups
- ✦ membership recruitment and development
- ✦ community outreach

While there is clearly overlap between these roles, they do begin to illustrate the diversity of models being developed, with many trusts drawing on all of these approaches.

Taken with permission from *New Voices, New Accountability* by the Foundation Trust Network  
(available at <http://www.foundationtrustnetwork.org>)

