Interim Service User, Carer and Stakeholder Reimbursement Guidelines and Procedures for Health and Social Care Organisations

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1.0 INTRODUCTION

1.1 There is increasing recognition of the need and right of service users, carers and stakeholders to be effectively and meaningfully engaged in health and social care service commissioning, development and delivery. Government policy has actively encouraged and now in fact requires the involvement of service users in the commissioning, planning and evaluation of services. The purpose of this involvement is to improve services and to make services more responsive to need. Involvement of service users, carers and stakeholders is a central element of health and social care activity. For effective involvement, people need to feel supported and that their contribution is valued by both the organisation and its staff.

1.2 In January 2009, the Department of Health, Social Services and Public Safety, as part of its strategic intent to increase the opportunities for personal and public involvement within the Health and Social Care system, advised of its intention to harmonise current policies and procedures across the region for the reimbursement of expenses for personal and public involvement.

1.3 The Regional Health and Social Care Personal and Public Involvement Forum (herein after referred to as “the Forum”) also identified the need for guidelines and procedures to be developed that would provide clarity and guidance on this issue. In line with this position the Forum has produced this interim Service User, Carer and Stakeholder Reimbursement Guidelines and Procedures until regional guidance has been developed and agreed by the Department of Health, Social Services and Public Safety.

2. 0 PURPOSE AND AIMS

2.1 The purpose of this document is to provide interim guidance on the reimbursement of out of pocket expenses for service users, carers and stakeholders involved in the commissioning, planning and evaluation of services until regional guidance has been developed and agreed by the Department Of Health, Social Services And Public Safety.

2.2 The aims of the reimbursement guidance are to:

2.2.1 Provide clarification on the roles and responsibilities of Health and Social Care organisations in respect of the reimbursement guidelines until definitive guidance is forthcoming from the Department Of Health, Social Services and Public Safety.

2.2.2 Provide clarification on the role and responsibility of service users, carers and stakeholders (Appendix 1);

2.2.3 Provide guidance on eligibility, exclusions and payment issues (Appendices 2 and 3);

2.2.4 Ensure that Health and Social Care organisations meet their statutory obligations in relation to the equality legislation.

3.0 GUIDANCE STATEMENT

3.1 Health and Social Care organisations recognise the need and right of service users, carers and stakeholders to be effectively and meaningfully engaged in health and social care service commissioning, development, delivery and evaluation.

3.2 Health and Social Care organisations support the view that the appropriate and meaningful involvement of service users, carers and stakeholders is a central element within the ongoing development and provision of Health and Social Care services.

3.3 Health and Social Care organisations believe that where service users, carers and stakeholders are involved in supporting the ongoing development of services, they should not be left “out of pocket” or financially worse off as a result.

3.4 Health and Social Care organisations will provide an efficient mechanism to reimburse service users, carers and stakeholders involved in service development activity for “out of pocket” expenses in keeping with the Department of Finance Guidelines and Procedures.

4.0 SCOPE OF THE GUIDANCE

4.1 The guidelines apply to all service users, carers and stakeholders involved in supporting the commissioning, development, delivery and evaluation work of Health and Social Care organisations. Essentially, out of pocket expenses incurred by service users, carers and stakeholders who are involved and participate in service commissioning, development, delivery and evaluation will be reimbursed. Primarily these are costs associated with travel, subsistence and caring. Exact details of who is eligible to be reimbursed and the type of expenses covered are detailed in appendices 2 and 3.

5.0 RESPONSIBILITIES

5.1 **Responsibility of the Chief Executives**

The Chief Executives of each Health and Social Care organisation have overall responsibility for ensuring that the purpose and aims of this guidance are met within their respective organisations.

5.2 **Responsibility of Lead Directors / Public and Personal Involvement Lead Officers**

The Lead Director / Officer for Personal and Public Involvement in each of the Health and Social Care organisations are responsible for the effective implementation of these guidelines. They should also ensure resources are used appropriately for the reimbursement of expenses incurred by service users, carers and stakeholders, involved in supporting the service commissioning, development, delivery and evaluation work of their organisation.

5.3 Responsibility of Other Directors, Heads of Service and Senior Managers

All other Health and Social Care organisations' Directors, Assistant Directors, Heads of Services and Senior Managers should ensure that appropriate arrangements are in place within their Directorate/ area of responsibility to fulfil their responsibilities under these guidelines.

5.4 Role of Service Managers and Staff

It is the responsibility of all Service Managers and staff to implement the guidelines and associated procedures as described within this document.

6.0 LEGISLATIVE CONTEXT

6.1 The legislative framework that sets the context for the service user reimbursement policy includes:

- Section 11 of the Health and Social Care Act 2001.
- Section 75, Northern Ireland Act 1998.
- The Health and Social Care (Reform) Act (Northern Ireland) 2009.

7.0 EQUALITY AND HUMAN RIGHTS CONSIDERATIONS

7.1 This guidance has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies, guidelines, procedures and so on, which are likely to have significant impact on equality of opportunity so that greatest resources can be devoted to these.

7.2 Using the Equality Commission's screening criteria no significant equality implications have been identified. The guidance will therefore not be subject to an equality impact assessment.

7.3 Similarly, this guidance has been considered under the terms of Human Rights Act 1998, and was deemed compatible with the European Convention rights contained in the Act.

8.0 ALTERNATIVE FORMATS

8.1 This document can be made available on request in alternative formats, for example Plain English, Braille, disc, audiocassette and in other languages to meet the needs of those who are not fluent in English.

9. DATA PROTECTION

9.1 Any information supplied when making an expenses reimbursement claim, or filling out the associated monitoring form will be subject to appropriate data protection legislation.

10.0 SOURCES OF ADVICE AND FURTHER INFORMATION

10.1 Further advice and information regarding this guidance document and its associated procedures can be obtained from the Personal and Public Involvement Lead Officers in the respective Health and Social Care organisations. Contact details for the Public Health Agency Regional Personal and Public Involvement Lead are provided in appendix 7.

APPENDICES

Appendix 1

ROLES AND RESPONSIBILITIES

Role and Responsibility of Health and Social Care organisations

- Health and Social Care organisations have a duty of care towards service users, carers and stakeholders who become involved in service commissioning, development and improvement.
- Health and Social Care organisations have a responsibility to provide adequate expertise, information, time, administrative and financial resource to support effective personal and public involvement.
- Health and Social Care organisations will agree, review and monitor reimbursement guidance.
- Health and Social Care organisations will ensure that its reimbursement guidelines and procedures are written in Plain English and made available in different languages and formats on request to ensure that they are fully accessible.
- A copy of this guidance will be given to all those considering involvement with Health and Social Care organisations in relation to service commissioning, planning and evaluation **prior to their commitment** to become involved.
- Support to complete any forms will be made available.
- Staff training will be provided to ensure all relevant staff are aware of the reimbursement guidelines and procedures.

Role and Responsibility of Service User/Carer

- Service users, carers and stakeholders need to understand and agree to the terms and conditions upon which they get involved.
- With regard to expenses as outlined in Appendix 3, service users, carers and stakeholders are required to choose the most cost-effective means available to them while still meeting their needs.
- Service users, carers and stakeholders are responsible for declaring any earnings to the tax and benefits offices as appropriate.
- Service users, carers and stakeholders in receipt of benefits should also:
  - Be aware that they are ultimately responsible for ensuring that they keep within benefit conditions.
  - Ensure that the sum amount of their involvement, if engaged in service involvement across more than one project or organisation, and any related payments or reimbursements do not breach their benefit conditions.
  - Keep to the benefit conditions that are required i.e. declaring voluntary work and expenses reimbursed.

Appendix 2

WHO IS REIMBURSED?

- Health and Social Care organisations will pay out of pocket expenses to service users, carers and stakeholders who have agreed to become involved and participate in service commissioning, development and improvement activity such as regular meetings, discussion fora, focus groups, training events, interview panels or a defined task or programme.

- Expenses will not be routinely reimbursed where a service user, carer or stakeholder chooses to attend an open meeting, where they are there as an individual in their own right, wanting to express their views of their own experiences, not as a user representative.

- Expenses will not be routinely reimbursed where a service user, carer or stakeholder takes part in a large research survey or consultation. This also applies to people who are employed elsewhere and whose costs will be met by their employing organisation.

Appendix 3

ELIGIBLE EXPENSES

The costs that a service user, carer or stakeholder is likely to incur in the course of the involvement should be discussed and agreed with the appropriate Health and Social Care Manager before the commencement of their involvement. The following out-of-pocket expenses will be reimbursed:

- **Travel**
    - Reimbursement for travel is offered in full at public transport rate of 24p per mile or on production of a valid bus or Rural Transport receipt. Reimbursement for taxi fares will only be paid in exceptional circumstances at the discretion of and with prior approval from the Health and Social Care organisation.
    - Service Users and Carers involved on a voluntary basis will be reimbursed actual travel expenses incurred from their home to venue of meeting and return.

- **Subsistence**
    - Service Users and Carers who are involved can be provided with tea, coffee, meals and other refreshments, if this is during the course of involvement. Service Users and Carers can be reimbursed the cost of their meals or refreshments that are incurred during the course of their involvement should it be over a lunch or evening period where these have not been provided, however this must be agreed in advance.

  - Subsistence allowances will be reimbursed on the production of receipts but in any case will be capped in line with those payable under Agenda for Change detailed in Annex N of the Agenda for Change Handbook.

- **Administration**
  - If a service user or carer has specific tasks to undertake that require administration, the Health and Social Care organisation by prior agreement, on a case by case basis, will provide the necessary resources. In exceptional circumstances, receipted costs for stationery, postage, photocopying and telephone calls may be met provided this has been agreed in advance. These will not affect benefits.

- **Costs incurred for replacement care and individual support needs**
  - To ensure that involvement is accessible to all service users, Health and Social Care organisations as appropriate, will undertake to provide these support services. This may include interpreters, signers for those with hearing impairment; personal care assistants, which is the cost of a personal assistant or support person who is needed to, enable someone to participate or consider the reimbursement of these costs. The exact arrangements should be discussed and agreed in advance. Where the Health and Social Care organisation agrees to reimburse these costs, the claimant has a responsibility to ensure that these costs can be disregarded for benefits purposes. Reimbursement will be made and capped at the standard

rates the Health and Social Care organisation would pay for similar services e.g. regional interpreting, direct payments etc.

- Childcare costs will only be reimbursed when a Registered Childminder provides the care, or where the person minding the child/ren is not required to register, for example grandparent, brother, sister, uncle, aunt of the child/ren or a person employed by the parents to look after the child in the child's own home. These costs need to be "wholly, exclusively and necessarily incurred" in the course of involvement. Invoice/Receipt/Bill evidence of the costs incurred will be required including the production of invoices and or receipts. The exact arrangements should be discussed and agreed in advance. Where the Health and Social Care organisation agrees to reimburse these costs, the claimant remains responsible for ensuring that these reimbursed expenses are disregarded for benefits purposes. Reimbursement will be made and capped at the standard rates the Trusts would pay for similar services e.g. Northern Ireland Child Minding Association childminding rates.

There are three possible methods by which respite can be provided to enable carers to participate in service development and improvement activity with the Health and Social Care Organisations:

- Direct care provision (arranged by the Trust).
- Care purchased from the independent sector (arranged by the Trust).
- Direct payment (to enable the Carer to purchase their own care provision).

Alternatively, respite costs can be reimbursed if the carer is unable to access support via the Trusts. The respite care costs incurred need to be evidenced by invoices and or receipts before costs can be re-imbursed. These will however be capped at costs that Trusts would normally pay for such services.

Please note that the Health and Social Care organisation will not be liable for the reimbursement of expenses that have not been agreed in advance as outlined above.

Appendix 4

CLAIM FORM

Service User/Carer Claim Form

Name of Health and Social Care Organisation

Meeting/activity held at: ______________________________________

Date:_____________________________________ **Time:**_________________________

Purpose:____

Name of Payee…………………………….
Address: …………………………………..
…………………………………………………
…………………………………………………

Mileage claimed ………………

Or

Fare claimed……………………*

Other Expenses £……………..*

Please specify………………….

……………………………………….

……………………………………….

Service User/Carer's Signature:

………………………………………

Date:………………………………..

Authorised by:……………………...

For Office Use Only:

Total miles…………………………

Rate per mile………………………

Total cost £………………………

Or

Fare cost: …………………………

Other expenses:

Subsistence:………………………

Childcare:…………………………..

Carer's costs:……………………

Interpreting:……………………….
(Including signing)

Personal care:……………………

Other support:……………………

Designation:……………………….. **Cost Centre: ………………………** **Date:………………………………...** **For BACS payments:** **Account Number: ………………………..** **Sort Code: …………………………………** **Name of Bank: ……………………………**	**Total Payable: £………………….** **Payment method:** **Cash ☐ Cheque ☐** **BACS ☐ (Bank details required)**

***Please attach relevant receipts.**

Appendix 5

EQUALITY MONITORING FORM

Strictly Private and Confidential

Explanatory Note:

Health and Social Care Organisations wish to ensure services are accessible to everyone regardless of their age, gender, marital status, sexual orientation, trans-sexuality, religion, political opinion, race, nationality and whether or not they have a disability or dependents.

Whilst the completion of this monitoring form is optional, your co-operation would be appreciated. This supports monitoring and evaluation of involvement in decision-making processes and helps to ensure accessibility for all service users, carers and stakeholders.

ACCESS TO ANY INFORMATION SUPPLIED WILL BE STRICTLY CONTROLLED

1. COMMUNITY BACKGROUND

I am a member of the Protestant Community ☐
I am a member of the Roman Catholic Community ☐
I am a member of neither the Protestant nor Roman Catholic Community ☐

2. RELIGIOUS BELIEF

There may be occasions where religious belief differs from perceived community background. Would you please indicate below your religious belief (e.g. Muslim, Hindu, Sikh, Jewish, Buddhist, Christian, None, etc.)

Please specify:____________________

3. GENDER

Male ☐
Female ☐

4. MARITAL STATUS

Single ☐
Married/Civil Partnership ☐
Other ☐

5. DISABILITY

Disability is defined as a physical or mental impairment which has a substantial and long-term adverse effect on the individual's ability to carry out normal day-to-day activities. *NB: When responding to this question, please* ***<u>do not</u>*** *take into consideration any medication, treatment or prostheses that help you manage your condition (with the exception of glasses or contact lenses).*

Do you consider yourself to have a disability?	Yes	☐	No	☐
If "Yes", please indicate the nature of your disability:		☐		☐
Physical disability, such as difficulty using arms or mobility requiring a wheelchair or crutches		☐		☐
Sensory disability, such as blind/visual impairment or deaf/hearing impairment		☐		☐
Mental ill Health, such as depression or schizophrenia		☐		☐
Learning Disability, such as Down's syndrome, Dyslexia or Cognitive Impairment such as Autism		☐		☐
Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy		☐		☐

Other ____

6. RACE/ETHNIC ORIGIN

White	☐	Black African	☐
Bangladeshi	☐	Pakistani	☐
Black Caribbean	☐	Irish Traveller	☐
Chinese	☐	Indian	☐
Filipino	☐	Mixed Ethnic Group	☐
Black Other	☐		

Any other Ethnic Group (please specify) ___________________

7. NATIONALITY

(e.g. Latvian, Lithuanian, British, Portuguese, Irish, Polish, etc.)

Please specify:______________________

8. POLITICAL OPINION

Broadly Unionist ☐
Broadly Nationalist ☐
Other ☐
I do not wish to answer ☐

9. CARING RESPONSIBILITIES

Do you have any dependants?	Yes ☐	No ☐

If “Yes”, are you responsible for the:

Care of a child/children	☐	☐
Care of a dependent older person	☐	☐
Care of a person(s) with a disability	☐	☐

10. DATE OF BIRTH

_____ / _____ / _____

Please tick the age category to which you belong:

16 – 29 ☐
30 – 44 ☐
45 – 59 ☐
Over 60 ☐

11. SEXUAL ORIENTATION

My sexual orientation is towards someone:

Of the opposite sex	☐
Of the same sex	☐
Of the same sex and of the opposite sex	☐
I do not wish to answer	☐

THANK YOU FOR YOUR CO-OPERATION

PLEASE RETURN WITH YOUR COMPLETED REIMBURSEMENT CLAIM FORM

Appendix 6

MONITORING INFORMATION LEAFLET

Why we need to ask you this information

There is increasing recognition of the need and right of service users, carers and stakeholders to be effectively and meaningfully engaged in all aspects of health and social care service development and delivery. Government policy actively encourages the involvement of service users in the development, delivery and evaluation of local services. The purpose of this involvement is to improve service user and carer experience of services and to make services more responsive to local need. Involvement of service users, carers and stakeholders is a central element of health and social care activity. For effective involvement people need to feel supported and that their contribution is valued by both the organisation and its staff. Health and Social Care organisations are committed to ensuring that everyone who needs to and wishes to be involved is facilitated to do so irrespective of culture, language, skills, knowledge and experience. As part of its commitment to personal and public involvement, the Health and Social Care system has developed guidelines and procedures for the reimbursement of service users, carers and stakeholders.

Why should I give this Monitoring Information?

The Health and Social Care organisation will use the information collected on the monitoring form to demonstrate how reflective its public participation arrangements are of the community it serves. Monitoring will help to identify any barriers preventing the public from participating effectively and meaningfully in all aspects of Health and Social Care service development and delivery. It will enable the Health and Social Care organisation to target specific individuals or groups where there appears to be a lack of participation e.g. men and/or women, persons with a disability, racial groups, Lesbian, Gay and Bisexual community etc. Further, monitoring will enable the Health and Social Care organisation to evidence the numbers of people it is supporting in terms of providing out-of-pocket expenses which in itself can act as a barrier to public participation.

Whilst the completion of this monitoring form is optional the Health and Social Care organisation would appreciate your co-operation.

What benefit do I get from providing this information?

You will help the Health and Social Care system to support effective personal and public involvement. This will improve service user and carer experience of services and to make services more responsive to local need.

What happens to the information?

The information will be used for monitoring purposes and managed in accordance with the Data Protection Act (1998).

Will individual information be published?

No. Any published information will not identify individuals.

Appendix 7

CONTACT DETAILS FOR PUBLIC HEALTH AGENCY REGIONAL PERSONAL AND PUBLIC INVOLVEMENT LEAD

Name:

Martin Quinn
Regional Personal and Public Involvement Lead

Address:

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