

## 12.6

### **How will you evidence that you have taken account of the views of service users, their families and wider stakeholders in your service provision? (550 words, not including additional evidence requested)**

It is often possible for a service user who lacks the capacity to make a particular decision to still be able to comment on the advocate and feedback on the quality of their support. We strongly believe, as is highlighted in the Mental Capacity Act, that service users who lack capacity still have opinions that count. However, it can be challenging to obtain feedback from service users with complex needs and those who lack capacity. Service users who need an IMCA in relation to Serious Medical Treatment or who are unaware of the advocate and their role cannot provide us with feedback on the service.

Where an individual is unable to provide feedback, we look to gather feedback from other people involved in the service user's life. This would include the individual referrer, the decision maker and a carer/support worker. As with our advocacy work generally, we would always use this feedback to ensure the service user's best interests are upheld.

Again the key piece of evidence that demonstrates that the individual's views have been taken into account is the IMCA report which indicates how the individual has been involved in the process and supported to participate and the results of those processes.

In every case, regardless of whether or not the service user can provide feedback, we ask the decision maker to provide feedback on the IMCA service, the quality of the IMCA report submitted and our work. VoiceAbility will issue questionnaires to referrers to establish whether they are satisfied with the service and whether the advocates have represented the interest of people in a professional manner. Also, the questionnaires will seek to determine whether referrers have valued the views and interventions that the advocate brings to discussions and decision making forums. We will use the feedback we secure from referrers and those who use our services to understand where and how we can improve, as well as to highlight potential risk areas that need addressing urgently. Question 12.3 gives an example of how we have adapted our RPR service in response to feedback from professionals.

If we are chosen to continue to provide the IMCA service in Cambridgeshire the Service Manager will investigate how effective the current measures are for collecting feedback from the partner and the full range of stakeholders. He will develop and pilot new processes which tackle some of the problems inherent in gathering feedback on an IMCA service and enable us to improve both the quality and quantity of feedback. He will consider how the feedback process can be used to give partners a voice in how the service is run and how to capture the long term benefits of a service which is inherently short term. We propose to set a target of a 40% response rate to requests for feedback.

The feedback that we receive from service users, referrers and decision makers, as well as performance data from MAAVIS, will be analysed by the Service Manager and Regional Director on a regular basis and reported to Commissioners. Based on this analysis the Service Manager will propose changes and improvements to the services to ensure that the feedback we receive is fed into continuous service development and improvement