



mental welfare  
commission for scotland

# Strategic plan

1 April 2023 to  
31 March 2026

# Our mission and purpose

## Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

## Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

## Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

## Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

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# Foreword

**This strategy sets out our vision, purpose, values and priorities for the three years ahead, to March 2026.**



Sandy Riddell

Chair of the Board



Julie Paterson

Chief executive

It is published at a time of continued strain on health and care services, staff shortages and, in many areas, a growing need for care and treatment.

So it is not easy for the vulnerable people we pledge to focus on, or for the health and care professionals who are working hard to try to make the system operate effectively.

### **Listening to others**

In our role of protecting and promoting the human rights of people with mental illness, learning disability, dementia and related conditions, we are an independent voice.

On a daily basis we offer advice to individuals, their families and to health and care professionals. We examine how services are working and make recommendations for change to government and national and local health and care services.

In developing this plan, we listened to representatives from many organisations and individuals, and took many comments on board.

We acknowledge the pressures, but reassure all of our stakeholders that our drive to maintain people's rights, to call for improvements where we find deficiencies, and to share good practice where positive lessons can be learned, will continue undiminished.

### **Continuous internal improvement**

As an organisation that spends much of its time recommending change to others, we are acutely aware of the need for continuous improvement within our own organisation.

One such improvement outlined in this strategy is the expansion of our local visits to include visits to community mental health teams and community learning disability teams, in addition to inpatient services.

We are also committed to further developing our engagement and participation roles, connecting with more people across Scotland, particularly children and young people.

### **Mental Health Law Review**

While this strategy has been carefully considered, we acknowledge that it may look significantly different by the time we reach March 2026 if the Scottish Government accepts the Scottish Mental Health Law Review's recommendations relating to the Commission.

The Review - which was published in September 2022 - recommends an increased role and wider responsibilities for the Mental Welfare Commission.

While we await the government's decision, we are clear that we would welcome a strengthened role. If we can do more to help support and stand up for people in our communities who struggle with mental ill health or incapacity, we will do it.

In the meantime, we hope this strategy shows our ambition to do all we can over the next three years, working independently, and working with others.



What is the  
strategic  
context?

The Mental Welfare Commission is an independent organisation and our duties are outlined primarily in two pieces of legislation – the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000.



Whilst maintaining our independence in the work that we do, the Commission works with the Scottish Government to support relevant public policy but also has duties to bring to Scottish Ministers' attention where it believes public policy is not working to promote and protect the rights of individuals under its statutory remit.

In 2019 the Scottish Government commissioned an independent review of the Mental Health Law in Scotland to improve the rights and protections of individuals who may be subject to mental health, incapacity or adult support and protection legislation, because of a mental disorder.



They were asked to consider how equal and non-discriminatory enjoyment of rights can be achieved and to make recommendations that give effect to the rights, will and preferences of the individual.

The Mental Welfare Commission was one of many stakeholders who contributed to the work of the Scottish Mental Health Law Review (SMHLR) throughout its three year existence; the final SMHLR report was published on 30 September 2022.

In the report, the Scottish Mental Health Law Review has called for a new purpose for mental health and incapacity law to give full effect to human rights.

The detailed report includes recommendation for an expansion of the powers and responsibilities of the Mental Welfare Commission which should be 'strengthened in legislation', and suggests including change of the Commission's core remit to 'protect and promote the human rights of people with mental or intellectual disabilities'; a continuing focus on individuals and the promotion of systemic change.

The report also states that the Scottish Government should commission and resource the Mental Welfare Commission to support the 'reduction of coercion across health and social care settings which serve people with mental or intellectual disability'.

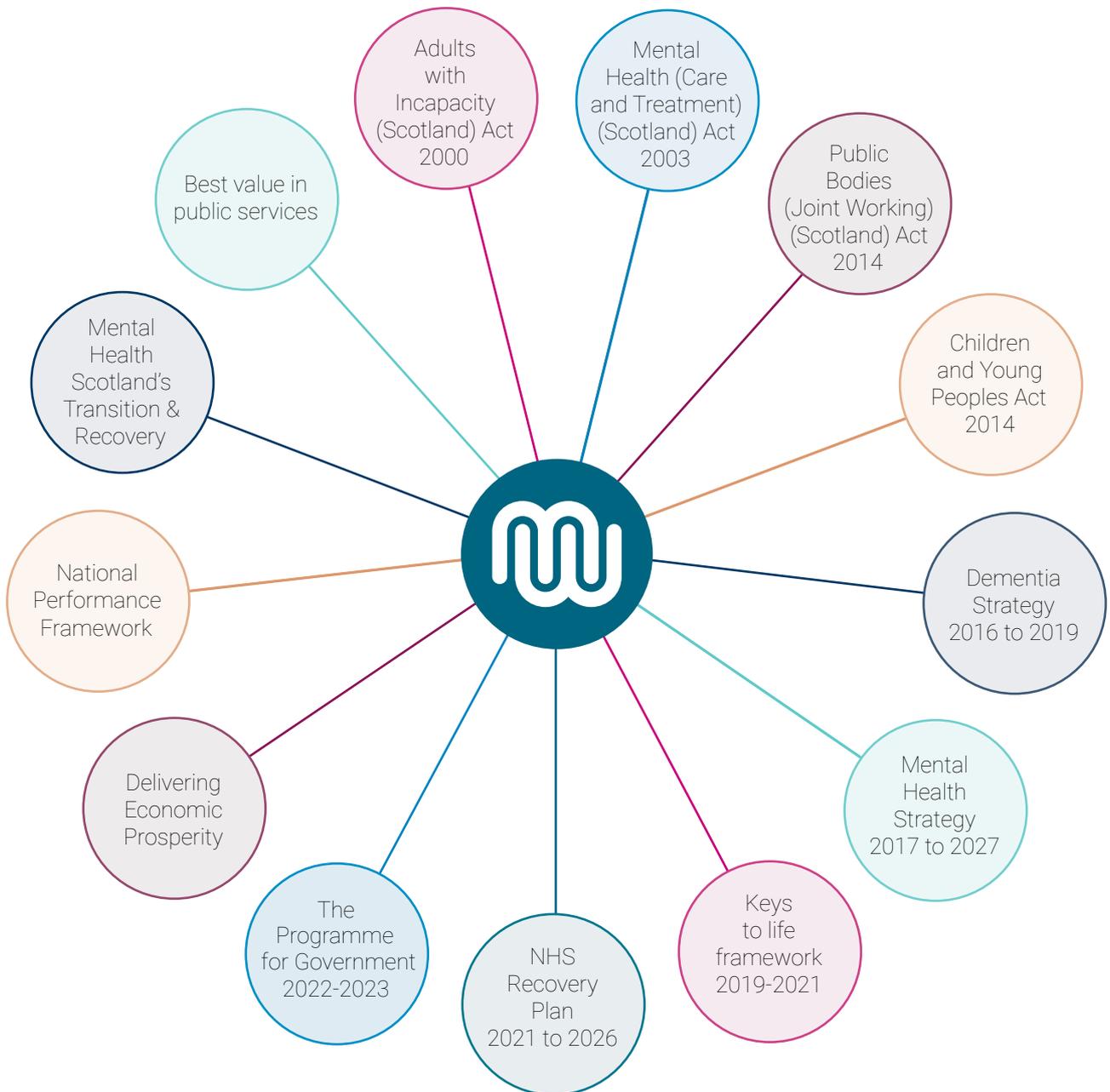
We are ambitious for the people we serve and we welcome the view that the Mental Welfare Commission should be given more responsibility and a stronger role.

Given the range and complexity of the review, we will take time to carefully consider the recommendations and also look to progress those areas which are able to be incorporated into our existing improvement and reform work.

The key national legislative, policy and strategy context within which our strategy has been framed, is shown in diagram 1 and detailed at Appendix 1.

## Diagram 1

the key national legislative, policy and strategy context within which our strategy has been framed



### People told us:

"This review report is a major opportunity to get it right for the future."



# Our strategic priorities

This new strategy strengthens our commitment to deliver our mission to be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected and have the appropriate support to live the life of their choice.

Following the feedback received, we are informed that our four strategic priorities remain relevant:

#### To challenge and promote change

- Individuals know their rights, are empowered to participate in decision making about their mental health care and treatment if and when they wish to and/or feel able to and are supported to choose the lives they want to live.
- The Commission is recognised as a trusted voice on mental health and incapacity legislation and human rights.
- Scotland's legislation relating to non-consensual care and treatment fully reflects international human rights best practice or standards, in its wording and implementation.

#### Increase our impact (in the work that we do)

- Services respect our recommendations and implement them.
- We are the go to place for advice on areas where care and treatment, ethics and the law intersect.
- Our monitoring of mental health and incapacity legislation informs legislative and policy changes.
- We will visit hard to reach people to ensure that they can be involved.

#### Improve our efficiency and effectiveness

- Staff are engaged, trained and developed to have the right skills to deliver the Commission's priorities in a changing environment.
- We will continue to deliver our statutory duties within our allocated resources.

#### Focus on the most vulnerable

- Across services for mental health, learning disability, dementia, and related conditions, there are robust plans to identify and respond to the needs of people who are less likely to have their voice heard and where their human rights are not being upheld.

#### People told us:

"This is a targeted strategic document that focuses in on the right areas and is current, responding to the changing policy landscape with both Scott and the national care service on the horizon and influencing change in health & social care services."



Summary  
of our  
commitments

The strategic plan will be delivered through our annual business plan and will be monitored using the outcome measures (what will success look like?) detailed throughout this strategic plan; from this we will revise our current quality and performance framework which will provide the evidence of our impact. Our annual reports will include details of this impact.

We will commit to the following activities to deliver on our strategic priorities:



## Influencing and empowering

### Short to medium term we will:

- Continue to 'close the loop' of influence e.g. measure recommendation responses according to criteria and ensure robust standard of response and follow up, to complete closure reports, to provide follow up at end of year meetings, to take stock of recommendations and where there are themes emerging and escalate where action has not been taken.
- Work in partnership with our stakeholders to analyse recommendations made in the SMHLR and position the Commission in terms of short/medium/long term actions and evidence capability to deliver with additional resources.
- Participate in relevant National Care Service (NCS) work streams and influence.
- Explore collaborative relationships with new partners.

## Visiting individuals

### Short term we will:

- Review our visiting work and maximise the inclusion of a range of views when undertaking local visits e.g. peer support service/independent care provider.
- Ensure that our local visit reports are more focused on highlighting the views of individuals, their families and carers and the broader range of views.
- Undertake Community Mental Health Team (CMHT)/Community Learning Disability Team (CLDT) visits as part of the local visit process each year; developing a greater understanding of the primary-secondary care interface.
- Plan and lead on joint visits, with another provider such as Care Inspectorate (CI), Healthcare Improvement Scotland (HIS) and Scottish Human Rights Commission where there is combined intelligence that supports specific visits.



## Monitoring of the acts

### Short term we will:

- Ensure that our monitoring reports are accessible. This may require additional investment in creating accessible versions of the reports. For some monitoring reports we did create infographics that we then published on social media. We could explore this again.
- Develop a data/information strategy. We generate and receive a huge amount of information, as such, information is one of our key assets and we therefore intend to develop a data/information strategy to manage the creation, storage and sharing of information which supports our decision making, both within the Commission and with our stakeholders.

### Medium term we will:

- Consider, with others, what else should be monitored; some of this will flow from the SMHLR recommendations that do not need legislative change but will require additional investment to build the Commission's capacity for monitoring and scrutiny.
- Do more focussed work on aspects of monitoring that meets the needs of stakeholders.

### Long term we will:

- Work with other stakeholders to make our data accessible (with checks) to ensure that the value of the system can be realised beyond the law review.

## Investigations

### Short term we will:

- Publish two major investigation reports in 2023 and will continue to prioritise resources towards investigations work.
- Publish one lessons learned report in 2023.
- Reflect on ensuring our reports target a broader audience and remain readable, learning focussed and high quality as reported by stakeholders.
- Publish four Death in Detention (DIDR)/Mental Health Homicide (MHH) investigation reports by in 2023 and will review learning from this pilot proposal work irrespective of whether funding is continued.

### Medium term we will:

- Ensure an integrated investigations unit which delivers the same approach and high quality work irrespective of the basis of investigation if our funding proposals for DIDR/MHH are agreed.
- Continue to prioritise resources to allow for investigation of cases under section 11 of the Mental Health Act.
- Review recommendations made across investigations/visits/casework and highlight common themes relating to training, learning and workforce and pass to relevant partners e.g. NHS Education for Scotland (NES), Scottish Social Services Council (SSSC), Care Inspectorate and Health Improvement Scotland (HIS).



## Information and advice

### Short term we will:

- Plan an event in 2023 to share the Commission's annual report and, in doing so, have an opportunity to engage with a wide range of stakeholders and increase knowledge of our work.
- Develop a work plan involving engagement and participation officers to ensure further planned profile and integration across Commission activity.
- Address issues of accessibility both in terms of access to the Commission and in terms of written documents. One suggestion provided as part of the consultation was, "Patients and their families should have a welcome pack from MWC given to them when admitted to hospital or attend outpatients with this information".

### Medium term we will:

- Develop qualitative feedback from those who have used the telephone advice line.
- Make links with NHS Education Scotland (NES) and the Scottish Social Services Council (SSSC) to consider a strategic collaborative partnership of training, learning and improvement.

## Engagement & Participation

### Short term we will:

- Produce an evidence based engagement and participation strategy 2023-2026, aligned with the strategic plan for Board approval in Quarter 1 of 2023-2024.
- Undertake initial scoping to address reported gaps in accessible information.
- Develop a plan to increase engagement with children and young people in particular.
- Publish a carer specific report based on collation of feedback 2016–2022.
- Improve governance structures between the Advisory Committee and the Commission's Board.
- Target children and young people and minority groups.

### Medium term we will:

- Deliver on the Commission's agreed engagement and participation strategy 2023-2026.
- Improve accessibility to all Commission information.

### Long term we will:

- Have an established and embedded engagement and participation unit coordinating and managing a significant increase in stakeholder groups informing the Commission's priorities and work.



## Digital & transformation

### Short to medium term we will:

- Continue to take action to give assurance regarding IT security.
- Ensure ongoing maintenance of the current IMP (the Commission's information management system) to maintain critical business activity.
- Prioritise ongoing cleansing of IMP data to ensure compliance with GDPR and readiness for data migration to improve effective and efficiency of information management.

### Medium to long term we will:

- Have an IMS project to deliver a secure information management system.
- Scope use of remote devices for practitioner staff.

## Workforce

### Short to medium term we will:

- Repeat and make more explicit our continuing commitment to demonstrate our values:
  - i) Respect - valuing and treating people fairly
  - ii) Challenging for better outcomes
  - iii) Commitment to high quality
  - iv) Team work and participation
  - v) Supporting, protecting and nurturing
- Take account of all feedback from staff, take action and build on creating more opportunities for coming together and sharing views.
- Undertake a learning needs analysis to support staff to feel confident and competent.
- Finalise the Commission's hybrid working policy
- Develop a staff survey tool for regular feedback



# Influencing and empowering

We are often described as a mental health 'watchdog'. It is true that we look into situations where something has gone wrong in mental health and learning disability services, but we also work to improve policy to help safeguard people and prevent things going wrong.



In our 'watchdog' role, we draw attention to deficiencies in care and treatment in mental health services and areas of improvement in practice and ask people to learn from them.

In this role, we use our unique overview of mental health, learning disability and dementia services to help Scottish Ministers and service managers shape policy.

This way we aim to help develop services that safeguard rights, and improve care and treatment for people with mental illness, learning disability, dementia and related conditions.

Our monitoring work and our visiting programme give us an insight not only into how government legislation is being used, but how that impacts on individual rights and effective care and treatment.



We share the information we develop with government, calling for changes in national policy and legislation where we think these are required.

We have representation on the Scottish Parliament's Mental Health Cross Party Group and Learning Disability Cross Party Group.

We hold annual meetings with senior managers and executives of health boards, health and social care partnerships and local authorities.

At these meetings we can highlight service policy issues that we believe ought to be addressed.

We ask services what they have done in response to our monitoring reports and recommendations from visits to services in their area.

We also ask what they have done to act on any relevant recommendations and learning points from our investigations into care and treatment.

When we have concerns about an individual's care and treatment we report these to the people most directly responsible and ask them to take any action required.

If we do not get a response, we will escalate this request further up the management level.

Where an issue is very serious, and is not resolved by the services involved, we can escalate our concerns right up to Scottish Ministers.

One strength of the Commission is its independence.

We have been active in inputting to the Scottish Mental Health Law Review (SMHLR), the national mental health and wellbeing strategy and the National Care Service (NCS) review; the Commission notes the risk that something may not align as these significant reviews progress further into legislation and the need to guard against this at every stage across these interconnected pieces of work.

### People told us:

"Without the MWC acting as an overarching watchdog, MHS would be at increased risk of poor practice going unchecked and unchallenged. This would mean lost opportunities to learn from mistakes/human error, and no doubt lead to even more patients receiving poor and inappropriate care and treatment and losing their lives during inpatient admissions."

## Our commitments

### Short to medium term we will:

- Continue to 'close the loop' of influence e.g. measure recommendation responses according to criteria and ensure robust standard of response and follow up, to complete closure reports, to provide follow up at end of year meetings, to take stock of recommendations and where there are themes emerging and escalate where action has not been taken.
- Work in partnership with our stakeholders to analyse recommendations made in the SMHLR and position the Commission in terms of short/medium/long term actions and evidence capability to deliver with additional resources.
- Participate in relevant National Care Service (NCS) work streams and influence.
- Explore collaborative relationships with new partners.

## What will success look like?

- Recommendations made by the Commission will be listened to and addressed with evidence to support this.
- Commission visibility and influence will be evidenced in national review work streams.
- There will be new collaborative approaches e.g. psychological services, Allied Health Professionals (AHPs), NES, advocacy.
- The Commission will have a clear integrated engagement and participation work plan which extends beyond the work of engagement and participation officers and which measures impact and influence.



# Visiting individuals

One of the best ways to check that people are getting the care and treatment they need is to meet with them, and ask them what they think.



We visit people in hospital, in their own home or in a care home, in secure accommodation, or in any other setting where they are receiving care and treatment.

We plan to undertake about a quarter of our visits on an unannounced basis.

We produce reports on all of our visits to people using services, so that services can both hear good feedback and also to learn from any feedback and improve the care and treatment they provide.



We produce our reports through:

- **Local visits** - to people who are being treated or cared for in local services, such as a particular hospital ward, a local care home, local supported accommodation, or a prison.
- **Themed visits** - to people with similar health issues, or in similar situations, across the country.
- **Welfare guardianship visits** - where we visit people who have a court-appointed welfare guardian. The guardian may be a family member, friend, carer, or chief social work officer.
- **Monitoring visits** - where we visit people who are subject to specific areas of mental health and incapacity legislation, due to our statutory duty to monitor the operation of the law in this area. On these visits we look at compliance with the legislation, and at the experience of people who are receiving treatment. We also look for examples of good practice that we can share.
- **Other visits** - for example, we visit when someone who is detained in hospital in England, Wales, or Northern Ireland and is transferred to a hospital in Scotland. We also visit some young people admitted to an adult ward.

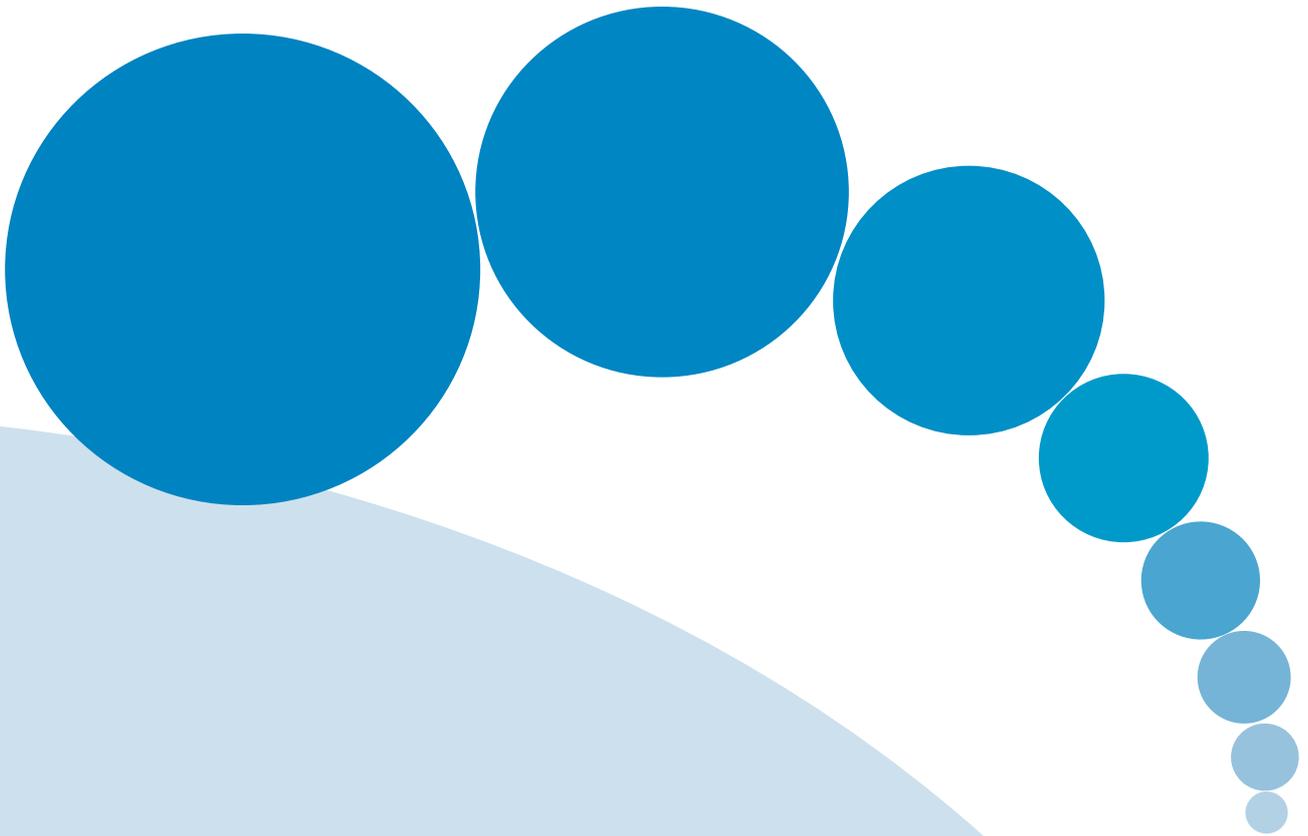
## Our commitments

### Short term we will:

- Review our visiting work and maximise the inclusion of a range of views when undertaking local visits e.g. peer support service/independent care provider.
- Ensure that our local visit reports are more focused on highlighting the views of individuals, their families and carers and the broader range of views.
- Undertake Community Mental Health Team (CMHT)/Community Learning Disability Team (CLDT) visits as part of the local visit process each year; developing a greater understanding of the primary-secondary care interface.
- Plan and lead on joint visits, with another provider such as Care Inspectorate (CI), Healthcare Improvement Scotland (HIS) and Scottish Human Rights Commission where there is combined intelligence that supports specific visits.

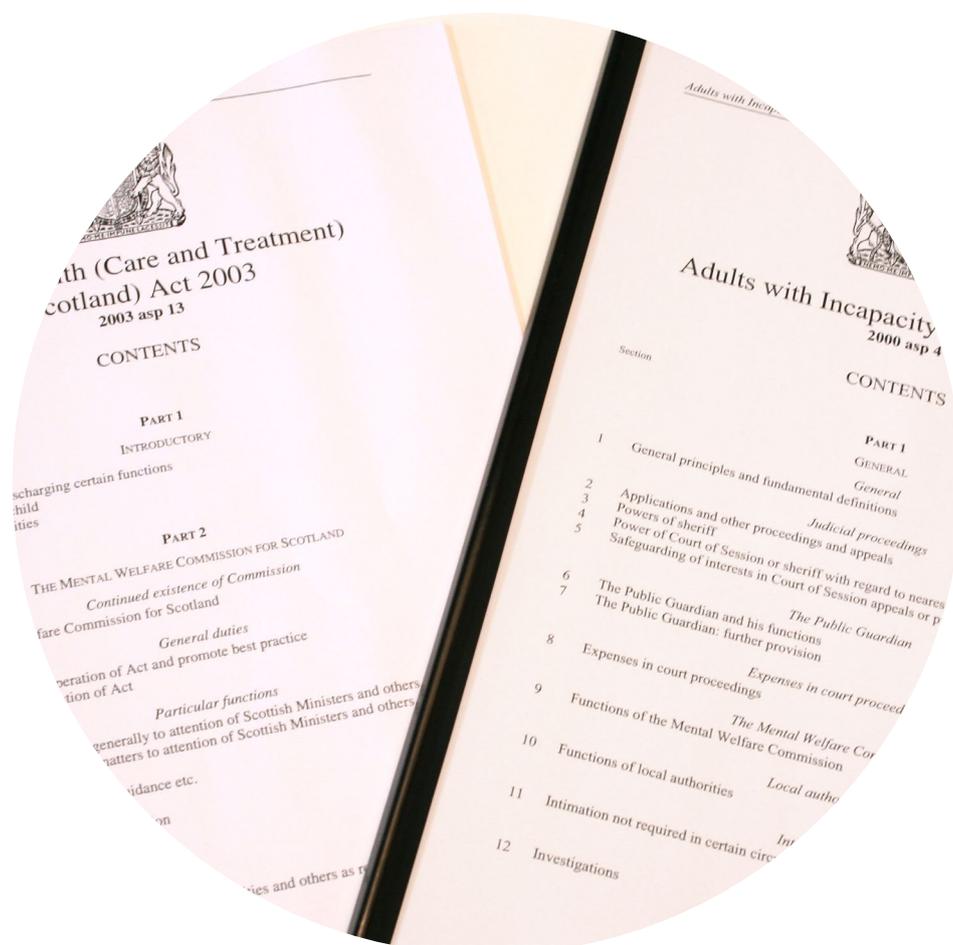
## What will success look like?

- Our visits will take place across a range of in patient and community settings/ services.
- Our reports will be informed and meaningful ensuring focus on both good practice and areas which could be improved, taking full account of what is important to those receiving services.



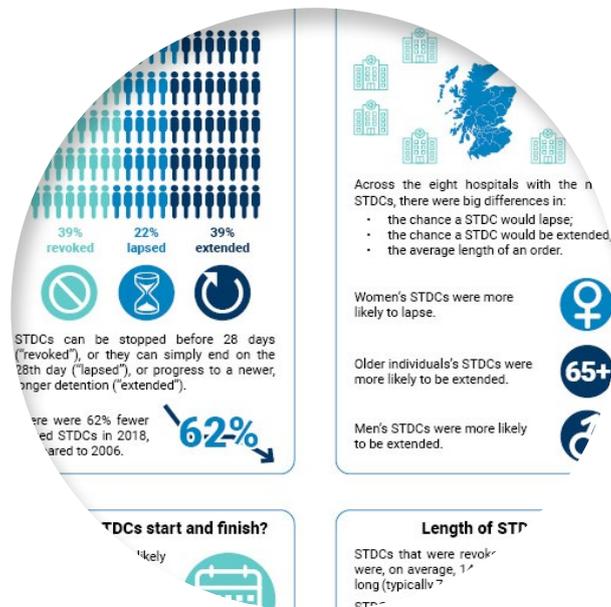
# Monitoring the Acts

The Commission has a statutory duty to monitor the use of the Mental Health (Care and Treatment) (Scotland) Act 2003. We do this by collating and analysing data compiled from the relevant paperwork sent to us and by publishing monitoring reports with comment and analysis of trends in the use of the Act.



The Adults with Incapacity (Scotland) Act 2000 (AWI Act) introduced a system for safeguarding the welfare and managing the finances of people who lack capacity to act, or to make some or all decisions for themselves due to a mental illness, learning disability, dementia or related conditions.

The Commission is also part of the framework of legal safeguards in place to protect the rights of people subject to welfare guardianship orders, intervention orders and powers of attorney (POA). We monitor the use of the welfare provisions and the use of Part 5 of the AWI Act relating to consent to medical treatment and research.



We produce general monitoring and trend data on the use of mental health and incapacity law.

These monitoring reports identify any issues with the way the law is used.

We highlight these issues, and recommend changes, to policy makers and service providers.

The Scottish Mental Health Law Review (SMHLR) makes a number of recommendations around the use of data; there was recognition of the way that the Commission uses data-sets to make recommendations on short term detention certificates, compulsory treatment orders, and advance statement prevalence in Scotland.

The Commission's projects on advance statements in forensic settings; the value of the part 16 safeguard and the way significantly impaired decision making ability (SIDMA) is reported suggests that the Commission is well placed to leverage these data-sets.

The Commission's new Information Management System (IMS) provides a huge opportunity for both systematic and easier monitoring across variables; identifying issues of concern regarding an individual in real time (for example, advanced statement overrides (ASO) monitoring) and for externalising (outward facing) the data-set as many other organisations do.

This may allow local services to determine what data they require in real time.

**People told us:**

"The monitoring reports are extremely useful in providing key information relevant to local and national trends, patterns and variations which can assist in ensuring that services are operating as intended and meeting the needs of the population.

The data encompassed in the reports helps to raise awareness of areas which might require additional scrutiny and action to address.

The reports also serve to provide evidence of where there may be a need for additional resource and can highlight developing trends which may require strategic planning and intervention".

## **Our commitments**

### **Short term we will:**

- Ensure that our monitoring reports are accessible. This may require additional investment in creating accessible versions of the reports. For some monitoring reports we did create infographics that we then published on social media. We could explore this again.
- Develop a data/information strategy. We generate and receive a huge amount of information, as such, information is one of our key assets and we therefore intend to develop a data/information strategy to manage the creation, storage and sharing of information which supports our decision making, both within the Commission and with our stakeholders.

### **Medium term we will:**

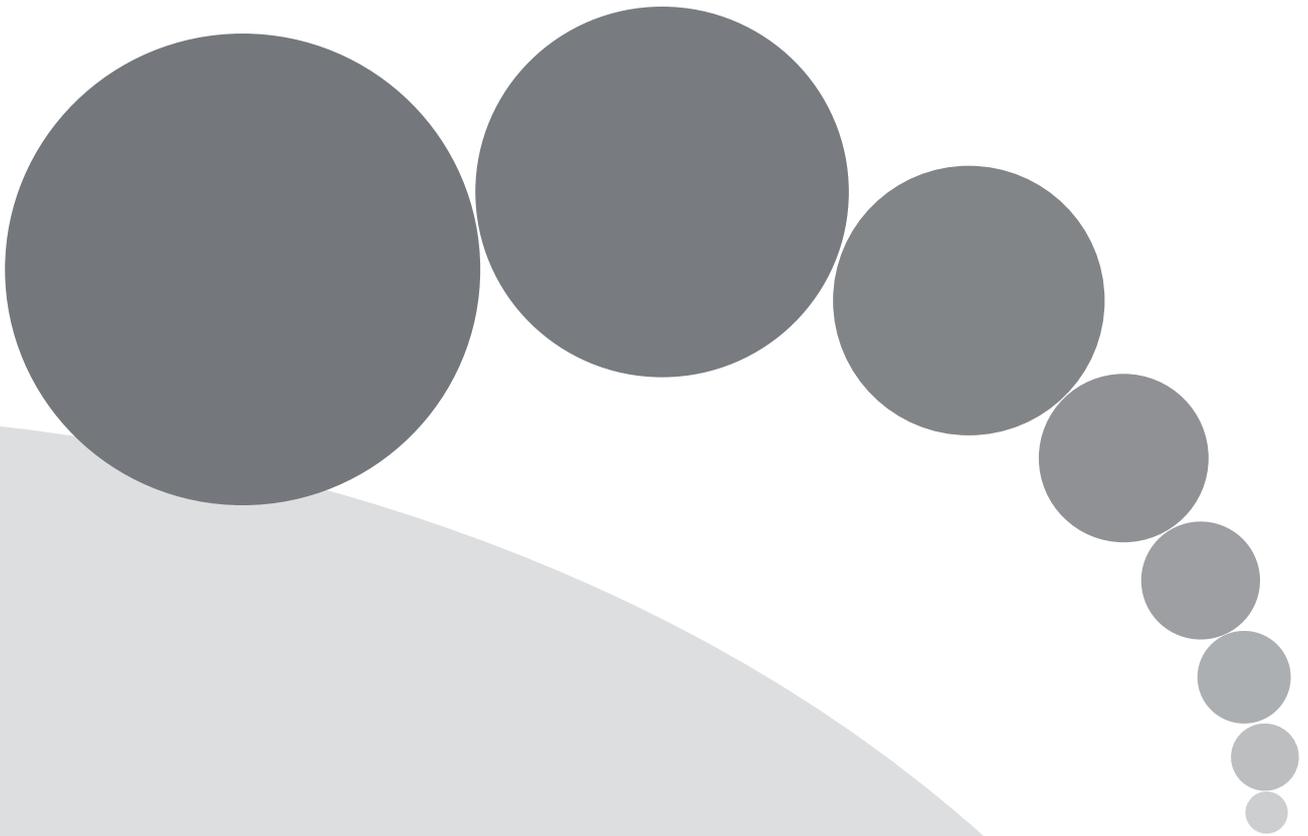
- Consider, with others, what else should be monitored; some of this will flow from the SMHLR recommendations that do not need legislative change but will require additional investment to build the Commission's capacity for monitoring and scrutiny.
- Do more focussed work on aspects of monitoring that meets the needs of stakeholders.

### **Long term we will:**

- Work with other stakeholders to make our data accessible (with checks) to ensure that the value of the system can be realised beyond the law review.

## **What will success look like?**

- We will produce monitoring reports and receive feedback that they are both accessible and meaningful.
- Progress will be made on externalised (outward facing) data-sets Application Programming Interface (API).
- We will have our own data/information strategy.
- We will have developed an approach to monitoring and scrutiny in line with emerging priorities from the Scottish Mental Health Law Review.



# Investigations

Section 11 of the Mental Health (Care and Treatment) Act 2003 gives the Commission the authority to carry out investigations and make recommendations as it considers appropriate, including where an individual with mental illness, learning disability, dementia or related condition may be, or may have been, subject to ill treatment, neglect or some other deficiency in care and treatment.

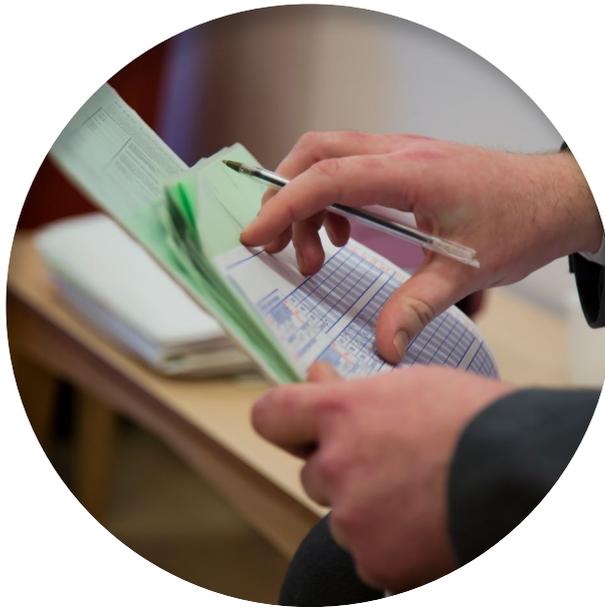


We aim to carry out at least one major investigation a year, focussing on the rights and welfare of an individual and drawing out recommendations for change for services across Scotland.

The investigation seeks to identify what lessons can be learned from the experience of the individual and their family, not only for the service concerned but for services across Scotland

If we think that someone with a mental illness, learning disability, dementia or other related condition is not getting the right care and treatment, we will look into it.

We are particularly keen to investigate when we think other people may be having similar problems, and where there have been mistakes that we feel other professionals could learn from.



We want to help make sure the same things don't happen again to other people in similar circumstances.

Sometimes, after initial investigations, we find nothing of concern. Other times, we want to look further into the case.

When we do this we publish the results and recommendations from our investigations. We then follow up with services to find out what changes they have made in response to our recommendations.

The Commission undertakes a range of inquiries and investigations, the majority of which are not published but are resolved through casework and working in partnership with the individual, their relatives and the service.

The intention of Commission inquiries and investigations is to share learning to support improvement and therefore outcomes for individuals.

#### People told us:

"Your investigation work and publications are perceived by staff and teams as the Commission's most powerful and effective means of highlighting issues and effecting change. Investigation reports are mentioned frequently in local complex case discussions and are referenced in practice development conversations".

## Our commitments

### Short term we will:

- Publish two major investigation reports in 2023 and will continue to prioritise resources towards investigations work.
- Publish one lessons learned report in 2023.
- Reflect on ensuring our reports target a broader audience and remain readable, learning focussed and high quality as reported by stakeholders.
- Publish four Death in Detention (DIDR)/Mental Health Homicide (MHH) investigation reports by in 2023 and will review learning from this pilot proposal work irrespective of whether funding is continued.

### Medium term we will:

- Ensure an integrated investigations unit which delivers the same approach and high quality work irrespective of the basis of investigation if our funding proposals for DIDR/MHH are agreed.
- Continue to prioritise resources to allow for investigation of cases under section 11 of the Mental Health Act.
- Review recommendations made across investigations/visits/casework and highlight common themes relating to training, learning and workforce and pass to relevant partners e.g. NHS Education for Scotland (NES), Scottish Social Services Council (SSSC), Care Inspectorate and Health Improvement Scotland (HIS).

## What will success look like?

- Investigation reports will be published within 12 months of the decision to investigate.
- Investigation work will be prioritised and feature regularly.
- The learning from our investigations will be relevant across sectors across Scotland and robust action plans will be sought to address recommendations giving assurance on delivery.
- Collaborative relationships will be built with training partners to train and support workforce learning arising from our work.



# Information and advice

The Commission's advice line is a critically important service evidencing our desire to be a centre of expertise fulfilling our role as per legislation.

We give information and advice about rights and best practice specifically in relation to two laws:

- the Mental Health (Care & Treatment) (Scotland) Act 2003
- the Adults with Incapacity (Scotland) Act 2000



Mental health legislation is extensive and can be complicated. There are many aspects of care and treatment that may need advice from a source outside of that providing the care and treatment.

That is why the Commission, within the remit of the Mental Health (Care and Treatment) (Scotland) Act 2003, operates an advice line, open to staff as well as individuals and carers/relatives/welfare guardians.

The advice line receives about 4000 calls each year and the Commission audits advice made to ensure that accurate advice is provided to those who call.

Our website also provides answers to questions that individuals who have experience of care and treatment, members of the public, carers, and professionals have asked us.

We also produce good practice guides to support best practice across a wide range of areas of interest e.g. social circumstances reports, excessive security, tenancies, advocacy, supported decision making and many more!

Engagement with our stakeholders is central to ensuring that the Commission is sighted on the practice areas which require advice and good practice guidance.

## Our commitments

### Short term we will:

Plan an event in 2023 to share the Commission's annual report and, in doing so, have an opportunity to engage with a wide range of stakeholders and increase knowledge of our work.

Develop a work plan involving engagement and participation officers to ensure further planned profile and integration across Commission activity.

Address issues of accessibility both in terms of access to the Commission and in terms of written documents. One suggestion provided as part of the consultation was, "Patients and their families should have a welcome pack from MWC given to them when admitted to hospital or attend outpatients with this information".

### Medium term we will:

Develop qualitative feedback from those who have used the telephone advice line.

Make links with NHS Education Scotland (NES) and the Scottish Social Services Council (SSSC) to consider a strategic collaborative partnership of training, learning and improvement.

## What does success look like?

There will be a broader reach of the Commission's information and advice activity as a result of focus on accessibility.

Improvements in the Commission's information and advice function will be informed by direct feedback from those using the service.

The information and advice service will be valued by carers and those with experience as much as those staff working in the professional fields.

Strategic links with partners, such as NES and SSSC, will ensure the Commission's work influences education and training.

### People told us:

"The quality of the advice given, the availability and referencing of good practice guides, the ability to have the advice line query followed up in greater detail where there are concerns."



# Engagement and participation

The Commission's engagement and participation strategy 2023-2026 is currently being progressed, and will be informed by the strategic plan feedback and wider feedback from people with experience of care and treatment and their carers and important people to them.



The Commission has recently appointed two part-time engagement officers with lived experience targeting learning disability and autism with a proposed permanent engagement and participation co-ordinator is aimed at improving the Commission's key engagement and participation activities.

A key theme from this consultation is for the Commission to have a greater role in relation to neurodevelopmental differences; our engagement and participation work will explore this further.

## Our commitments

### Short term we will:

- Produce an evidence based engagement and participation strategy 2023-2026, aligned with the strategic plan for Board approval in Quarter 1 of 2023-2024.
- Undertake initial scoping to address reported gaps in accessible information.
- Develop a plan to increase engagement with children and young people in particular.
- Publish a carer specific report based on collation of feedback 2016–2022.
- Improve governance structures between the Advisory Committee and the Commission's Board.
- Target children and young people and minority groups.

### Medium term we will:

- Deliver on the Commission's agreed engagement and participation strategy 2023-2026.
- Improve accessibility to all Commission information.

### Long term we will:

- Have an established and embedded engagement and participation unit co-ordinating and managing a significant increase in stakeholder groups informing the Commission's priorities and work.

## What does success look like?

- There will be clearly evidenced feedback mechanisms reflecting a 'you said we did' approach
- There will be accessible information available in multiple formats.
- There will be increased visibility of traditionally 'hard to reach' groups evidenced through the wider work of the Commission (i.e., visits, investigations, advice line enquiries, for example).
- There will be evidence of Advisory Committee influence on the Commission's work and for which the Commission has 'due regard' in addition to evidence of Board Directions to the Advisory Committee, with outcomes reported.

### People told us:

"The work you have done to reach this point is hugely impressive, in particular, the levels of engagement."

### People told us:

"We would like to thank the commission for sharing this broad ranging strategic document with us and we look forward as a partnership to working collaboratively with the commission in the coming months and years."



# Digital and transformation

The Commission is committed to improving and developing digital capabilities as evidenced through the current Information Management System project (IMS), which is in progress to ensure the current system is replaced with a transformational IMS system offering enhanced capabilities through improved recording, monitoring and reporting to inform both internal and external activities.



The intention is to have an improved IMS system with cloud based solution which offers Application Programming Interface (API) which means two programmes/applications can speak to each other and allow access to our system.

This will enable remote device capability which is a key desire of staff within the Commission arising from the Art of the Possible IMS feedback exercise.

## Our commitments

### Short to medium term we will:

- Continue to take action to give assurance regarding IT security.
- Ensure ongoing maintenance of the current IMP (the Commission's information management system) to maintain critical business activity.
- Prioritise ongoing cleansing of IMP data to ensure compliance with GDPR and readiness for data migration to improve effective and efficiency of information management.

### Medium to long term we will:

- Have an IMS project to deliver a secure information management system.
- Scope use of remote devices for practitioner staff.

## What will success look like?

- Our data will be as safe as possible from cyber attack.
- We will have a fully functioning transformational IMS system secured.
- There will be successful data migration to our new system.
- We will have improved data sets and reporting mechanisms.
- We will be more efficient and have improved timescales for data input/upload.



# Workforce

The Covid-19 pandemic has placed significant pressure on all workforces and the Commission is no exception. As we continue to move forward, the Commission is mindful of feedback received about organisations seeing significant changes and turnover as employees have reviewed and adapted to different ways of working and are seeking more work life balance.



There is commitment to come together and to ensure common understanding between Board members and staff on future priorities of the Commission.

Feedback from a Commission staff development session held on 30 August 2022, provides detailed information about what matters to staff and this information is extremely helpful in planning our commitments going forward in recognition of the fact that the Commission's greatest asset is its workforce.

## Our commitments

### Short to medium term we will:

- Repeat and make more explicit our continuing commitment to demonstrate our values:
  - Respect - valuing and treating people fairly
  - Challenging for better outcomes
  - Commitment to high quality
  - Team work and participation
  - Supporting, protecting and nurturing
- Take account of all feedback from staff, take action and build on creating more opportunities for coming together and sharing views.
- Undertake a learning needs analysis to support staff to feel confident and competent.
- Finalise the Commission's hybrid working policy
- Develop a staff survey tool for regular feedback.

## What will success look like?

- Commission staff will feel confident and competent in their roles and responsibilities.
- Commission staff will feel valued.
- Commission staff will feel listened to and supported.



# Appendices

## Appendix 1: National policy and strategy

The Mental Health (Care and Treatment) (Scotland) Act 2003 applies to people who have “mental disorder” – this is defined under the Act and includes any mental illness, personality disorder or learning disability (as per s328)

### Part 2 The Mental Welfare Commission for Scotland

#### 1. Continued existence of Commission

1. [4.The Mental Welfare Commission for Scotland](#)
2. [4ZA.National Confidential Forum](#)
3. [4ZB.General functions of NCF](#)
4. [4ZC.Carrying out NCF functions](#)
5. [4ZD.Modifications in relation to NCF](#)

#### 2. Commission Visitors

1. [4A.Commission Visitors](#)

#### 3. General duties

1. [5.Duty to monitor operation of Act and promote best practice](#)
2. [6.Reporting on operation of Act](#)

#### 4. Particular functions

1. [7.Duty to bring matters generally to attention of Scottish Ministers and others](#)
2. [8.Duty to bring specific matters to attention of Scottish Ministers and others etc.](#)
3. [8A.Duty to raise service concerns with certain bodies](#)
4. [9.Duty to give advice](#)
5. [9A.Duty to give advice: further provision](#)
6. [10.Publishing information, guidance etc.](#)
7. [11.Investigations](#)
8. [12.Investigations: further provision](#)
9. [13.Visits in relation to patients](#)
10. [14.Interviews](#)
11. [15.Medical examination](#)
12. [16.Inspection etc. of records](#)
13. [17.Duties of Scottish Ministers, local authorities and others as respects Commission](#)
14. [18.Annual Report](#)
15. [19.Statistical information](#)
16. [20.Protection from actions of defamation](#)

**Adults with Incapacity (Scotland) Act 2000** provides a framework for safeguarding the welfare and managing the finance of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability or a related condition, on an inability to communicate.

**Children and Young Peoples' Act 2014** places a number of requirements and duties on both services and professionals who work with children and young people to make provision about the rights of children and young people; to make provision about investigations by the Commissioner for Children and Young People in Scotland; to make provision for and about the provision of services and support for or in relation to children and young people; to make provision for an adoption register; to make provision about children's hearings, detention in secure accommodation and consultation on certain proposals in relation to schools; and for connected purposes.

**Scotland's National Performance Framework** is a framework for all of Scotland and aims to create a more successful country; give opportunities to all people living in Scotland; increase the wellbeing of people living in Scotland; create sustainable and inclusive growth; reduce inequalities and give equal importance to economic, environmental and social progress.

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- create a more successful country
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- increase the wellbeing of people living in Scotland
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- reduce inequalities and give equal importance to economic, environmental and social progress

**NHS Recovery Plan 2021 to 2026** aim of this plan is to drive the recovery of our NHS, not just to its pre-pandemic level but beyond. This recovery plan with targeted investment will increase NHS capacity, deliver reforms in the delivery of care, and get everyone the treatment they need as quickly as possible.

**Public Bodies (Joint Working) (Scotland) Act 2014** sets out the legislative requirements for health and social care integration. The overall aim is to improve the outcomes of people who use support and service by integrating health and social care in Scotland, underpinned by national health and wellbeing outcomes.

**Mental Health Scotland's Transition & Recovery** the plan outlines the Scottish Governments response to the mental health impacts of Covid-19. It addresses the challenges that the pandemic has had, and will continue to have, on the population's mental health.

**National Mental Health Strategy 2017 to 2027** aims to make clear the scale of the ambition over 10 years, to focus national actions to support local delivery, to remove barriers to change, and to make sure that change happens.

**Keys to life implementation and priorities framework 2019-2021** improving quality of life for people affected by learning disabilities.

**Scottish Government Dementia Strategy 2016 to 2019** sets out proposals for the key priorities relating to post diagnostic support, palliative and end of life care and supporting and challenging integrated joint boards in redesigning local dementia care systems for now and the future.

**A Stronger & More Resilient Scotland: The Programme for Government 2022-2023** sets out plans for the full parliamentary year, it focuses on those immediate priorities which should be driven forward with urgency in the face of current challenges.

**Scotland's National Strategy for Economic Transformation: Delivering Economic Prosperity** the ambition of this strategy is not just to grow our economy but, in doing so, to transform our country's economic model so that we build an economy that celebrates success in terms of economic growth, environment sustainability, quality of life and equality of opportunity and reward.

**Best Value in Public Services** outlines the importance of the duty and to better reflect the context of public services working in partnership to deliver improved outcomes for the people of Scotland.

### **Other strategy documents**

- National Carers (Scotland) Act 2016
- Getting it right for every child (GIRFEC) (2006)
- Social Care (Self Directed Support) (Scotland) Act 2013
- Equality Act 2010
- Human Rights Act 1998
- Adult Support and Protection (Scotland) Act 2007
- Patient Rights (Scotland) Act 2011
- National Health & Wellbeing Outcomes 2014
- Criminal Procedure (Scotland) Act 1995
- Digital Strategy for Scotland, "A Changing Nation: How Scotland Will Thrive In A Digital World" (March 2021)
- The Autism and Learning Disability Towards Transformation Plan 2021

## Appendix 2: References

Mental Welfare Commission for Scotland: Stakeholder Research, Wellside Research Ltd, August 2020

Mental Welfare Commission Board Self-assessment June 2022

Scottish Mental Health Law Review Report September 2022



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