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CORPORATE REPORT

MARCH 2019

# Engagement and Participation Strategy 2019-2022

## 1 Introduction

This is the Commission's strategy for engagement and participation with stakeholders, including people who use services, users, carers, professionals and organisations for the next three years. It has been developed to support the achievement of our strategic priorities, as set out in our five year strategic plan:

- 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.

This strategy sets out how engagement and participation will support the Commission's activities:

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

This strategy has been developed from the previous Engagement Strategy for individuals and carers 2016-2018 and Stakeholder Organisations Engagement Strategy 2016-19. It is informed by consultation with the Commission's Advisory Committee in September 2018, and builds on the experience of our engagement work with individuals and what they have told us about how they interact with the Commission.

This engagement strategy should be reviewed during 2021.

## 2 Context

Engagement with our stakeholders is crucial to us in making decisions about our work, and helping to shape our policy responses. It gives us confidence that we can deliver our statutory duties. We are committed to continuing and improving how we get involvement and feedback from all of our stakeholders.

The principle of individuals' participation is at the heart of Scotland's mental health and incapacity laws. We have a duty to promote best practice in the operation of this principle. We aim to empower individuals to be involved in and influence decisions that are likely to affect them. We also aim to influence and challenge service providers and policy-makers to provide mental health and learning disability services that are lawful and promote the rights and welfare of individuals.

People with lived experience and carers have perspectives which come directly from that experience, and it is essential that these perspectives are understood and help shape at every level the care, support, treatment, regulatory, scrutiny and safeguarding systems they use and rely on.

We also have a duty under Section 112 of the Public Services Reform (Scotland) Act 2010 to make arrangements which: (a) secure continuous improvement in user focus in the exercise of their scrutiny functions and (b) demonstrate that improvement.

Our strategic outcomes include:

- Individuals know their rights, are empowered to participate in decision making about their care and treatment and are supported to choose the lives they want to live
- The Commission is known by policy makers, service providers, service users and carers as an authoritative voice on mental health and incapacity legislation and human rights

This engagement and participation strategy sets out how we work towards these outcomes.

It is important that the Commission's role and independence is understood by our stakeholders. Lack of this understanding has been identified as a strategic risk, which is mitigated by our engagement with stakeholders.

## 3 About engagement and participation

NHS England sets out a useful 5 rung 'ladder of participation and engagement'<sup>1</sup>:

- Devolving
- Collaborating

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<sup>1</sup> NHS England. "Transforming participation in health and care" Patients and Information Directorate, NHS England, September 2013

- Involving
- Consulting
- Informing.

Input from the Advisory Committee in October 2015 helped to shape a framework for a proportionate level of engagement for our work. Areas with potential for collaboration were identified as policy and influencing work, training and professional development and developing good practice guidance. Areas for involving were visiting, monitoring use of legislation and governance. Areas for consulting were deciding visit priorities, planning themed visits and the advice line. Investigations were seen as an area where engagement might be limited to informing.

## 4 Principles

The Commission's engagement and participation work is based on these principles:

- Shared responsibility – engagement is central to our work and is a responsibility shared by all staff
- Proportionality: choosing the appropriate type and scale of engagement for each area of activity, and being clear to stakeholders about the type of engagement, such as collaboration, involvement or consultation, from the outset.
- Respect: treating people with equality and respecting them and their opinions, and acknowledging minority views
- Diversity, equality and accessibility: avoiding tokenism and considering a range of modes of engagement and participation, and taking account of diversity in mental health experiences, stigma and use of services
- Inclusivity - proactively encouraging participation from equality groups and hard-to-reach groups
- Direct engagement: recognising that involving professionals representing organisations is not the same thing as involving people who use services or carers themselves
- Reciprocity – feeding back outcomes of participation; participating in other organisations' work where our contribution may be useful (and where we have capacity to do so).

Engagement benefits the Commission, but it should also benefit the people and organisations we engage with. Good engagement allows people to feel listened to, and that their contribution is valued. It also spreads awareness of the Commission and makes it easier for people to approach us. An example of the benefit is that Advisory Committee members have told us that feeding into

Commission consultation responses has helped their organisations navigate complex Government consultations.

## **5 Our stakeholders**

Our individual, organisational and professional stakeholders are:

- People who have lived experience of mental illness, learning disability, dementia or related conditions, including those not yet aware of the Commission
- Carers, friends or family members of individuals with a mental illness, learning disability, dementia or related condition
- Providers of mental health, learning disability and dementia services
- Policy-makers and legislators on mental health, learning disability and dementia issues
- Organisations seeking to influence public policy in mental health, learning disability and dementia
- Professional organisations.

In November 2018 we carried out a review of our stakeholder map (see appendix 2).

Over the next three years we intend to:

- Schedule a quarterly discussion of stakeholder interactions, using the stakeholder map, for OMG.

## **6 Governance**

### *6.1.1 Board*

The Commission benefits from the expertise of a person with lived experience and a carer on the Board, which is a legal requirement. Additionally when appointing Board members Scottish Ministers must have regard to appointing people with a background in providing mental health or learning disability services or other functions of the Commission's work.

### *6.1.2 Advisory Committee*

The Advisory Committee is a standing committee of the Board and advises the Commission on its work, its strategic plan and annual business plan, and how the Commission can get useful stakeholder feedback on its work. Its members represent 40 key national stakeholder organisations, including lived experience and carer organisations, and are listed in appendix 1.

The Committee is a key part of our strategy for engagement and a valuable resource connecting us to a wide range of our stakeholders.

A lack of representation from minority groups, including black and minority ethnic (BME) and lesbian, gay, bisexual and transgender (LGBT) people was identified in the previous engagement strategy, and LGBT Health and Wellbeing and MECOPP have since joined the Committee.

Although we have service user representation via VoX, and our Engagement and Participation Officers (E&P Officers) engage widely and in depth with individuals and groups, we have identified a lack of direct representation of people with learning disability and people with dementia in the governance of the organisation, and specifically on the Advisory Committee, which we plan to address.

The committee is chaired by a Board member, and a second board member attends. Usually this is done by members with lived experience and caring experience, and we plan to widen this.

Over the next three years we intend to:

- Widen direct representation of service users on the committee to include individuals with learning disability and with dementia.
- Extend the range of Board members' participation in the Committee.
- Make more use of Advisory Committee members as a conduit to engaging with their networks and the groups they represent.

## **7 Lived experience and carer engagement**

The E&P Officers lead on lived experience and carer engagement. Their role is to draw on their personal experience to contribute expertise and perspectives to inform and support the work of the Commission, and to help us engage effectively and credibly with a range of other people with mental health, learning disability, dementia or related conditions, and with carers, in order to benefit from their perspectives in all areas of our work.

They take part in Commission work including participating in visits, project teams, policy work, report writing and good practice guidance development.

They carry out a rolling programme of meetings with lived experience and carer groups each year. They gather views on key issues for people with lived experience and carers, promote rights-based care, raise awareness about and improve understanding of the Commission and its work and help to gather lived experience and carer input on our priorities and strategies.

The priority for these meetings under the previous engagement strategy was national groups. This has been reviewed, looking at ways to engage with different people and to expand our network, and we will shift the focus to more meetings with local groups, in order to meet a wider and more representative range of people. In some cases we may meet people with lived experience and carers together. We are aware that some groups are harder to reach and we need to make particular efforts to

engage with, for example, young people, LGBT people, BME people and people in rural areas.

We also hold focus groups when we have a topic of interest to a particular set of people.

We reach a large number of groups and individuals, but capacity is limited, so we will explore additional methods of consulting groups and individuals, such as providing topic guides for group leaders to use, and considering phone, text, email or other methods, which may extend our reach, and which some people may prefer.

We held a successful engagement forum for people with lived experience of mental illness and carers in 2016, which informed the development of our strategic plan. We reviewed this and decided that a national meeting of this kind is most useful and proportionate when there is a need to engage people in helping to guide our strategic direction, rather than holding them annually.

We are also committed to including a service user on all our executive appointment panels.

Over the next three years we intend to:

- Focus mainly on meeting local groups, while continuing to meet key national groups at least annually.
- Target hidden groups, such as LGBT or BME people, young people or those living rurally, for every engagement exercise where this is appropriate.
- Improve the mutual exchange of information between E&P Officers and practitioners, including by E&P Officers consulting practitioners prior to meetings in their area and feeding back to them, and practitioners consulting and feeding back to E&P Officers.
- Try out innovative methods to extend the reach of engagement work.
- Engage with local groups in 2019-20 to feed into our next strategic plan, including people with learning disability and dementia.
- Hold a national engagement forum in 2019-20 to feed into our next strategic plan, and ensure either that this includes people with learning disability and dementia, or that other mechanisms are used to engage with them.
- Use the personal experience and expertise of our E&P Officers, and of the people they engage with, to challenge and encourage the Commission in the work that it does

## 8 Stakeholder organisations

### 8.1 Engagement with national statutory organisations

Regular meetings at Executive group level with key national statutory organisations allow us to share our priorities and information on current and planned activity and areas of potential partnership working.

We meet regularly with the Scottish Government sponsor team (HOCS).

We have existing MOUs which specify regular meetings with the following key statutory partners.

Over the next three years we intend to:

- Review whether MOUs require to be updated, or whether another form of agreement in relation to working together and/or data sharing is more appropriate
- Seek introductory meetings with the new CEOs of the SSSC and the Care Inspectorate.

<i>Organisation</i>	<i>MOU clause on meetings</i>	<i>Lead</i>
Healthcare Improvement Scotland	Annual (in practice meet quarterly with less senior personnel)	CE ED – Nursing
Mental Health Tribunal Scotland	6 monthly	ED – Social Work
Care Inspectorate	6 monthly Annual meeting of chief executives	ED – Social Work CE
Office of the Public Guardian	Not specified in MOU, currently meet 6 monthly	CE ED – Social Work
Scottish Public Services Ombudsman	Annual	ED – Medical
Health & Safety Executive	Annual discussions, with face-to-face meetings if required	ED – Medical
Scottish Social Services Council	None	ED – Social Work

### 8.2 Engagement with professional groups

The Executive Directors for the three professions have good existing links with professional nursing, medical and social work bodies, and these bodies are represented on the Advisory Committee.



We meet regularly with the professional bodies listed below and with other specialities as appropriate.

Royal College of Psychiatrists Devolved Council Meeting (Exec)(quarterly)	ED – Medical /Consultant Psychiatrist AC
RCPsych Clinical Directors in Psychiatry Subcommittee (3 times per year)	ED – Medical
RCPsych Faculty of Child and Adolescent Psychiatry Executive (quarterly)	Practitioner lead HD
RCPsych Learning Disability Group (quarterly)	Practitioner lead MW
RCPsych Perinatal Faculty (attend annual conference)	Practitioner lead JB
Royal College of GPs (annual)	ED – Medical
General Medical Council (annual and as required)	ED – Medical
Scottish ECT Accreditation Network Steering Group, Standards Group, Report Writing Group (3 times per year plus speak at annual conference & training conference)	ED – Medical Practitioner lead MW
Perinatal Mental Health Network (3 times per year)	Practitioner lead JB
Law Society Mental Health and Disability Committee (3-4 times per year)	CE
Mental Health Nurses Forum (quarterly)	ED – Nursing
Learning Disability Nurses Forum	Practitioner lead ML
Social Work Scotland Mental Health Subgroup (quarterly)	ED – Social Work
Social Work Scotland Learning Disability Subgroup (bimonthly)	Practitioner lead IC
National Preventive Mechanism (biannual - full NPM; biannual - Scotland Subgroup; biannual - Mental Health Subgroup; quarterly - Children and Young People's Subgroup)	CE & practitioner leads IC, HD
NDPB Chief Executives	CE or HOCS
British Psychological Society	CE or ED - Medical

### **8.3 Engagement with national voluntary sector organisations and other statutory organisations**

Our primary engagement with national voluntary sector organisations and other statutory organisations is through the Advisory Committee and through our membership of key networks including the Scottish Mental Health Partnership, which brings together mental health organisations in relation to influencing Government policy and strategy. In addition, we meet with some national statutory organisations with which we do not have a MOU, and with national voluntary sector organisations,

on an ad hoc basis, usually in relation to specific issues, and we regularly work with these organisations on areas of common interest.

## **8.4 Engagement with NHS boards and social work**

We hold annual meetings with health boards and social work departments to give and receive feedback on our visiting work.

The ED – Medical meets Clinical directors three times a year.

We engage frequently at local level in relation to our visiting programme, and as required when escalating recommendations.

We hold a biennial seminar for medical records staff to discuss current legislation, update them on the Commission's work and offer them an opportunity to raise issues. We invite speakers from the Scottish Government and from mental health organisations to speak as appropriate.

We hold an annual seminar for designated medical practitioners (DMPs) to update them on legislation and offer the opportunity to discuss practice.

Over the next three years we intend to:

- Engage with the full range of our stakeholder organisations to feed into our next strategic plan.

## **9 Engagement in practice**

### **9.1 Influencing and challenging**

We do a wide range of work under this heading. Some involves providing input, nationally or locally, to policy-makers, using the results of our visiting and investigations work and staff expertise. We produce policy reports, consultation responses and briefings and speak at conferences. We participate in parliamentary cross-party groups on mental health, learning disability and dementia.

Over the next three years we intend to:

- Publish reports of what people with lived experience and carers tell us on our new website.

### **9.2 Visits and monitoring**

We choose themed visits based on a range of intelligence, including information from previous local and themed visits, investigations and potential areas of concern we have not previously looked at. We consult the Advisory Committee to help guide our choices and shape our focus for themed visits.

Themed visit planning includes consultation by the E&P Officers with people who use services and carers. We also engage with relevant organisations and professionals. It is important that we allow enough time for an effective consultation process.

We choose what to look at during local visits based on previous recommendations and local intelligence, including input from E&P Officers from their meetings with local groups. Practitioners are expected to maintain local connections with collective advocacy groups to inform their visiting work.

Direct engagement on visits with people using services, staff and managers is one of the most important ways in which we engage. In the previous strategy we identified a need to improve engagement with carers, and we introduced a method of informing carers of announced visits by letter via the service, as well as offering alternative means of engagement such as telephone interviews and questionnaire for themed visits. This is proving successful.

We would like to improve communication with people we have consulted, to make the engagement process more two-way. As part of this we will ensure we provide themed visit reports to those who took part in consultations.

Over the next three years we intend to:

- Ensure all themed visit planning teams include an E&P Officer from the outset, and that the timetable allows sufficient time for consultation before questionnaires are developed.
- Provide themed visit reports, once approved by the Board, to groups and individuals involved in consultations.

### **9.3 Investigations and casework**

The Commission may decide to carry out an active intervention where it appears there is a deficiency in care and treatment. In some cases, when we believe there have been serious failings in care or treatment, and that the responsible organisations have not sufficiently identified the issues, we may do an investigation. We do this if we think there are implications for services across Scotland. We interview the people involved, including where possible and appropriate, people who use services and carers, ensuring that we capture their experiences.

We sometimes involve outside experts in investigations, to use their expertise to help guide what we look at. We have involved Board members in an advisory capacity, and we will use individual Board and Advisory Committee members as a source of advice and information in investigations, where appropriate.

When we survey practitioners in the field to elicit views on current practice, where this may be of use in an investigation report, we may use members of our Advisory Committee as a conduit.

## 9.4 Information and advice

We publish good practice guidance aimed at professionals, and we engage with relevant stakeholders in producing and disseminating this, for example by holding consultation events and via the E&P Officers. As appropriate to the topic, we involve individuals such as members of our Advisory Committee, other professionals and people with lived experience or carers in helping us shape the content.

We no longer publish hard copies of information materials for professionals, but we will continue to publish some hard copies of materials aimed at people who use services and/or carers.

We will try to make our good practice guidance, including materials for professionals, more accessible, for example by using Plain English.

We provide an advice line which is open to people who use services and carers, as well as professionals, with concerns about rights, care and treatment. Feedback from the advice line informs our discussions about our work priorities. It can directly lead to work on a good practice guide or advice note. It has informed some of the places that we choose to visit.

We give talks and presentations to external organisations and events, which may be national, local and occasionally international. These help us to raise awareness of the Commission and of aspects of our work, to influence policy and practice and to build relationships. We prioritise events where those attending are likely to be in a position to influence policy or practice in Scotland. We also prioritise events which offer an opportunity for the practitioner area co-ordinator to build local relationships.

We keep people informed through our Communications Strategy, which includes the media, our website, email mailing lists and use of social media.

Over the next three years we intend to:

- Review and renew our website.
- Consult the Advisory Committee on our priorities for new good practice guidance.
- Embed engagement as a shared responsibility by introducing engagement as a standing item on practitioner team meeting agendas.

## 10 Action Plan for 2019-20

Action	Lead	Resource
1. Schedule a quarterly discussion of stakeholder interactions, using the stakeholder map, for OMG.	KT	
2. Widen direct representation of service users on the Advisory Committee to include individuals with learning disability and with dementia	KF	

3. Extend the range of Board members' participation in the Advisory Committee.	KF	
4. Make more use of Advisory Committee members as a conduit to engaging with their networks and the groups they represent.	Exec	
5. Focus mainly on meeting local groups, with a target of at least 30, while continuing to meet key national groups at least annually.	E&POs	
6. Target hidden groups, such as LGBT or BME people, young people or those living rurally, for every engagement exercise where this is appropriate.	E&POs	
7. Improve the mutual exchange of information between E&P Officers and practitioners, including by E&P Officers consulting practitioners prior to meetings in their area and feeding back to them, and practitioners consulting and feeding back to E&P Officers.	E&POs & practitioners	
8. Try out innovative methods to extend the reach of engagement work.	E&POs	
9. Engage with local groups in 2019-20 to feed into our next strategic plan, including people with learning disability and dementia.		
10. Hold a national engagement forum in 2019-20 to feed into our next strategic plan, and ensure either that this includes people with learning disability and dementia, or that other mechanisms are used to engage with them.	KF	£2,000
11. Use the personal experience and expertise of our E&P Officers, and of the people they engage with, to challenge and encourage the Commission in the work that it does.	E&POs	
12. Review whether MOUs require to be updated, or whether another form of agreement in relation to working together and/or data sharing is more appropriate.	Exec	
13. Seek introductory meetings with the new CEOs of the SSSC and the Care Inspectorate.	CM	
14. Engage with the full range of our stakeholder organisations to feed into our next strategic plan.		
15. Publish reports of what people with lived experience and carers tell us on our new website.	Comms	

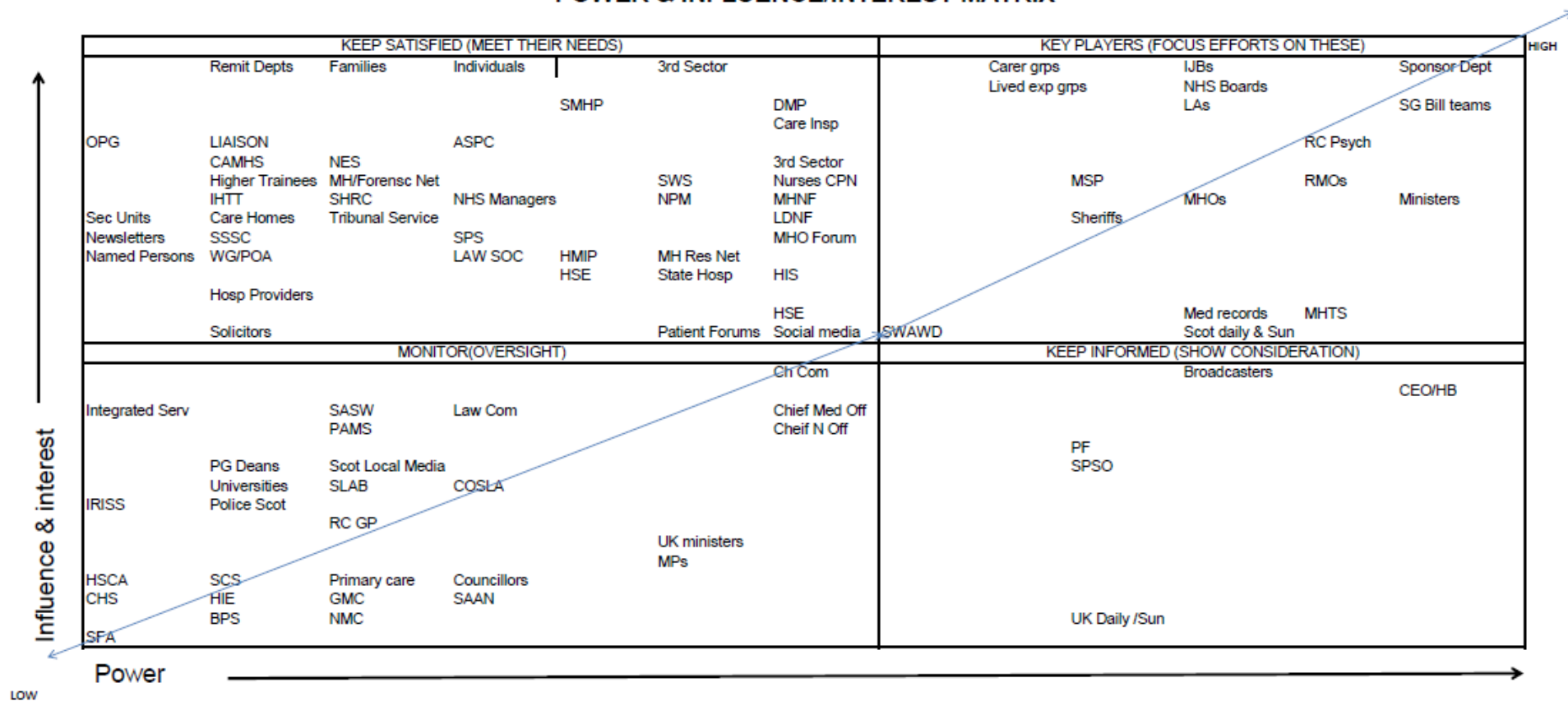
16. Ensure all themed visit planning teams include an E&P Officer from the outset, and that the timetable allows sufficient time for consultation before questionnaires are developed.	Exec	
17. Provide themed visit reports, once approved by the Board, to groups and individuals involved in consultations.	E&POs	
18. Review and renew our website.	Comms	In hand
19. Consult the Advisory Committee on our priorities for new good practice guidance (last done in 2017).	KF	
20. Embed engagement as a shared responsibility by Introducing engagement as a standing item on practitioner team meeting agendas.	Team leaders	

## **Appendix 1 – Advisory Committee members**

AHP Dementia Expert Group  
AHP Strategic Mental Health Leads  
Alzheimer Scotland  
Bipolar Scotland  
British Psychological Society  
Carers' Trust  
CCPS  
Enable  
Forensic Carers Network  
HSCP Chief Officers Group  
Law Society Mental Health Subgroup  
Learning Disability Alliance Scotland  
Learning Disability Nurses Forum  
LGBT Health & Wellbeing  
MECOPP  
Mental Health Foundation  
Mental Health Nurses Forum  
National Autistic Society  
NHS Health Scotland  
PAMIS  
Royal College of GPs  
Royal College of psychiatrists in Scotland  
Scottish Association for Mental Health  
Scottish Association of Social Workers (MHO Forum)  
Scottish Commission for Learning Disabilities  
Scottish Independent Advocacy Alliance  
Scottish Recovery Network  
Scottish Human Rights Commission  
Social Work Scotland  
Support in Mind  
VoX

## Appendix 2 – Stakeholder Map

### POWER & INFLUENCE/INTEREST MATRIX







Thistle House  
91 Haymarket Terrace  
Edinburgh  
EH12 5HE  
Tel: 0131 313 8777  
Fax: 0131 313 8778  
Service user and carer  
freephone: 0800 389 6809  
[enquiries@mwscot.org.uk](mailto:enquiries@mwscot.org.uk)  
[www.mwscot.org.uk](http://www.mwscot.org.uk)