

CORPORATE REPORT **DECEMBER 2016**

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1 Introduction

This strategy builds on the <u>Stakeholder Involvement and Feedback Strategy 2014-</u><u>17</u>. It deals specifically with our engagement with organisations and professional groups, and sits alongside the <u>Engagement Strategy for Individuals and Carers</u>.

2 Our stakeholders

Our organisational and professional stakeholders are:

- Organisations seeking to influence public policy in mental health, learning disability and dementia
- Providers of mental health, learning disability and dementia services
- Professional organisations.

3 Advisory Committee

The advisory committee is a standing committee of the Board. It has representatives from 27 stakeholder groups and meets twice a year. Its remit is to give advice on the functions and ongoing work of the Commission. It advises the Commission on its strategic plan and annual business plan, and helps us shape our visiting and monitoring work and our priorities for good practice guides and on how the Commission can get useful stakeholder feedback on its work. Its members represent key national stakeholder organisations, including lived experience and carer organisations.

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 Engagement Strategy for Individuals and Carers. LGBT Health has now joined the Advisory Committee.

We will:

• Seek to meet with a group of BME organisations to explore how best to ensure their input.

4 Engaging with organisational stakeholders

4.1 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 following professional bodies:

Royal College of Psychiatrists	Quarterly	ED – Medical
RCPsych Clinical Directors in	3 times per year	ED – Medical
Psychiatry Subcommittee		
RCPsych Faculty of Child and	Quarterly	Practitioner lead HD
Adolescent Psychiatry Executive		
RCPsych Learning Disability Group	Quarterly	Practitioner lead MW
RCPsych Perinatal Faculty	Attend annual	Practitioner lead JB
	conference	
Royal College of GPs	Annually	ED – Medical
General Medical Council	Annually and as	ED – Medical
	required re specific	
	issues	
Scottish ECT Accreditation Network	3 times per year plus	ED – Medical
Steering Group, Standards Group,	speak at annual	
Report Writing Group	conference & training	
	conference	
Maternal Mental Health Scotland	Annual AGM &	Practitioner lead JB
	conference	
UK Maternal Mental Health Alliance	3 times per year	Practitioner lead JB
Templeton Expert Group (on	Annual	Practitioner lead JB
perinatal and infant mental health)		
Law Society Mental Health and	3-4 times per year	CE
Disability Committee		
Mental Health Nurses Forum	Quarterly	ED – Nursing
Social Work Scotland Mental Health	Attend meetings	ED – Social Work
Subgroup	quarterly	
Social Work Scotland Learning	Attend meetings	Practitioner lead IC
Disability Subgroup	bimonthly	
National Preventive Mechanism	Biannual (full NPM)	CE & practitioner lead
	Biannual (Scotland	IC
	Subgroup)	
	Biannual (Mental	
	Health Subgroup)	
	Quarterly (Children and	
	Young People's	
	Subgroup)	Practitioner lead HD
NDPB Chief Executives	Quarterly	CE or HOCS

We have identified a gap in relation to allied health professionals.

We will:

• Seek an annual meeting with the OT Network (ED – Nursing)

4.2 Engagement with NHS Boards and social work

We hold annual end of year meetings with health boards and social work departments to give and receive feedback on our visiting work. We hold an annual event for heads of social 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 have identified Heads of Psychology Services, Medical Directors and the GMC as a further groups we need to engage with.

We will:

- Seek an annual meeting with the Heads of Psychology Services (ED -Medical)
- Seek to meet with the GMC annually (ED Medical)
- Seek to meet Medical Directors annually (ED Medical)

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

Organisation	MOU clause on meetings	Lead
Healthcare Improvement	Annual	CE
Scotland	(in practice meet quarterly	ED – Nursing
	with less senior	
	personnel)	
Mental Health Tribunal	6 monthly	ED – Social Work
Scotland		
Care Inspectorate	6 monthly	ED – Nursing
	Annual meeting of chief	CE
	executives (currently	
	quarterly)	
Office of the Public	Not specified in MOU,	CE
Guardian	currently meet 6 monthly	ED – Social Work
Scottish Public Services	Annual	ED – Medical
Ombudsman		
Health & Safety Executive	Annual discussions, with	ED – Medical
	face-to-face meetings if	
	required	

The lead for the HSE and SPSO may be reviewed in relation to work on how investigations are managed.

We meet regularly with the Scottish Government sponsor team (HOCS), but have identified a need to meet the Division Head.

We will:

- Seek to reinstate annual meetings for the CE with HIS at senior level
- Seek an annual meeting between the CE and the Division Head at the Scottish Government.
- 4.4 Engagement with national voluntary sector organisations and other statutory organisations

To date we have met 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. Many of these organisations are also members of our Advisory Committee. We are also observers on the Scottish Mental Health partnership, which brings together the mental health organisations in the list in relation to influencing Government policy and strategy. However, we have not had regular strategic meetings with key organisations in order to ensure that we are aware of each other's priorities and to share information on current and planned activity and areas of potential partnership working.

Over the next three years we will seek to increase our engagement with other key national stakeholder organisations through meetings at a senior level. This is in addition to the programme of meetings with national and local groups of people with lived experience and of carers set out in the Engagement Strategy for Individuals and Carers, which focus on hearing the lived experience of individuals rather than strategic an policy matters.

We will prioritise meeting with national groups with a strong policy presence, in order to co-ordinate and consult on our influencing and challenging work and share our respective priorities. Each year, we will prioritise meeting with those organisations we have had least recent contact with, or where we identify strategic reasons for meeting.

Enable	ED – E & P
Mental Health Foundation	ED – E & P
Scottish Commission on Learning	ED – E & P
Disability	
Scottish Association for Mental Health	ED – E & P
Alzheimer Scotland	ED – E & P
Carers' Trust	ED – E & P
People First	ED – E & P
Scottish Independent Advocacy	ED – E & P
Alliance	
Scottish Recovery Network	ED – E & P
See Me	ED – E & P
Scottish Human Rights Commission	CE
Chair and Commissioners	
Children's Commissioner	ED – E&P & practitioner lead MF

We will seek to meet at senior level with at least 6 of the following organisations each year:

4.5 Ad hoc engagement

We will from time to time have engagement with particular organisational stakeholders in support of individual projects, for example in preparation for themed visits, such as ASD organisations for the planned themed visit; or a range of justice bodies to explore mental health and justice issues.



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