

HIGHLAND CHILD PROTECTION COMMITTEE

Minute of the Meeting Held on Thursday 17th February 2022 via Microsoft TEAMS (1400 – 1600)

PRESENT:

Fiona Duncan – ECO Health and Social Care, Highland Council (**Chair**)
Donna Munro – CP Lead Officer, Highland Child Protection Committee
Caroline McKay – DI, Police Scotland
Carrie McLaughlan – Programme Manager - The Promise, Highland Council
Pol McClelland – Chair CPC/YJ Sub-Committee, Highland Council
Sally Amor – Child Health Commissioner/Public Health Specialist, NHS Highland
Tina Stones – Safeguarding Lead, Highland Council Education
Norma Ruettimann – Training and Development Manager, CALA (Keeping Children Safe)
Ian Kyle – Head of Integrated Children’s Services, Highland Council
Donnie MacDonald – DCI, PPU, H & I Division, Police Scotland
Fiona Malcolm – Interim Head of Integration Adult Social Services
George Hogg – Area Convener Highland & Moray, Children’s Hearings Scotland
Jane Park – Chair Children Affected by Drugs and Alcohol Sub-Committee
Heidi May – Board Nurse Director, NHS Highland
Tracie McDermott – Welfare Support Officer, Army Welfare Service
Karen Erskine – Locality Reporter Manager, H & I Locality, SCRA
Mike Harkin – Care Inspectorate
Mary Cameron – Clerk to the HCPC, Highland Council (**Minutes**)

APOLOGIES:

Mhairi Grant - Independent Chair
Stephanie Govenden – Lead Doctor Child Protection, NHS Highland
James Martin – Head of Development, Highlife Highland
Gillian Pincock – Principal Officer Nursing, Highland Council
Nancy Healy – Lead Nurse Child Protection (Health), Highland Council
Gordon McCauley – Scottish Prison Service Ms Jane Park – Chair CAPSM Sub-Committee
David Fraser – Councillor
Craig Thomson – Chair Exploitation Sub-Committee, Police Scotland
Steven Walsh – Chief Executive, Highlife Highland
Margaret McIntyre – Head of Service (Children’s Services), Highland Council

	Item	Summary
1.	Welcome and Apologies	The Chair (Fiona Duncan standing in for Mhairi Grant) welcomed all to the meeting, noting apologies.
2.	Minute of Previous Meeting & Matters Arising (minute attached)	Previous minutes agreed and signed off. The NCP event will now be in May/June. SHORES – regular meetings being held by DI Calum Smith HSB readiness questionnaire has been submitted
3.	ICR/SCR/Learning Reviews Updates (in camera)	Discussion 'in camera'
4.	Highland Learning Review Guidance – Final version attached/verbal update	Sign off sought from committee. Agreed
5.	National Child Protection Guidance – Draft Implementation Paper Attached	Discussion around the attached Implementation Action Plan. Members agreed the 3 stage approach was right and approved the plan. Planned development session for May/June. End of year for full sign off (which is within the timeframe) Stage 3: Dissemination and ease of use, how we publish/communicate and where. Training and Awareness sessions will also be required. Planned to advertise for a training officer – 1 st year to focus on this. Any thoughts or comments to Donna please. If as a committee member you shouldn't be noted against an action or role let Donna know. Tracie noted an MOD move to centralise child protection into England and she doesn't know the impact of that yet, but she will continue as lead at present. George noted that CHS is not mentioned at all – it will be included alongside SCRA. Stage 1 to be completed by 31 st March 2022 Action: All Members
6.	Exploitation Proposals – Presentation and CPC Discussion	Presentation by Donna. Aim to put together a paper on how we tackle criminal and sexual exploitation for COG on 16 th March. It will be designed in line with key areas of Prevention/Early Intervention, Protection, The proposals focus on 3 key areas:

		<ul style="list-style-type: none"> • PLACE referral process based on MARAC procedures to consider young people at risk in local communities • Expansion of RISE project due to existing capacity not being able to meet demand • Implementation of Side-Step Project to support young people involved in Serious and Organised Crime <p>In addition, Trafficking Procedures require updating. Barnardo's will provide necessary training.</p> <p>Action: Donna to progress</p> <p>Safe Spaces (Bairns Hoose) not included in this specific group. A Separate working group to be set up. Possible parallel learning from the Drugs Death review</p> <p>Action: Donna and Sally to discuss</p>
7.	Views of Children and Young People – paper attached	<p>Donna presented an overview of pilot project. Paper attached.</p> <p>The use of Viewpoint did not prove popular with young people or staff and the license was cancelled in 2021 with a view to pilot alternative methods. Work has been underway with Inspiring Young Voices to try a variety of online and 'in person' methods of communication, peer support and mentoring.</p> <p>The next stage of the pilot will focus on two areas:</p> <ol style="list-style-type: none"> 1. Test pilot using Oculus VR headsets with mentors and young people, giving the young people a safe space to hold discussions – to trial in residential homes over a 4-6 month period. 2. To create online space using Discord platform for peer support for young people who are care experienced. <p>Possible other uses may include attendance at hearings or child plan meetings.</p> <p>It ties in with the UNCRC requirement to have an engagement/communication plan for children. The second pilot will in the main be funded by Inspiring Voices using VR headsets. However, additional headsets will be required to complete the pilot.</p> <p>Action: Funding approved by CPC</p>
8.	Standing Items	<ol style="list-style-type: none"> 1. Q.A. – Ian brought committee up to date with new format and focus of the QA sub-group. 28/02 first planned meeting to agree membership and focus. All the Chairs of the other sub-committees are members. The group will have key focus on audit work and overseeing Learning Reviews. 2. L & D – Approval requested to move to TURAS. It gives better access to staff who can then see what they have done and when (personal training account). Committee Agreed.

		<p>3. CYPADA – Jane brought committee up to date. This used to be CAPSM. Has a robust implementation plan. January saw a self-evaluation discussion (very good multi-agency representation), Next meeting in 3 weeks to develop a clear action/improvement plan.</p> <p>4. Exploitation – Update provided.</p> <p>5. KCS – Norma, 179 e-modules up-taken this past month. Due to changes in CALA staffing, Norma is going to be changing roles and will no longer be Chairing the KCS sub-committee. Donna and Norma to meet and Donna will Chair the next KCS meeting if required.</p> <p>6. CPC/YJ – No paper specific comments. New Chair of this group is Pol McLelland, Carrie has now moved to the role of Programme Manager (The Promise) but will remain on the CPC in her new role.</p>
9.	Safe and Together Update – Paper Attached	Steering group is needed to lead the project (ending October 2023). Donna and Catherine Russell from VAWP will progress with the new Head of Service for Social Work. Regular updates will be provided to CPC.
10.	Consortium Update – Paper Attached	Information provided for CPC Members to be aware of links across Scotland.
11.	AOCB	<ul style="list-style-type: none"> - Welcome to Margaret McIntyre (in her absence) as the new Head of Social Work. - National Transitions Group first meeting was held on 24th of February. Focusing on: Scoping good practice, Good Practice Guidance and how to strengthen links between child and adult services. Donna will keep the CPC updated. - Role of the Independent Chair is nominally a 2-year period but, due to the extenuating circumstances of the past 2 years suggest a year extension. We can review after that and then put to the COG – Committee Agreed. - Donnie advised from a Police Scotland perspective: - IRDs for 16 & 17-year olds, now moving to full implementation. - Child deaths, age is now considered 18 years and under. - SCIM – Scottish Child Investigation Model, due to start in March 2023 with full implementation by 2024. Start planning for this now, training takes 50 days throughout the year per staff member with no additional resources planned. An event to discuss the local model is schedule for 03/03/2022. <p>Next Meeting is Thursday 5th of May 2022 1400 to 1600.</p> <p>Meeting closed at 1603</p>



**MEETING TITLE:
CHILD PROTECTION COMMITTEE MEETING via MICROSOFT TEAMS -
EXTRAORDINARY MEETING TO DISCUSS JOINT CHILDREN'S SERVICES
INSPECTION**

**DATE:
5th May 2022
1400 – 1600**

PRESENT:

Mhairi Grant – Independent Chair (**Chair**)
Donna Munro – CP Lead Officer, Highland Child Protection Committee
Caroline McKay – DI, Police Scotland
Carrie McLaughlan – Programme Manager The Promise, HC
Pol McClelland – Chair CPC/YJ Sub-Committee, HC
Sally Amor – Child Health Commissioner/Public Health Specialist, NHS Highland
Tina Stones – Safeguarding Lead, Highland Council Education
Beverley Hart– Keeping Children Safe Sub-Committee Chair
Ian Kyle – Head of Integrated Children's Services, HC
Donnie MacDonald – DCI, PPU, H & I Division, Police Scotland
George Hogg – Area Convener Highland & Moray, Children's Hearings Scotland
Jane Park – Chair Children Affected by Drugs and Alcohol (CYPADA) Sub-Committee
Heidi May – Board Nurse Director, NHS Highland
Karen Erskine – Locality Reporter Manager, H & I Locality, SCRA
Mike Harkin – Care Inspectorate
Jane Davy – Principal Solicitor, Corporate Governance, HC
James Martin – Director corporate Services, Highlife Highland
Dr Stephanie Govenden - Lead Doctor Child Protection, NHS Scotland
Katrina Beaton – Principal Officer Social Care, HC
Mairi Morrison – Strategic Lead Early Intervention & Protection, HC
Margaret McIntyre – Head of Service Children Y/P & Families, HC
Mary Cameron – Clerk to the HCPC, HC (**Minutes**)

APOLOGIES:

Tracie McDermott – Welfare Support, Army Welfare service
 Fiona Duncan – ECO Health & Social Care, HC
 Nancy Healy – Lead Nurse Child Protection (Health), HC
 Craig Thomson – Chair Exploitation Sub-Committee, Police Scotland
 Nicky Grant – ECO Education and Learning, HC
 Gordon McCauley – Scottish Prison Service
 Gillian Pincock – Principal Officer Nursing, HC
 David Fraser - Councillor
 Steve Walsh – Chief Executive Highlife Highland
 David Goldie – Head of Housing & Building, HC

NO.	AGENDA ITEM	SUMMARY OF DISCUSSION	ACTION/DECISIONS	RESPONSIBLE
1.	Welcome and Introductions	<p>Chair Welcomed all to the meeting noting this meeting is specifically to discuss the upcoming Children’s Service Inspection. Welcome to: Margaret McIntyre, Mairi Morrison, Katrina Beaton. Beverley Hart and Jane Davey. Thank you and farewell to: Norma Ruettimann and Fiona Malcolm who both contributed so much to the CPC and will be sorely missed. Mike Harkin is also with us today but will not be attending meetings until after the inspection, due to his role with the Care Inspectorate.</p>		Mhairi Grant
2.	Input from Inspection Leads	<p>Ian and Margaret met with the Care Inspectorate Tuesday (03/05) ahead of the ‘<u>Joint Inspection of Services for Children and Young people at Risk of Harm</u>’. The inspections run’s between 25th of May and the 25th of October 2022 with 2 key phases: 1, Submission of: pre-inspection return; staff survey; record reading; issue survey to children/young people and parents//carers 2, Submission of ‘joint position’ statement and supporting evidence and an ‘engagement week’ (children/young people, parents/carers; frontline staff; managers and senior readers). The report will be published on 24/10/2022. 1st June is the first Partnership Discussion Sessions</p> <p>Margaret and Ian are creating a Key Dates document for both phases of the inspection showing all dates together with a document detailing all required reading documents. Margaret and Ian together with Sharon Bailey are the lead co-ordinators for the Inspection.</p>	Slides to be Circulated – DM/IK	Ian Kyle and Donna Munro

NO.	AGENDA ITEM	SUMMARY OF DISCUSSION	ACTION/DECISIONS	RESPONSIBLE
		<p>CPC will be part of the Governance (Asks & Tasks) and governance will be tight. All reporting will be to the 3 key people who will provide clear progression.</p> <p>A Team Inspection Hub has been created with planning already underway. It will ensure the right people/information are available at the right time throughout the inspection.</p> <p>It is important to reduce staff anxiety which will run high during the inspection.</p> <p>Chair noted it is important throughout and going forward that all agency partners are fully prepared and identify the leads for their agencies, who will work closely with colleagues from Health and Social Care.</p> <p>The chair noted that inspection is welcomed as an opportunity for the partnership to demonstrate strengths, while knowing weakness, to ensure the partnership is focused on continuous improvement moving forward.</p>	CPC Members	ALL
3.	Learning Review Update	Discussion in camera – updates re: mentoring project and reviews now progressing		Donna Munro, All
4.	Input from Mike Harkin	<p>Mike's last Committee until after the inspection finishes (25/10/22). Link Inspectors are not advised of inspections until a couple of days prior to the start date.</p> <p>Mike, Donna and Ian to meet for further discussion re: planning. Meeting arranged for 06/05/22 @ 1300.</p>	Mike, Donna and Ian to meet 06/05/22	Mike Harkin, Donna Munro, Ian Kyle
5.	CPC Discussion Q & As	The Committee discussed key strengths and areas for improvement, along with practical details for agencies during the Inspection period. Need to ensure that agencies and frontline staff feel supported and informed throughout the process.		
5.	AOCB	The Chair thanked all for their attendance. Meeting closed at 1555.		



Highland VAW Partnership Meeting

**1st November 2021
1pm – 3pm (MS TEAMS)**

Present

Gordon Greenlees, Chair
James Maybee, Deputy Chair
Catherine Russell, VAWP
Sharon Holloway, NHS
DCI Lynne Falconer, Police Scotland
Kate Blowers, CASWA
Elaine Fetherston, IWA
Lorraine Revitt, LWA
Gwen Harrison, RASASH
Naomi Hyslop, HLH
Lyndsay Sutherland, UHI
Jill Graham, SFRS
Cathy Steer, NHS
Calum Smith, Police Scotland
Myra Ross, VAW training officer
Elaine Lyall, VAW administrator

Apologies

Gary Goddard, Prison Services
Beverly Horton, NHS
Alan Prosser, Victim Support
Helen Eunson, NHS
Adele Newlands, RWA
Lyndsey Mateer, HC housing

		ACTION
1	<p>Welcome and Apologies</p> <p>The Chair opened the meeting and asked for the minutes to record:</p> <ul style="list-style-type: none"> • Welcome to all new attendees to the meeting. • The Chair explained further a previously sent email which had informed the partnership of his resignation due to ill health. An urgent recruitment process for a new Independent Chair will now be undertaken. The current Chair will remain in post until Mid-January. • The vice chair announced that he was also stepping down from post to take up a new position out with Highland. • Partners expressed thanks and gratitude for the work over the years. • Applications were sought for a new Vice Chair amongst the partners. 	
2	<p>Minutes of previous meeting</p> <p>The minutes of the previous meeting were noted and approved.</p> <p>Review of Action Tracker - Items not marked as complete where updated unless already itemised on the agenda.</p>	

	<p>Matters arising <u>Community pharmacy Pilot</u> The response by partners was sent to Emma who has now been back in touch with an update to our concerns and queries which had been circulated to the partnership. Emma has offered to meet with the partnership to answer any further questions.</p> <p>Action tracking log</p> <p><u>17.21 Hospital IDAA role.</u> Not any further forward on this due to work loads. Waiting for financial governance paper which is awaiting conclusion and approval. CR</p> <p><u>19.21 Chairing rota for MARAC from the islands.</u> No response so far. A further letter to be drafted by GG to them to update them on the possibility of training spaces on the Highland organised Chairs training and to ask them to get in touch if they need any further help in organising their Chairs Rota's. GG</p> <p><u>20.21 MARAC Chair Training spaces.</u> Dates for training will begin at the start of next year LF has a list of Highland Council and Police attendees. Still awaiting NHS response. LF to contact CS to arrange appropriate NHS staff to attend and to discuss and agree who would be the Lead NHS person to organise their MARAC Rota and Chairs attendance. LF</p> <p><u>22.21 Financial procedures.</u> Draft report is a work in progress at the moment.</p> <p><u>26.21 The research that MJ conducted.</u> This will be discussed at the February meeting. A huge thank you to Molly was expressed by the chair and a thank you letter will be composed and sent to Molly for all of her hard work on a great piece of research. GG/CR</p> <p><u>30.21 Identify a new police rep for preventions subgroup.</u> LF has not been able to identify anyone yet. An email was sent to NH who will further discuss this with LF after the meeting. LF/NH</p>	
3	<p>Highland VAWP Priority Action Plan 21-24 - updates from SG's to note</p> <p>The updates provided by the sub groups and other people were all noted. The Chair also invited more discussion on the following:</p> <p><u>Equally safe: data collection learning from Covid-19:</u> VAW had agreed that due to time constraints and to avoid unnecessary or a duplication of work, they would not currently participate in any research until there is an approved way forward. Improvement Services are reporting that it was felt that the government plan on undertaking a large piece of national research which it was felt we would want to participate in.</p>	

<p><u>MARAC Annual report.</u> Report will be complete soon by EM. LF will circulate the report as soon as it is complete.</p>	<p>LF/EM</p>
<p><u>Priority 3. MARAC Survey and attendance record.</u> The attendance record has been complete by EM and will be circulated to all partners with the minutes. <u>UPDATE:</u> The MARAC Survey was also completed.</p>	<p>EM/CR</p>
<p><u>MARAC Reps</u> There is currently no NHS representative on the MARAC Subgroup. CS and LF will have a discussion to try and identify an appropriate rep.</p>	<p>CS/LF LF</p>
<p><u>MARAC ISP</u> <u>UPDATE:</u> The MARAC ISA is completed. It was signed of the MARAC Steering and sent out to the partner agencies around August 2021. To note, there has been little return of receipt of the ISA. The MARAC Coordinator will be contacting all partner agencies that have not received the ISA in a follow up email.</p>	<p>EM</p>
<p>b) Sub Group Updates – All report contents noted. Each Chair then highlighted items which had been escalated to the partnership:</p>	
<p>Prevention SG</p> <ul style="list-style-type: none"> • It was felt that Schools/education establishments could be doing more to get across violence against girls issues. The mapping tool is to establish what is being undertaken by whom. It had also been suggested that currently teachers may not feel confident or equipped with knowledge on issues around drugs and alcohol, sexual exploitation etc. • MR and NH to have a further discussion around these issues after the meeting. 	<p>MR/NH</p>
<p>Training SG</p> <ul style="list-style-type: none"> • Level 1 training dates have been confirmed and sent out. Further dates will be established for 2022. Level 2 Refresher training to be delivered again online in the New Year. • A Training review was suggested, by the subgroup, and a report as to why this was an opportune time to undertaken this was circulated. • MR and EM have teamed together to have a look at a bite-sized MARAC training course due to large volumes of requests for refresher MARAC. This is currently well underway. • An extra meeting of the subgroup will take place on 15th Dec 2021 to look at the findings from the mapping exercise and what training needs to be delivered in the meantime. EM and MR are currently working on producing an annual training calendar with all the dates inputted well in advance. • The Training group has agreed that for 10 weeks from December 2021 through until February 2022, £1000.00 out of their training budget will be used to pay MR for additional hours to work on 	<p>MR/EM EM/MR</p>

	<p>developmental work, as a result of the Training Needs Analysis and Mapping Exercise, out with her training post hours. All HVAWP partners agreed. CS will communicate with CR to ensure these hours for MR will go through the correct processes.</p> <ul style="list-style-type: none"> • CS will link in with MR regarding the public health training platform for NHS Highland which is now open to all agencies. This platform may be helpful for VAW training when dealing with the training administration. • Trauma informed training involves a broader multi-agency discussion. MR will take direction from CS. <p>MARAC SG</p> <ul style="list-style-type: none"> • Agencies should be using the correct legal basis for information sharing, EM has sent out comprehensive guidance around this last week. • Oasis Database has been agreed under licence since November last year, however, it still isn't in operation. A hold up on this occurred which requires the Police to confirm that it meets their requirements. LF read from an email; <i>'we are currently in the process of a Data impact assessment been created to ensure that the force executives are happy with the use of our Oasis database system and from an information security stand point. The concern is that when we do adopt the Oasis software it is likely to fundamentally change the process of how information is shared between partners and render anything current out of date and redundant'</i> <p>There is a lack of statutory legislation surrounding MARAC at the moment however they are happy that the current information sharing is fit for purpose and continues in the meantime without the ISA. LF is hopefully that the Oasis database can be up and running soon, most likely into early next year before it is implemented. Police Scotland will not use Oasis until more work has been undertaken on it.</p> <p>Addressing Perpetrators SG</p> <ul style="list-style-type: none"> • Education facilities promoting positive gender equality - Calum S actioned to go and speak to education about the possibilities of developing some work/assessing work that is going on within the education facilities. Calum S to speak with NH regarding linking in with education as both have a similar priority. • A meeting is to be organised with Porterfield staff by Calum S and CR to discuss the prison service's perpetrator programmes. • Calum S to contact White Ribbon to explore what work can be done with them within highland area. • Non-court mandated programme (NCMP), as requested by HVAWP - The subgroup tabled a previously circulated paper on NCMP taking place in the UK. The report highlighted that in the two years 19/20 and 20/21, 63% of Domestic Abuse incidents that police Scotland, in Highland, record/responded too are never reported to anybody in the criminal justice process. Therefore they never go beyond the police. This could be due to low/no criminality found, or reported crimes that are investigated but not detected due to lack of evidence. For the 37% that do reach the criminal justice 	<p>CR/CS</p> <p>CS/MR</p> <p>CS/MR</p> <p>EM</p> <p>LF</p> <p>Calum S</p> <p>CS/NH</p> <p>CR/CS</p> <p>Calum S</p>
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	<p>process not all cases will actually get into a court room for various reasons such as lack of evidence or other means of disposal etc. Therefore persons who end up on the Caledonian project are those resulting in a court sentence conviction. This demonstrates how low the chances are at making it into the Caledonian project. Other agencies will also have domestic incident information on perpetrators that will also never make it to the police and criminal justice process.</p> <p>The research paper highlights the positive benefits of the NCMP as a whole. There are those who the paper doesn't highlight that may have a different view of the NCMP, one being that as it has not been mandated by a court, people can drift away from it. Challenges of the NCMP are how viable and deliverable it is by agencies involved.</p> <p>There appears to be scope to use the NCMP with a wide range of agencies/non-agencies.</p> <p>The subgroup have decided to wait 3-6 months to benefit from the results of the three regions who are currently about to begin using the NCMP to understand better how is it working, what are the pros/cons. The Scottish Government is also undertaking a review. The Partnership agreed to wait for these results and have also ring fenced money from the investment fund for further work.</p> <ul style="list-style-type: none"> • From a CJS prospective Rebecca Neil will be driving this forward once JM leaves. She will link in with the Addressing Perpetrator subgroup and is keen to be involved. • JM feels there is quite a bit of work to do in terms of scoping out the scale of the NCMP in highland in order to understand the resource requirements needed to do it and costs involved. In the next few months CJSW will start thinking about how they wish to do this, e.g. pilot scheme and then scale it up? <p>Service Provision SG</p> <ul style="list-style-type: none"> • Nothing further to highlight. All in the report. <p>Draft HPP COG Report for approval</p> <ul style="list-style-type: none"> • NH section from the Prevention subgroup to be added and there are some additional opening remarks by GG regarding the chair and deputy chair roles. • All partners agreed on the final submission of the report. • 	JM
4	<p>Financial:</p> <p>Income/Expenditure – Quarter 2, 30 September 2021</p> <ul style="list-style-type: none"> • All the monies are now in from the various agencies. A slight amendment to be made on the VAW training budget for £1000 for MR additional hours. • Slight change update from the accountant – NHS health board figure of £49,867 is actually £51,430 due to annual pay uplifts. • Regarding agreed items to be spent in the budget – one of these is the annual charge for the MARAC database. This will be charged for as soon as it goes live but until then there is no maintenance charge going out. 	CR

	<p>Investment Plan Updates Noted with no further updates.</p>	
<p>5</p>	<p>16 days of Activism 2021 – 25/11</p> <p>Discussions on the events and plans to date agreed:</p> <ul style="list-style-type: none"> • Summit at the town house has been cancelled mainly due to Covid19 and limited numbers permitted to attend. • The light up of the Ness Bridge will take place on Thursday 25th Nov 2021 over three days. During these days of light up the HC have offered help from their media and coms department – they have suggested that rather than having a single press conference down at the bridge, they propose having a digital media conference. The benefit from this is that some of the smaller regional outlying newspapers/channels can attend and we will get wider coverage. • If we get a media pack together then HC has agreed to organise and host the media event. • Improvement Service Scotland has produced good resources (backdrops, placards, animated stats etc.) • All partners agreed to the proposal of the 16 days event running as a press conference in the morning to get our key messages across and the bridge light up at night with broadcast media and photographers involved. • LF has gathered some statistics and is currently awaiting a response for one more before sending them on to GG. • LF has asked about lighting up a St. Magnus Cathedral in Orkney. There were a few complications with proceeding with this so it was therefore agreed not to go ahead. • We have asked for quotes from some of the chief executives from different agencies to pledge their support to the campaign. • The chair asked for a volunteer from the partnership to represent the partnership by talking at the media conference. This task would last approximately 10 minutes. MR and JM volunteered if nobody else volunteers. KB and EF will discuss further. • CR provided an update from Romy: The main theme will be ‘what will you do to help end gender based violence?’ This will be aimed at main decision makers, institutions and the general public. This is happening throughout Highlands and Islands. It is a call to action about publically pledging what people can do to end Gender Based Violence. There is also a website where all the campaign material and photos from the event will be displayed. The colour for the light up is orange and will happen on the 25th, 26th and 27th Nov 2021. • All the partner organisations are also undertaking individual things such as contacting MSPs and other influencers/local celebrities. RR has been a point of contact pulling these all together. CR suggested contacting RR if anyone wishes to volunteer to help Romy with anything further. • The chair expressed a thank you to RR for all the work she has undertaken on the 16 days event. • LF and Calum S are planning to connect with Inverness Women’s Aid and run a stall promoting Women’s Aid and police working 	<p>LF</p> <p>LF</p> <p>LF/Calum S</p>

	<p>together.</p> <ul style="list-style-type: none"> • LF's team are also going to have a campaign undertaking perpetrator bail checks. 	LF
6	<p>HVAWP Promotional Information</p> <p>VAWP Leaflet – Update</p> <ul style="list-style-type: none"> • All partners agreed that there is still a place for a paper leaflet – such as providing information to hand out on a campaign stall and accessibility of information to all with not everyone been online. • GH suggested a QR code on the leaflets/posters and linking this to the HVAWP websites could be a useful. • Local organisations have different approach to displaying leaflets or not. • There is money already confirmed in the budget for the leaflets. • CR asked for guidance on what to have in a VAWP leaflet. Ideas can be circulated around before Christmas. UHI are still keen to assist with their students developing this in their Jan 2022 semester; however we need to give them a guideline. • LF and CR to put ideas together for circulation before the end of the year. <p>Directory of Services – what is now needed</p> <ul style="list-style-type: none"> • The directory of services is approximately five years out of date. The VAW support team will be updating this and would like input from partners of what they would like to develop to replace the existing directory. • KB suggested putting helpline phone numbers and not just websites links. • CR and EL will create a draft format and circulate to partners for input and approval. 	<p>ALL</p> <p>GH</p> <p>CR</p> <p>LF/CR/EL</p> <p>CR/EL</p>
7	<p>Safe & Together Update</p> <ul style="list-style-type: none"> • CR read out an update from The Highland Council (THC); they confirmed that the Equally Safe Fund application was successful and therefore the Safe and Together project will be going ahead. • They are currently looking at the coordinator's post and to begin recruitment. • A meeting with THC, GG, CR and the three chairs of the subgroups which have this as a priority is to be organised. The meeting will provide a clear update on how the different subgroups will be involved to progress this project. This information will be brought back to the partnership meeting in Feb 2022. 	CR/GG/CHAIRS
8	<p>Equally Safe Performance Framework Annual Returns Analysis – comparison over COVID-19 period</p> <ul style="list-style-type: none"> • Between 2018-2019 and 2019-2020 there has been a huge rise in self-referrals through to front line specialist support agencies. • In 2021 you can see the impact of isolation during Covid-19. In particular the 2019-2020 figures for education referrals drops to just 4 in the Covid-19 period. 	

	<ul style="list-style-type: none"> • Housing saw a drop in 50% in referrals to support agencies during the Covid-19 period. • Interesting to note: that throughout the year the total referrals for 2019-2020 which stood at 1670 isn't too dissimilar from the end of 2021. • The court mandated work and non-court mandated work didn't take place during Covid-19. in 2020 out of the 85 referrals on the court mandated only 10 people completed the programme. Whereas on the non-court mandated work there were 25 referrals and 23 completed the programme. • JM explained the difference between the two programmes giving a possible explanation for the difference in figures. He highlights that the court mandated programme is a two year long programme compared to a shorter version of the non-mandated programme therefore it is difficult to compare the two. 	
<p>9</p>	<p>HVAWP Risk Register</p> <p>The chair asked for any comments. Everyone noted the content of the report and agreed to it being finalised and presented at the next chief officer group.</p>	
<p>10</p>	<p>Any other Competent Business</p> <p>Issues raised were discussed;</p> <p><u>Women on nights out - spiking of their drinks</u></p> <ul style="list-style-type: none"> • SH is looking for support from the partners to get a message out there to raise awareness of this and to encourage people not to victim blame. • EF confirmed she had recently spoken to the Courier regarding an article on spiking. EF will send forward her contacts email address to SH. • KB mentioned that there is a lot on social media at the moment highlighting victim blaming. • GH is also happy involving her team at RASASH in any work the partnership is undertaking around this. <p>Link for recent Courier article - https://www.inverness-courier.co.uk/news/are-you-staying-home-tonight-to-help-improve-womens-safety-255493/?utm_source=dlvr.it&utm_medium=facebook</p> <p><u>Agenda paper work</u> CR asked if everyone was still happy with how the information is circulated. It was agreed to explore the possibility that in the future the VAW website could host these documents in a member's only page where all partners can access them. All partners had no objections to the current process.</p> <p><u>Volunteer for deputy chair</u> LF will ask in the Police Service and get back to GG.</p>	<p>EF/SH</p> <p>LF</p>

11	Date of Next Meeting Meetings for next year will be confirmed as soon as possible, awaiting COG dates.	
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Highland VAW Partnership Meeting
28 February 2022
1pm – 3pm (MS TEAMS)

PRESENT: DCI Donald MacDonald, Police Scotland – Chair
 DI Lynne Falconer, Police Scotland
 DI Calum Smith, Police Scotland
 Kate Blowers, Caithness & Sutherland Women’s Aid
 Elaine Fetherston, Inverness Women’s Aid
 Lorraine Levitt, Lochaber Women’s Aid
 Adele Newlands, Ross-shire Women’s Aid
 Gary Goddard, Scottish Prison Service
 Jill Graham, Scottish Fire Service
 Naomi Hyslop, Highlife Highland
 Claire Derwin, NHS
 Myra Ross, VAWP Team
 Catherine Russell, VAWP Team

APOLOGIES: Cathy Steer, NHS (Claire Derwin standing in for Cathy)
 Wendy Van Riet, NHS
 Jane Park, The Highland Council
 Jacqui Hutchinson, The Highland Council
 Niall MacLennan, Scottish Fire Service
 Romy Rehfeld, RASASH
 Lyndsay Sutherland, UHI

		ACTIONS
1	Welcome and Apologies	
2	Minutes of previous meeting	
a.	The Minutes were approved with changes	
b.	Action Tracker - updates not elsewhere on the Agenda: <u>Chairs Recruitment</u> – the interviews for the post of the new Independent Chair of HVAWP will take place on 21 March 2022.	

<p>3</p>	<p>Highland VAWP Priority Action Plan 21-24</p> <p>a. All updates were noted, no issues or questions were raised.</p> <p>b. All subgroup proposed changes, as a result of the Annual Review, were noted and approved. The Prevention & Education Subgroup proposed changes will be submitted for approved at the May meeting.</p> <p>c. It was agreed that the 2022/23 priorities from subgroups will be submitted to May HVAWP meeting for approval</p> <p>d. It was agreed that annually at the end of each financial year:</p> <ul style="list-style-type: none"> • All old updates will be removed apart from the last one, to keep the action plan workable. • An end of year copy will be kept after the updates from the last meeting (Feb) as an historical record. 	
<p>4</p>	<p>Financial</p> <p>a. <u>Income/Expenditure</u> – Quarter 3 to 31 December 2021 – noted and no questions were raised.</p> <p>b. <u>Investment Plan Updates</u></p> <ul style="list-style-type: none"> • Updates in blue were noted and agreed • Suggested changes in red were agreed • Any completed actions were noted and agreed <p>c. <u>Maternity Leave for HVAWP administrator</u> This was going out to advert on Tuesday 1 March, closing date 15th March. Shortlisting will be w/c 21 March and Interviews w/c 28th March if possible. The start date will be as soon as possible in April as the Maternity leave is set to commence around 10th April.</p>	
<p>5</p>	<p>Sub Group Updates</p> <p>All the subgroup reports had been previously read/ noted and the following issues were highlighted for HVAWP input:</p> <p><u>Addressing Perpetrators SG</u></p> <ul style="list-style-type: none"> • DI CS asked for VAWP support to assist Keith Walker from the White Ribbon organisation who was seeking volunteers to join them in helping to promote VAWG issues providing support from a male 	

	<p>perspective. The Chair asked if DI CS could provide more information on the organisation and the request.</p> <p><u>MARAC Steering Group</u></p> <ul style="list-style-type: none"> • The HVAWP Chair to speak to CS to confirm progress on identifying an NHSH Lead for MARAC and volunteers for the NHSH Chairs Rota • The HVAWP Chair reiterated the importance of all agencies signing up to MARAC ISA. <p><u>Prevention SG</u></p> <ul style="list-style-type: none"> • Clarity around some of the priority focus/aims was asked for. This would be looked at in the meeting between NH/CR the day after. <p><u>Service Provision SG</u></p> <ul style="list-style-type: none"> • Any volunteers for Chair/Deputy chair were encouraged to contact CR <p><u>Training SG</u></p> <ul style="list-style-type: none"> • A volunteer for Deputy Chair was sought. • Commercial Sexual Exploitation – The proposed project with the Women’s Support Group which had previously been circulated was approved. The Service Provision Group with the support of the VAWP Training Officer/Development Manager will progress this during the coming year as a priority. To be added to the Priority Action Plan • It was agreed to invite LT from the WSP to speak on the project at the May meeting. • It was agreed to carry over to next year £2k of the training budget from this year (unspent to date) to provide an increased budget. This would pay for additional hours for the Training Officer to help develop the new training programme and to provide more funds to pay for the developments. The total budget to be adjusted to £6k for 22/23. 	<p>DM/CS</p> <p>NH/CR</p> <p>ALL</p> <p>ALL</p> <p>CR/MR CR</p> <p>CR</p> <p>CR</p>
<p>6</p>	<p>Draft HPP COG Report</p> <p>The report was approved but the following is to be changed/added with the Chair providing final approval. To be submitted to COG with the previously agreed Risk Register by 9 March, the agenda deadline date.</p> <ul style="list-style-type: none"> • Add in the information provided by the Prevention & Education subgroup • Change the information provided in the MARAC subgroup Report reflecting the new position on the ISA. 	

7 The Highland Council – Sexual Entertainment Draft Policy Consultation

A proposed policy from the Highland Council had been passed to HVAWP. This was discussed and the following main points were raised:

- Concerns that the original consultation that took place in the Autumn of 2021 had not been circulated to any of the Public Protection Committees and appeared to miss out many organisations that would have perhaps contributed.
- This current consultation had also not been passed to any of the Public Protection Committees etc.
- The Autumn 2021 consultation and the survey for this consultation gave no scope to objecting to SEV's but concentrate questions on whether there should be regulation and what format that should take.
- There were general concerns that this should have been a national government decision and it shouldn't have been devolved to local government leading to an inconsistent approach across Scotland
- It was agreed though that legislation of SEV's, either nationally or locally, was preferable to the old system of non-regulation.
- Concerns were raised on two main issues in THC draft policy:
 - The Highland Council had agreed not to set a maximum number of venues. Many other LA's had set "zero" or a "small number" (both of which are acceptable in the legislation). This would lead Highland open to a potential influx of applications which could not be then refused on them being beyond any maximum limit.
 - The Highland Council had agreed not to set any specific localities for SEV's. Many other LA's had set specific areas. This would mean that potentially applications for SEV's could be applied for anywhere in Highlands and again not objected to on the grounds of locality.
- There was a whole range of documented, well researched information discussed which included:
 - Many testimonies of workers in SEV's undergoing serious abuse and assaults.
 - Most were self-employed and earned little money with no employment conditions.
 - Abuse in the venues, and outside was well documented.
 - Local areas became no go areas for most women.
 - It undermined human rights and equalities legislation and conflicted with most local policies and guidelines aimed at ensuring fairer, safer and equal communities in Highland.
 - Finally, it completely sent out the wrong message that the Council felt the objectification of women and young girls as sexual objects was acceptable in Highlands.

	<p>It was agreed:</p> <ul style="list-style-type: none"> • A draft response would be circulated to all partners and sent to The Highland Council by the deadline of 28 March. • We would also ask for a postponement of the introduction of the policy to allow for wider consultation which also incorporated consultation on whether SEV's were wanted in Highland not just how they should be regulated. • We would also be requesting to speak to the Licencing Committee at their meeting to discuss the policy to allow for a balanced and informed decision to be made. 	CR
8	<p>IDAA Training</p> <p>A proposal from the WA Groups was previously circulated. The proposal provided information on previous IDAA training that was paid for by the HVAWP 3 years ago. The Women's Aid groups had asked previously if underspend could be used for IDAA training again and for some refresher training. It was discussed that:</p> <ul style="list-style-type: none"> • There was no SafeLives SQA training at the moment and no more was planned until the Autumn. • If the full SQA was undertaken by the 13 identified people in WA who hadn't received training to date at the cost of £1,500 each, that would be £19,000. The current underspend going forward was unconfirmed until after the year end. • £10,000 had already been ring-fenced for potential IDAA training in the Investment Plan. This was pending further investigations into what training could be provided, when and at what cost to enable an informed decision to be made. • Contact with SafeLives had taken place and the Training and Dev Manager was meeting with them to discuss all options on 28 March. • The WA groups voiced frustration that the whole process was taking too long and they felt that this left staff untrained to undertake the IDAA role. However, there was understanding that that people were very busy and workloads where high which was not assisting the situation. <p>It was agreed:</p> <ul style="list-style-type: none"> • That some of the WA Managers would also attend the meeting with SafeLives on 28th March to help provide information on requirements for this training and refresher training, numbers etc. • Costings and availability would be obtained from SafeLives for what training could be offered and when. 	

	<ul style="list-style-type: none"> • A meeting would be convened during April to further discuss the outcomes of the meeting on 28 March and any other research that had been undertaken which will aim to discuss and agree a way forward. Attendees would be the HVAWP Chair, MARAC Steering Group Chair, WA Managers and the VAWP Support team. This would allow for things to progress between meetings. • An update will be presented to the HVAWP meeting in May. 	
9	<p>Safe and Together Update, Report for HVAWP & HPP COG</p> <p>The update report on progress was welcomed and it was noted that the joint CPC/HVAWP report would be sent to HPPCOG for their meeting in March.</p>	
10	<p>Equally Safe Return Analysis by Improvement Services</p> <p>The National report comparing the last 2 years annual returns from HVAWP with the National average was previously circulated and the contents noted. It was reported that the HVAWP were, in most cases, either met or partly met the required standards. On the areas where we only partly met ES aims was usually down to a lack of evidence and two areas where we did not meet standards had been planned but postponed during this last year due to C-19 and staffing issues.</p> <p>A national report on all areas across Scotland with details of best practice was expected during the next couple of months.</p>	
11	<p>Any other Competent Business</p> <p><u>Resignation of CASWA Manager</u> KB informed the meeting that she was soon to resign as Manager of CASWA after 9 years of service. The meeting acknowledged the substantial contribution that she had made, both to the CASWA organisation and to VAWG issues and activities across Highlands. Her skills, experience and enthusiasm would be a considerable loss. The meeting wished her well in her new ventures.</p> <p><u>IWA Premises</u> IWA asked for assistance in locating new premises. The hope is to have an IWA community “hub” in Inverness (with client accommodation in scatter flats elsewhere in the community).</p>	

The basic building spec would ideally be:

2 - 3 rooms to accommodate 4 - 6 workers hot desking

1 client activities room

2 interview rooms

2 toilets

Kitchen facility

Cupboard/storage space

Parking

Garden space (if possible)

Quiet, discreet location

The following is included for information but the meeting did not have time to discuss these:

Gender Commissioning – There is a new National working group being set up to develop a national position statement for local VAWP's to adopt around gender commission. This fits with one of our key priorities on protecting funding for front line services and we had expressed a wish to be part of this working group and updates will be provided to the subgroups and HVAWP.

Restorative Justice Consultation- HVAWP had responded to government consultation back in May 2021, stating our concerns over not feeling such processes would work for DA perpetrators, our concerns over it being victim led and safety issues for women and children etc. These concerns have now been heard and the consultation period has been extended to allow for these to be researched and appropriately addressed. There was also a need expressed that such processes should be collaborative with other processes already in place such as MARAC/MAPPA etc.

Meetings for Chairs of VAWPs and Public Health Scotland GBV Leads

A new National forum is to be set up soon for VAWP chairs to concentrate on key issues and promote cross working/networking.

Community Pharmacy Update – The pilot had been delayed until April to coincide with the new Forensic Self-referral process. Three areas had been chosen for the pilot; Glasgow & Clyde, Forth Valley and Lothian.

Equally Safe at Schools – Was launched August 2022. Fifty schools signed up to this, including Orkney and Ullapool. Further information will be circulated as it becomes available.

Equally Safe at Work - Piloted with 7 councils in 2020, including Highland which had obtained a Bronze level. Lessons have been learned and new

	<p>information produced for the next round of Equally Safe at Work schemes for the NHS. There is also a current scoping exercise and an introductory meeting this week. No final decision on whether this will proceed in Highlands has yet been made; however, if it does proceed it is a HVAWP priority to support this process was possible.</p> <p><u>Virtual Tour of Forensic Facility</u></p> <p>Anyone who was interested in staying after the meeting watched the video of the virtual tour of the Shores Forensic Facility that had been shown to some partners prior to Christmas.</p>	
<p>12</p>	<p>Date of Next Meeting</p> <p>10am, 25 May 2022 – Agenda deadline is 12 May.</p>	



Highland VAW Partnership Meeting

25 May 2022

10am - 12 noon (MS TEAMS)

PRESENT: DCI Donald MacDonald, Police Scotland – **Chair**
DI Calum Smith, Police Scotland
Catherine Russell, Manager, VAWP Team
Eilidh Moir, MARAC Coordinator, VAWP Team
Elaine Fetherston, Inverness Women's Aid
Helen Eunson, MH & Learning Disabilities, NHS
Jacqui Hutchinson, Children's Services, The Highland Council
Lorraine Revitt, Lochaber Women's Aid
Lyndsay Sutherland, Student Support, UHI
Lyndsey Mateer, Housing Services, The Highland Council
Maria Cano, CJSW, The Highland Council
Maureen Peeden, Ross-shire Womens Aid
Molly Gilbert, Adult Protection, NHS
Peter Mackenzie, new HVAWP Independent Chair
Romy Rehfeld, Manager, Rape & Sexual Abuse Service Highland

Presentation by guest: Linda Thompson, National Coordinator for Commercial Sexual Exploitation, Womens Support Project

APOLOGIES: Adele Newlands, Ross-shire Women's Aid
Beverly Horton, Drug & Alcohol Recovery, NHS
Cathy Steer, Public Health, NHS
Gary Goddard, Scottish Prison Service
Gill Graham, Scottish Fire Service
Jane Park, Health Service, The Highland Council
Kate Blowers, Caithness & Sutherland Women's Aid
DI Lynne Falconer, Police Scotland
Myra Ross, Training Officer, VAWP Team
Naomi Hyslop, Highlife Highland
Wendy Van Riet, Psychology, NHS

		ACTIONS
1	Welcome and Apologies	
2	<p><u>Presentation by LT on the HVAWP Commercial Sexual Exploitation Project</u></p> <ul style="list-style-type: none"> • A very informative and interesting presentation was given by LT to provide background on the Governments current CSE strategy, the work being carried out and the support provided by WSP across VAWP's and Local Authorities in Scotland, and the Highland Project that LT is supporting us to roll out this year. • It was agreed this should be considered as a longer session, if it was agreed that a development day would go ahead in the Summer. It would incorporate our work to produce a HVAWP CSE Position Statement. • LT's slides from her presentation to be circulated with the minutes 	CR
3	<p><u>Minutes of previous meeting</u></p> <p>a. The Minutes - were approved with changes</p> <p>b. Action Tracker - updates noted</p>	
4	<p><u>Highland VAWP Priority Action Plan 21-24</u></p> <p>The final updated plan from all the subgroups was noted and the May updates from 3 of the subgroups were noted. The two remaining subgroup updates will be added later and the action plan circulated with the minutes. There were no questions arising.</p>	
5	<p><u>Financial</u></p> <p>a. <u>Income/Expenditure – Quarter 4 to year end at 31 March 2022</u> Income and expenditure for the year was reported and noted by the meeting.</p> <p>b. <u>Proposed Budget for 2022/23</u> It was noted that some minor changes may take place to salaries and NHS main contribution monies as a result of the national agreed pay uplift. The budget was approved for the year.</p> <p>c. <u>Investment Plan Updates</u></p> <ul style="list-style-type: none"> • All items as presented were agreed. • 2 items remained as not approved as they still required further reports at the previous request of the HVAWP meeting. These had not been undertaken to date due to workloads. One of these was the outstanding 	

	<p>report for consideration on the Hospital IDAA Role. It was agreed that once time was found to write the report it would be circulated to all partners for input to allow for a balanced report to be presented for consideration which would outline the merits and concerns that members of the partnership had previously voiced. It had been confirmed that until such time as the report was presented back to HVAWP no decision on this had been made.</p>	
<p>6</p>	<p><u>Sub Group Updates</u></p> <p>Some of the subgroup reports had been previously circulated and were noted and the following issues were highlighted for HVAWP input:</p> <p>a. <u>Addressing Perpetrators SG</u> (Full report circulated)</p> <ul style="list-style-type: none"> • The Subgroup agreed to have the main part of each meeting looking at one or two different priority areas to allow for focus and momentum to progress individual priorities. • It had been agreed to try to secure Procurator Fiscal Input into the Subgroup. HVAWP noted that the PF office used to attend past meetings. • It was reported by the WA groups that there was concern over the lack of access to solicitors and legal aid practitioners in Highland for their service users. This was causing a major obstruction to them being able to access legal help, in particular, non-harassment orders. It was agreed that NHO's were a very effective tool to safeguard women and children experiencing Domestic Abuse and this was a concern for HVAWP. The CJSW Service and the Police also confirmed similar issues were further communication with the PF's office would benefit them and help safeguard victims. <ul style="list-style-type: none"> ○ It was agreed that DCI Macdonald would speak with DSU Miller to ask the PF today about PF engagement with HVAWP and the issues raised. ○ It was also agreed that we would try to get quantifiable statistics on the number of DA reports received by the police, the number of NHO's requested and the number implemented. <p>Post Minute Note – It was confirmed that DSU Miller will progress discussions with the PF on behalf of HVAWP.</p> <p>b. <u>MARAC Steering Group</u> (Verbal Report)</p> <p>The date had to be changed to next week for the meeting due to unavailability.</p> <ul style="list-style-type: none"> • The database was now being used by the MARAC Coordinator • Training sessions are all oversubscribed and more may be put in place if workloads allowed. • Area Self-assessment meetings are proving difficult to arrange, so in some areas a survey is being proposed. 	<p>DCI DM</p> <p>DI CS</p>

	<ul style="list-style-type: none"> • Consider a rotational deputy chair • That the deputy chair then takes over from the Chair. • Source training for those that may want it on how Chairs. • Where it should stay as it is, ie MARAC is good to have a permanent Chair and Vice Chair due to it priority work aims (currently police Chair). <p>Comments to be collated and reported back to the next HVAWP for an agreed way forward.</p> <p>There was a request for an up to date Terms of Reference to be circulated to all members and subgroup members so they had a copy.</p> <p>It was also agreed that PM, JH, HE, LF & CR would meet to discuss the NHS, THC & Police restructurings currently undertaken to help identify HVAWP and subgroup members.</p>	<p>CR</p> <p>CR</p> <p>CR</p>
<p>7</p>	<p><u>Draft HPP COG Report</u></p> <p>The report was approved and the two additional subgroup reports which had still to be added would be incorporated. This final report to be agreed by the Chair of the meeting and the New Chair to be submitted to COG by 8th June deadline. The new Chair will be attending the HPP COG meeting on 15th June.</p>	<p>PM</p>
<p>8</p>	<p>IDAA Subgroup Report</p> <p>A report had been circulated with recommendations following meetings with SafeLives and the subgroup. The meeting agreed:</p> <ul style="list-style-type: none"> • To proceed with Option 3 as a one off, no future commitment, for IDAA Training which was 3 days accredited training + 1 days non accredited bespoke refresher training for 24 people on both, at a cost of £11,900 plus VAT. • To reconvene the IDAA subgroup, with invitation to The Highland Council commissioning people to attend, to look at the options for developing an IDAA SLA. The aim to: <ul style="list-style-type: none"> ○ To ring fence THC monies to ensure this service is delivered as part of the MARAC process and monies are safeguarded by the partnership. ○ To outline key needs of the IDAA service as required by MARAC. ○ To include this in the 3 year priority action plan as an action for HVAWP IDAA subgroup to keep HVAWP updated on progress. ○ Have this in place and agreed by 31 December 2022. • To use the surplus spaces on the training available by inviting our current trainers to this course or relevant others. 	

<p>9</p>	<p>Development Day – Summer 2022</p> <p>It was agreed that we will arrange a Development Day for late Summer, probably late August after the school holidays. Current agenda topics:</p> <ul style="list-style-type: none"> • CSE – LT & MR • Gender Neutral Commissioning – WA Managers <p>Other ideas to be sought</p>	<p>CR</p>
<p>10</p>	<p>Equally Safe Return Analysis by Improvement Services</p> <p>An extension was agreed with Improvement Services to submit our Equally Safe Annual Returns after the 9th August HVAWP meeting to allow all partners to input into and approve the final documents.</p>	
<p>11</p>	<p>Any other Competent Business</p> <p><u>VAWP Training – Duty of Care Statement</u> Following several recent disclosures during VAWP training that a proposal to send out training information on how we would deal with this was tabled which would outline:</p> <ul style="list-style-type: none"> • Our clear duties under child and adult protection • With consent, inform line managers of a disclosure, no details necessary, to provide employee support of required • Provide support during and after training via trainers • Signposting to relevant support agencies <p>This was agreed to use straight away, but will also be circulated with minutes to allow the wider partnership to input as well.</p> <p><u>HVAWP Communications Strategy</u> It was agreed that it would be helpful to develop a Communications Strategy for HVAWP good to provide support to help with media/press when we need it and to ensure we have pre-agreed plans and the relevant expert support when needed. We would want to:</p> <ul style="list-style-type: none"> • Provide an alignment with COG Communications Strategy • Provide alignment with individual member organisations strategies, although it is recognised that each agency would also undertake their individual communications as well. • Would pull into this the development work of the training subgroup to agree new awareness raising aims and processes. • CR tasked to ask NHS/THC/Police for their input and Help. <p><u>Crime Stoppers Annual Budget</u> It was reported that Crime Stoppers held an annual budget to support</p>	<p>CR</p> <p>PM</p>

	<p>groups to produce leaflets etc. It was agreed that PM would provide further information to the Service Provision Subgroup currently tasked to looking at the VAWP leaflets.</p> <p><u>Retirement of DCI MacDonald</u> DCI MacDonald confirmed his retirement later next month. He thanked everyone for their support during his tenure as Acting Chair. The HVAWP thanked him for stepping into fill the temporary vacancy and for his leadership during this time which was greatly appreciated.</p>	
12	<p>Date of Next Meeting</p> <p>10am, 9 August 2022 Agenda deadline is 27 July 2022</p>	

**HIGHLAND COUNCIL/NHS HIGHLAND
JOINT MONITORING COMMITTEE**

Minutes of the Meeting of the Highland
Council/NHS Highland Joint Monitoring
Committee held Remotely on
Wednesday 16 March 2022 at 2pm.

PRESENT:-

Highland Council

Mr R Bremner
Mrs M Davidson
Ms F Duncan
Mrs L Denovan (LD)
Mr J Gray
Mrs D Manson

NHS Highland

Prof B Robertson (Co-Chair)
Dr T Allison
Ms L Bussell
Ms A Clark
Ms P Dudek
Mr D Garden
Ms H May

Staff Representatives

Mr J Gibson (Highland Council)
Ms E Caithness (NHS Highland)

Third Sector, Carer and Service User Representatives

Mr C Mair (Highland Home Carers Limited)
Mr I McNamara (Highland Senior Citizen's Network)
Ms G Newman (Highland Children's Forum)
Ms M Wylie (Highland Third Sector Interface)

Also in attendance

Mrs M Cockburn

Officers Present

Mr D Park, Chief Officer, NHS Highland
Mr S Steer, Director of Adult Social Care, NHS Highland (SS)
Mrs F Malcolm, Interim Head of Integration Adult Social Care, Highland Council (FM)
Mr I Kyle, Head of Integrated Children's Services, Highland Council
Ms E Ward, Deputy Director of Finance, NHS Highland
Ms T French, Head of Strategy and Transformation, NHS Highland
Ms S Amor, Child Health Commissioner, NHS Highland
Mrs L Dunn, Principal Administrator, Highland Council

Prof Boyd Robertson in the Chair

Item	Subject/Decision	Action
1.	Apologies for Absence An apology for absence was intimated on behalf of Mrs L Munro.	No Action Necessary

2. Declarations of Interest	There were no declarations of interest.	No Action Necessary
3. Minutes of Previous Meeting	There had been circulated and APPROVED Minutes of Meeting of the Joint Monitoring Committee held on 7 October 2021 subject to two typographical errors.	No Action Necessary
4. Highland Partnership Commission Assurance Reporting		LB
	a. Adult Social Care Assurance Report	
	There had been circulated Report No. JMC/01/22 by the NHS Highland Chief Officer, North Highland Health and Social Care Partnership.	
	During discussion, the following main points were raised:	
	<ul style="list-style-type: none"> • there was a need for increased communications with local councillors and it was suggested that consideration be given to submitting reports to local area committees. It was recognised that the new Council presented an opportunity for increased engagement. It was also felt that there was not a strong understanding of adult social care and an offer was made to members of the Committee and officers from Highland Home Carers for further direct sector access and engagement; • it was queried if Care at Home staffing levels had increased and it was suggested that recruitment processes should be reviewed with a view to improving job descriptions, increasing flexibility, and promoting jobs opportunities in local communities. Further direct sector experience was provided during which it was reported that the industry was experiencing its most difficult and volatile period with a significant reduction in staffing levels. It was explained that the biggest barrier being faced was with recruitment and retention. Consequently, there was a need to improve the perception of adult social care as a career with aim of achieving parity with health. The importance of working collaboratively to lead and promote this was emphasised; • the Rapid Response Team was commended and the importance of building on this and working collaboratively was emphasised. It was queried if this model could be replicated at a local level; • feedback from Home Carers did not make reference to salary but instead indicated the importance of feeling valued, supported in the working place, and ensuring positive experiences. There was a need to develop more modern and agile ways of working and it was suggested that locality planning should be used to optimise flexible service provision to meet local needs and address the difficulties being experienced by carers such as isolated working; • the national workforce strategy which was seeking to address the recruitment and retention issues at a national level and the importance of contributing to this process was emphasised; 	

- reference was made to the national work being undertaken in respect of skills for young people and future professions. It was reported that collaborative work was being undertaken with other regional areas and, in response to a query, the Committee indicated that it was supportive of the NHS Youth Academy being located in the Highlands. However, concern was expressed at it being an NHS Academy and it was explained that this was how it was being referred to at national education reform meetings. The Highland Council Chief Executive acknowledged the need for this to have a broader cross sector approach and confirmed that she would raise this point at a future meeting; and
- appreciation was expressed to all staff for their work during extremely challenging circumstances.

Thereafter, the Committee **NOTED**:-

- i. the contents of the report;
- ii. the ongoing unprecedented pressures across adult social care services, including NHS Highland (NHS) and providers of commissioned services;
- iii. NHS's continued commitment and collaborative actions to sustain service provision, whilst responding to the ongoing pandemic and associated operational pressures; and
- iv. that work had commenced on a NHS North Highland, Integrated Performance and Quality Report Dashboard for Adult Social Care, and that the Highland Health and Social Care Partnership would ensure strategic and operational alignment with NHS Highland Together We Care strategic imperatives once work had been completed on the Board Strategy.

The Committee also **AGREED** support for the NHS Youth Academy being located in the Highlands.

b. Integrated Children's Services Assurance Report

FD

There had been circulated Report No. JMC/02/22 by the Highland Council Executive Chief Officer Health & Social Care.

During discussion, the following main points were raised:

- further information was sought and provided on the timescale for implementation of the New Learning Review Guidance;
- an update was provided on the pilot being conducted in Lochaber and in terms of timescale it was explained that speed was of the essence;
- the report set out the ambition but further benchmarking information was required to measure effectiveness and provide assurance of improvement. There was also a need to ensure that the measures were meaningful;
- an update would be provided to the next meeting on the progress with developing the service for children that had been subject to sexual abuse;

- confirmation was provided that a review was being undertaken of Service Plans (which would include Council Key Performance Indicators (KPIs)) and funding had been allocated to early intervention and prevention. A strength based approach was being taken to the new model and improvement plans were also being developed. However, prior to this, best practice visits would be undertaken with a view to the Service and Improvement Plans being finalised for sign-off in late summer. In addition, child protection was not adequately resourced and this would need to be addressed. However it was indicated that there was a need to ensure that resource was invested appropriately for protection across all ages, i.e. children and adults;
- it was noted that there was a wide range of KPIs and it was queried if they were being fully utilised. This was an opportunity to ensure that the KPIs were meaningful, the right outcomes were being achieved, and to develop more local and place based planning; and
- staff were commended for the positive feedback from the Scottish Government.

Thereafter, the Committee **NOTED** the work undertaken:-

- i. by the children's services planning partnership in delivering the Highland Integrated Children's Services Plan 2021 – 2023; and
- ii. in other partnership areas.

5. Highland Health & Social Care Partnership Finance Reports

DG

a. NHS Highland Finance Report

There had been circulated Report No. JMC/03/22 by the NHS Highland Director of Finance.

During discussion, the following main points were raised:

- NHS Highland headed into the next financial year (2022/23) in a stronger position due to the additional funding support that had been received. In addition, although the Partnership was in a more secure financial position, the NHS was still under pressure;
- the service had been significantly under funded for many years and although the additional financial funding was welcomed it was highlighted that it was unlikely to be sufficient to meet demand. However, CoSLA had indicated that there would be further financial support next year;
- this was an opportunity to work collaboratively to plan how to best utilise the funding to improve services;
- it was clarified that an agreed position regarding risk share had not been reached and discussions were ongoing offline. It was explained that the Integration Scheme had a 50/50 risk share for financial year 2021/22 relating to the £3m target. However, there was a significantly improved financial position for the next financial year (2022/23) as there was a sizeable budget surplus and on that basis, it was felt that a risk share agreement was not required. In addition, it was explained that the Scheme set out

the process to be undertaken to address any overspends which included offline discussions being held between the Council and NHS Highland officials to resolve the matter. Nevertheless, it was felt that a more proactive approach should be taken by developing a risk share agreement that was proportionate to budgets at the start of the year rather than to wait until it was required. It was also indicated that it was unfair for the entire risk to sit with one partner and instead there should be a more integrated approach. However, it was indicated that the focus should be on good financial governance to ensure that the budget did not get into any difficulty and thus eliminating the requirement for managing risk;

- there was a need for more integrated financial reporting as a single Partnership budget to future meetings;
- it was queried how care and third sector organisations, which were on standstill budgets, could get the opportunity to input to offline discussions. Assurance was provided that in the event of a dispute, further meetings were welcome to ascertain the views and impacts of the third sector. Appreciation was expressed, particularly to the NHS officers that had listened to the concerns raised by the third sector, and their willingness to be more involved was emphasised. The opportunity for more Partnership consultation was recognised;
- it was clarified that the £11.3m shortfall had been eliminated by the injection of new funding received and also generated a £10.4m surplus;
- there was a need for more inclusive engagement to improve the decision-making process. It was also suggested that there should be more use of plain English/common language within reports;
- there was a need for greater information sharing and improved communications across the Partnership; and
- assurance was provided that there was robust financial governance in place but there was a need to work differently and encourage change of service delivery.

Thereafter, the Committee:-

- i. **NOTED** the financial position at the end of Month 10 2021/22; and current forward projection for 2022/23; and
- ii. **AGREED** that the matter of risk sharing would be further considered and the outcome reported to a future meeting.

b. Highland Council Finance Report

LD

There had been circulated Report No. JMC/04/22 by the Highland Council Executive Chief Officer Finance & Resources.

During discussion, the following key points were raised:

- there was a desire for better understanding of the increases in activity referred to within the report and the need for this to be quantified; and

- reference was made to the significant impact of Covid on children, the importance of utilising preventative measures, and the need to maintain high quality relationship focussed services.

Thereafter, the Committee **NOTED** the:-

- overall financial position for the Council for financial year 2021/22, the Council budget set for 2022/23, and the funding available for investment in 2022/23; and
- forecast revenue position for Children's services budgets as at Quarter 3 of the 2021/22 financial year, including the management action being taken and the risks and uncertainties set out within the report.

6. **Revised Highland Partnership Integration Scheme and Implementation Plan Update**

LB/FD

There had been circulated Joint Report No. JMC/05/22 by the NHS Highland Chief Officer, North Highland Health and Social Care Partnership and the Highland Council Executive Chief Officer Health and Social Care.

In presenting the report, the Highland Council Interim Head of Integration Adult Social Care proposed a further amendment to paragraph 1.3 of the Standing Orders to read as undernoted in order to clarify the voting rights -

The Highland Council and NHS Highland Board have elected to nominate members each to the Joint Monitoring Committee, who shall be ~~the~~ voting members *together with those other members identified on the list of members and set out below at para 1.5.*

During discussion, it was also suggested that reference to the Register of Interest at Section 11 should be removed.

Thereafter, the Committee:-

- NOTED** the contents of the report;
- APPROVED** the proposed Standing Orders to provide operational procedures to govern the conduct of the Committee subject to the revision to para 1.3 and the removal of reference to the Register of Interest at Section 11; and
- NOTED** the membership of the Committee.

7. **Highland Health & Social Care Partnership Programme Update and Future Partnership Approach to Integrated Working**

LB/FD

There had been circulated Joint Report No. JMC/06/22 by the NHS Highland Chief Officer, North Highland Health and Social Care Partnership and the Highland Council Executive Chief Officer Health and Social Care. A presentation was also made at the meeting in support of the report.

During discussion, the following main points were raised:

- the new partnership approach was welcome and the potential for positive change was recognised;

- there was a need for a core group of professional leads to be established to guide the change process;
- there was a need for preventative work, particularly with young people, and it was important that this was seen as a key strand, and not an add-on, with appropriate outcomes and monitoring;
- change should be driven from the ground-up;
- the pandemic and community response to Covid had demonstrated resilience and there was a need to build on these positive relations with further engagement with the third sector and communities;
- integrated services should be seamless to the user. The importance of engaging, listening to users, and responding to their feedback was emphasised;
- there was a need for partners to be fully embedded in the governance structures, however this would require their time and resources. It was therefore proposed that the Committee should agree to review the investment in third sector partners with a view to committing additional resource to enable them to have capacity to become fully engaged in the new partnership approach. Investment was key to ensuring the success of the new partnership approach. It was further requested that the investment enabled partners to have a role in the central design team;
- Highland was the only partnership in Scotland that was continuing with redesign in parallel to the national redesign. It was recommended that the report should be sent to the Scottish Government to demonstrate the work being undertaken which would enhance the national redesign. This might enable additional national resource to be accessed to evaluate the work and ensure an inclusive approach was being taken; and
- the partnership did not currently invest in supporting capacity to engage with the third sector. The sector was currently working at full capacity and it was difficult to identify and assign time to engage. The third sector was not currently funded to participate in strategic planning and engagement activities were financed through donations/fundraising. Therefore, there was a need to recognise the value of their time and to create capacity for them to engage and participate.

Thereafter, the Committee **NOTED** the contents of the report and **AGREED**:

- i. becoming a pathfinder in Scottish Government's 'Getting it right for every person' continue to be pursued in terms of the implementation of the National Care Service;
- ii. that the report be sent to the Scottish Government to seek formal recognition of the redesign work being undertaken to achieve the best outcomes; and
- iii. investment in third sector partners be reviewed for the purposes of committing additional resource to enable them to create capacity to undertake a full part in the governance structure.

8. National Care Service

SS

There was a verbal update by the NHS Highland Director of Adult Social Care during which he advised that there had been 1,300 responses to the Scottish Government National Care Service consultation and there had been huge enthusiasm for changing and improving social care. The responses had highlighted a number of risks and key issues such as staff recruitment and retention and service provision in remote and rural areas and this was welcomed. The analysis to date indicated that there was support for the full range of services being included with the exception of including children's services in the National Care Service.

It was the view of the Cabinet Secretary that the National Care Service would put an end to the postcode lottery system and the Government was already providing the resource required to start changing Adult Social Care. A National Care Service Programme Design, Engagement and Legislation Team had been established to consider issues such as the programme, communication and engagement, finance and local structures and rights. It was anticipated that the programme would be delivered by the end of the current parliament.

The Committee **NOTED** the update.

9. Date of Next Meeting

**No Action
Necessary**

The Committee **NOTED** that the next meeting would be held on Wednesday 3 August 2022 at 10.30am.

CONFIDENTIAL

10. Ullapool Care Home Provision

LB

There had been circulated Confidential Report No. JMC/07/22 by the NHS Highland Chief Officer.

Following discussion, the Committee **NOTED** the report.

Prior to closing the meeting, the Chair expressed his appreciation to those members that would be stepping down from the Committee (Mrs L Munro, Mrs M Davidson, Ms G Newman and Mr D Garden). He acknowledged their service and contributions to the people of the Highlands and wished them well for the future.

The meeting was closed at 4.35pm.