

**Highland Council/NHS Highland
Joint Monitoring Committee**

Minutes of the Meeting of the Highland Council/NHS Highland Joint Monitoring Committee held in the offices of Highland Home Carers Ltd, 1 Highlander Way Inverness Retail and Business Park, Inverness, IV2 7GE, on 19 June 2024 at 10.30am.

Present:

Highland Council

Mr David Fraser (Vice Chair)
Mr Raymond Bremner
Mr Derek Brown
Mr Ron Gunn (for Mr A Christie) (remote)
Ms Fiona Duncan
Mr Ian Kyle
Mr Derek Louden (remote)
Ms Fiona Malcolm
Mr Brian Porter

NHS Highland

Ms Sarah Compton-Bishop (Chair)
Dr Tim Allison
Mr Alex Anderson (remote)
Ms Louise Bussell
Ms Ann Clark
Ms Heledd Cooper
Ms Pam Cremin
Ms Fiona Davies
Mr Gerry O'Brien (remote)

Staff Representatives

Ms Elspeth Caithness (NHS Highland) (remote)
Mr John Gibson (Highland Council) (remote)

Third Sector, Carer and Service User Representatives

Mr Campbell Mair (Scottish Care - Care at Home)
Mr Ian McNamara (Highland Senior Citizen's Network)(remote)
Ms Hannah Eaton (for Dr Gaener Rodger) (Inspiring Young Voices) (remote)
Ms Mhairi Wylie (Highland Third Sector Interface)

Officers Present

Ms K Lackie, Assistant Chief Executive – People, Highland Council
Ms G Grant, Interim Head of Commissioning, NHS Highland (remote)
Ms R MacDonald, Depute Director Adult Social Care (Interim), NHS Highland
Mrs L Dunn, Joint Democratic Services Manager, Highland Council
Ms F MacBain, Senior Committee Officer, Highland Council

Other Highland Council Members Present

Mr Thomas MacLennan (remote)

Ms S Compton-Bishop in the Chair

1. Scheduled Change of Chair

Atharrachadh Cathraiche Clàraichte

The Committee **NOTED** that, as previously agreed, Ms Sarah Compton-Bishop, NHS Highland, would chair the Committee for the next 12 months, with Mr David Fraser, Highland Council, as Vice Chair.

Ms Compton-Bishop thanked Mr Fraser for his work as Chair over the previous 12 months.

2. Calling of the Roll and Apologies for Absence Gairm a' Chlàir agus Leisgeulan

Apologies were intimated on behalf of Mr Alasdair Christie, Ms Roisin Connolly, (Connecting Carers), Dr Gaenor Rodger (Inspiring Young Voices), and Mr Christopher Allan (Scottish Care Highland Branch Chair – Care Homes).

3. Declarations of Interest/Transparency Statement Foillseachaidhean Com-pàirt/Aithris Fhollaiseachd

There were no declarations of interest.

4. Minutes Geàrr-chunntas

There had been circulated and **APPROVED** minutes of the meeting of the Joint Monitoring Committee held on 27 March 2024.

5. Care Home Collaboration and Outcomes Co-obrachadh agus Builean Dachaigh Cùraim

There had been circulated Report No JMC/06/24 by the Chief Officer, Highland Health and Social Care Partnership; Executive Nurse Director, NHS Highland; and Executive Chief Officer Health and Social Care & Chief Social Work Officer, the Highland Council.

Following a summary of the report and appendices, the following issues were raised during discussion:

- engagement should be undertaken where possible with care home activity co-ordinators, noting the value of such positive engagement experiences to residents of care homes;
- communication should be undertaken with the Scottish Government in relation to funding that had been agreed in March 2024, outlining the success of the funding and seeking an indication, by December 2024, of whether future similar funding would be forthcoming. In general, the lack of clarity and certainty about future funding was frustrating and made strategic planning challenging. This should also be communicated to the Scottish Government, and the importance of gathering useful evidence in support of recurring funding was emphasised. Attention was drawn to the reputational risks from being unable to continue delivering successful programmes, and it was queried how other support work was being demonstrated and evaluated, with reference to the recruitment challenges being faced and how these could be overcome in future. Attention was drawn to the care programme board and the development of a care home strategy, and to the Government's role in support of care homes;
- technology that enabled interaction between care home residents and their families should be rolled out, particularly in the current climate where the sustainability of smaller care homes was uncertain;
- attention was drawn to the usefulness of purchasing equipment which could be used for many years to provide services, especially when recruitment was proving challenging and vacancies were creating inadvertent savings;

- the importance of multi-generational activities, including in the community, was referenced and the Highland Council Assistant Chief Executive – People offered to investigate what activities were being undertaken in partnership between schools/pre-school centres and care homes. Other options for the future could be pursued through the Community Planning Partnership Board; and
- there were around 1800 care home beds in Highland, and only £700k of funding, and it was suggested the funding should be allocated at the level closest to service delivery. However, this had to be balanced with Scottish Government requirements to ensure future funding was forthcoming.

The Committee **NOTED** the report and the forward intentions as contained therein, and that Highland Council would investigate and report back on multigenerational activities being undertaken in partnership between schools/pre-school centres and care homes.

6. Integrated Children's Services Report **Aithisg Ùrachaidh Sheirbheisean Chloinne Amalaichte**

There had been circulated Report No JMC/07/24 by the Chair of the Integrated Children's Services Planning Board.

During discussion, the following issues were raised:

- additional information was requested on KPIs and progress against targets, and this would be further considered at a development session. It was suggested this information should be presented at every meeting of the Committee;
- some issues on the risk register, particularly transitions, should be picked up as part of this report, and it was queried what the relationship was between monies such as the Child Mental Health and Wellbeing Fund and the risks outlined, and whether these funds could be used to accelerate outcomes. More clarity was sought on strategic golden threads, and the relationship between risk and budget ownership, all of which would be considered at a development session. Reference was made to a previous programme which had transitions as one of its outcomes and the Highland Council Head of Integration Adult Social Care offered to share the details of transitions pathways with Mhairi Wylie outwith the meeting;
- an update was sought and provided on NDAS (Neuro developmental assessment service), which was an active piece of work, and a more detailed update would be provided to the next meeting of the Committee. It was emphasised that looking at NDAS in isolation was not ideal;
- assurance was sought that positive feedback from the Vision 26 event would be spread geographically; and
- in relation to GIRFEC, the pre-requisite eLearning module was welcomed, and it was hoped that for any training undertaken, a benefit would be evidenced in outcomes and performance. It would be helpful if these activities were mapped out as part of development work to ensure they were productive, as part of a multi-agency approach. The challenges aligning a broad model like GIRFEC to individual needs was highlighted, as was the need for an appropriate triage system. It was important to ensure NDAS was the appropriate referral route for children, and to look at policies around the provision of additional support. It was suggested that multi-factoral

assessments should be built into the GIRFEC process, which should be viewed as a whole system approach.

Thereafter, the Committee

- i. **NOTED** the work undertaken by the Children's Services planning partnership in delivering the Highland Integrated Children's Services Plan 2023 – 2026;
- ii. **NOTED** the work of the delivery groups;
- iii. **AGREED** progress on KPIs and the reporting of other performance-related data be considered at a development session, including the alignment of risk and budget management;
- iv. **NOTED** that the Highland Council, Interim Head of Integration Adult Social Care would provide information on transitions pathways and responsibilities across the partnership to Ms Wylie outwith the meeting; and
- v. **AGREED** an update on NDAS (Neuro developmental assessment service) be provided to the next meeting of the Committee.

7. Adult Services Update Report Cunntas às Ùr mu Sheirbheisean Inbheach

There had been circulated Report No JMC/08/24 by the Chief Officer, Highland Health and Social Care Partnership.

During discussion, the following issues were raised:

- concerns were expressed that Self Directed Support (SDS) Option 1 was generally viewed in a positive manner, and attention was drawn to some of the workforce-related concerns, including for unregulated, unsupported types of work. There should be as much of a focus on workforce as on the people receiving services;
- it would be helpful if 'unmet' need was defined along similar lines as NHS waiting lists, including both numbers waiting and wait times. A distinction was also made between assessed and unassessed need. Geographic and economic inequalities, as well as affordability, required consideration;
- noting that the strategy had been agreed in December 2023, it was important to have delivery timescales to work towards, with a focus on outcomes;
- Derek Loudon requested more specific information on SDS delivery staff shortages, including a breakdown by area and information on whether SDS usage was levelling off;
- Mhairi Whyllie queried the role of the Committee in relation to scrutiny of the reports and stated her intention to check the Committee's remit in this regard, with particular reference for the need for assurance around workforce, with it being the highest rated risk on the risk register;
- with increasing pressures, including cost pressures, on the care sector, there were concerns from the third sector on a lack of focus on prevention and on the third sector commissioning processes;
- a clearer understanding of the manifestation of risk at a district level would be helpful given the geographic size of north Highland;
- it was suggested that SDS was being managed differently for children's versus for adults' services, and it was important to consider how to maximise the benefits of SDS for all;

- it was pointed out that sudden care home closures were dealt with promptly yet the ongoing issue of waiting lists for care home places did not appear to be being tackled with the same efficiency. The reasons for this were summarised, including the need to match risk and outcomes with resources and circumstances; and
- effort and energy should be put into areas where overall risk could be reduced.

Thereafter, the Committee:

- NOTED** the work undertaken in implementing the HHSCP Joint Strategic Plan and assurance performance information as supplied;
- AGREED** timescales for delivery of the Strategic Plan be reported to the next meeting of the Committee; and
- NOTED** that more specific information on SDS delivery staff shortages be provided to Mr Louden, including a breakdown by area and information on whether SDS usage was levelling off.

8. Risk Register Report Aithisg Clàir Cunnairt

There had been circulated Report No JMC/09/24 by the Executive Chief Officer Health and Social Care & Chief Social Work Officer, The Highland Council and the Chief Officer, Highland Health and Social Care Partnership.

During discussion, the following issues were considered:

- more detail was required on how risk mitigation was progressing, and this would be further considered at a development session, as would the format and presentation of the risk register, with suggestions including three additional columns for target, progress and timescales, and to include a risk movement indicator;
- information was sought and provided on how risks were identified and why there had been no additions since December 2023;
- other areas queried as potential risks included the functioning of the partnership and lead agency model, the national care service, the risk of theft of data / cyber-attacks, a widening of Risk 8 (Care Home Viability). It was clarified that the individual organisations had separate risk registers which contained risks relevant to that organisation only. In relation to the care model and the lead agency arrangement, officers would be asked to review Risk 4;
- NHS Highland and the care sector had facilitated risk management sessions on risks around IT issues; and
- in relation to the risks associated with the freezing of capital for the Belford Hospital, it was clarified that this was on the NHS Highland Risk Register.

The Committee **NOTED** the report, that Risk 4 would be reviewed by officers, and that other feedback on the risk register, including presentation, be considered at a development session.

9. Highland Health & Social Care Partnership Finance Reports
Aithisgean Ionmhais Com-pàirteachas Slàinte & Cùraim Shòisealta na Gàidhealtachd

a. Highland Health & Social Care Partnership Finance Report
Aithisg Ionmhais Com-pàirteachas Slàinte & Cùraim Shòisealta na Gàidhealtachd

There had been circulated Report No JMC/10/24 by the Director of Finance, NHS Highland.

In response to a query about when the formal integration offers would be agreed, this being worked on at present, with a final decision likely in the coming weeks. The removal of uncertainty around the integration agreement would be welcomed and consideration should be given to including this on the risk register. With reference to the uncertainties, the impact on the non-statutory sector was queried, and the need to close the Adult Social Care budget gap was highlighted.

The Committee **NOTED** the draft financial position at the end of the 2023/2024 financial year.

b. Highland Council Finance Report
Aithisg Ionmhais Chomhairle na Gàidhealtachd

The Committee **NOTED** that no financial report for Children's Services was available for this meeting. Highland Council operated a quarterly financial reporting approach and the timing of the JMC meeting was ahead of a first Quarter 1 report for 2024/25 being available. A near final / Month 12 position for 2023/24 would be available by end June 2024 as part of the Council's annual accounts process, which fell later than the JMC meeting.

The meeting ended at 12.45pm



Highland VAW Partnership Meeting
22 July 2024– 1-3pm
(MS TEAMS)

PRESENT: Peter Mackenzie - **Chair**
 Cathy Steer, Health Improvement, NHSH – **Depute Chair**
 Sharon Holloway, Highland Drug and Alcohol Partnership
 Catherine Russell, VAWP Team
 Iain Logan, COPFS
 Lorraine Revitt, Lochaber Women’s Aid
 James Martin, Highlife Highland
 Jennifer Baughan, WFWP
 Margaret McIntrye, The Highland Council
 Mhairi MacDonald, Shores Forensic Facilities, NHSH
 Molly Gilbert, Adult Protection
 T/DCI Ross Hamill – Police Scotland
 Sharon Holloway, HADP

APOLOGIES: Elaine Lyall, VAWP Team
 Donna Munro, CPC
 Debbie Stewart, NHSH
 Gillian Hossack, Caithness & Sutherland Women’s Aid
 Isla Barton, Midwifery, NHSH
 Isabel Mclellan, THC
 Karen Peteranna, VAWP Team
 Lyndsay Sutherland, UHI Mike Mawby, Safe & Together, The Highland Council
 Maria Cano, CJSW, The Highland Council
 Maureen Peden, Ross-shire Women’s Aid
 Myra Ross, VAWP
 Ruth Pond, Housing, The Highland Council
 Romy Rehfeld, RASASH
 Sandra Paton, Temp Manager, IWA & RWA

		ACTIONS
1	Welcome and Apologies Introductions were made for new members.	

2	<p>Minutes of previous meeting</p> <p>a) Approved but note CS was not present and had sent her apologies.</p> <p>b) Review of Action Tracker - Updated</p>	
3	<p>Financial (CR)</p> <p>a) <u>Financial Expenditure against Income for Quarter 1, 2024/25</u></p> <p>This was presented to the meeting and approved.</p> <p>b) <u>Proposal for transfer of VAWP Training to Public Health</u></p> <p>CR & CS talked through the proposal as it had not been possible to circulate the SBAR in advance as responses and final alterations were still awaited.</p> <p>CS clarified that:</p> <ul style="list-style-type: none"> • They are not proposing any change to staffing, nor moving staffing nor moving budget for the Violence Against Women partnership out of the Partnership arena. This proposal they feel will enhance the training function by taking on more responsibility within Public Health. • The PH department have a number of trainers who are interested in co-delivering the HVAWP GBV training alongside others to provide more capacity to deliver training, cover sickness and other absences and deal with any issues that arise during training. • This proposal would free up resources for HVAWP as the budget for the training officer remains within HVAWP and would enhance current HVAWP GBV Training. <p>Comments made:</p> <p>PM:</p> <p>Felt that it was important this was discussed further to ensure we met our appropriate governance responsibilities, looked at the full implications and took on board potential plans ahead.</p> <p>MM:</p> <ul style="list-style-type: none"> • Appreciated the verbal rationale that was being discussed but would like to see the full SBAR and also a SWOT analysis. • In reviewing the proposal we should ensure we have an appropriate strategic lens in that HVAWP should be mindful of HPPCOG’s current review of public protection remits. Their aim is to promote PP officers working more closely together within public protection committees aiming for enhanced collaboration, strategic alignment and maximisation of resources. 	MM

	<ul style="list-style-type: none"> • She would speak to the Chief Social Work Officer to get their input into this proposal as well on behalf of HVAWP. <p>JB: There have been ongoing discussions within their organisation about the lack of a single space across the public protection areas to discuss joined up working and common ground within training and workforce awareness raising. A meeting is taking place this week and JB confirmed she would be pleased to keep the partnership updated.</p> <p>It was agreed that a small working group, out of those that were able to attend, would be formed to discuss the proposal further. The aim of the group would be to work on this before the next VAWP meeting in October so that it can be progressed and if required the working group could circulate a response to the proposal around the partnership by email in between the meetings. Any proposal outcome to be attached to the HVAWP Financial Governance document to act as a formal, detailed record of the agreement.</p> <p>CR to circulate the final amended SBAR to everyone for comments and ask for volunteers for the working group.</p>	<p>JB</p> <p>CR</p>
4	<p>HPP COG</p> <p>a) <u>Report to COG</u> – Deadline for COG agenda 31 July. To be completed by PM/CR which will reflect the updates from the delivery group and this meeting and be sent in by the agreed deadline.</p>	<p>PM/CR</p>
5	<p>New Work</p> <p>a) <u>Scotland’s Strategic Approach to challenging and deterring men’s demand for prostitution and supporting the recovery and sustainable exits of those involved in prostitution</u></p> <p>A paper from the pilot areas had been submitted to COSLA/Government highlighting the concerns on the lack of information, detailed plans, resources and information from the Government to the pilot areas to allow for any meaningful local plans and responses to be developed. Discussions around these had taken place with the ES Policy Officer from COSLA who recently updated the pilot areas:</p> <p>She had sent communications to relevant colleagues at the Scottish Government, highlighting the difficulties to date from a local perspective, with the current plans. They have proposed that COSLA and SG might work together to support colleagues to come together to explore what the shifts could</p>	

	<p>be made to enable movement forward that would be helpful to all in ensuring that relevant and positive action can be taken towards the realisation of the outcomes for women. No response has been received to date, but updates will be passed to HPPCOG as it is proposed by the Government that once plans are known that HPPCOG would have an overview of the proposals in each pilot area.</p> <p>b) Equally Safe Annual Returns</p> <ul style="list-style-type: none"> • The Equally Safe Quality Standards Annual Return agreed with an amendment to 5.4 which asks if “The VAWP has a strategic plan in place that links directly to the CPP’s Local Outcome Improvement Plan”. Both CS and MM confirmed that this did indeed link in. It was further suggested that CR put this link into our HVAWP Strategy, along with the recently added link to the Istanbul Convention and the ES Delivery Plan. • The Equally Safe Performance Framework Annual Return was still awaiting one organisation to submit their data. It is hoped both returns will be submitted soon. 	CR
6	<p>National Strategic Commissioning and Funding Review of VAWG services</p> <p>PM/CR attended the national meeting on 18 June. PM reported that partnerships around the country were voicing concerns around the lack of confirmed funding going forward after 2025. It was noted that it was difficult to make plans when services didn’t know what the situation would be after this date. It was also having a major impact on local staff recruitment, retention and service provision. Further additional meetings are now planned.</p> <p>PM to ask the national meeting who can receive minutes so that information can be easily forwarded around the partnership.</p> <p><u>Local Commissioning</u></p> <p>WA groups reported the next meeting with the Highland Council to discuss their ongoing funding will be in August, there are also plans for a further review in November. They also reported that in respect of the National DES funding, that they would all normally be applying for that continuation funding for after March 2025 now, and nothing has been heard. Therefore, none of the Highland WA groups have any secured funding in place for after March 2025.</p>	PM

<p>7</p>	<p>Highland VAWP Strategic Plan 24-27 & Highland VAWP Terms of Reference annual update</p> <p>a) HVAWP Strategic Plan – final version to be circulated as soon as completed</p> <p>b) TOR’s update – Updated version to be circulated as soon as possible.</p>	<p>CR</p> <p>CR</p>
<p>8</p>	<p>Delivery Group Updates</p> <p>Due to time constraints in this section the HVAWP Chair invited Delivery Group Chairs to highlight any items requiring HVAWP wider input as below, as the reports had already been circulated.</p> <p>a) <u>Addressing Perpetrators Subgroup</u></p> <p>It was reported the meeting was cancelled, however, as there was a new chair the time was spent bringing them up to date. Also, during the meeting, a representative from CJSW (MC) joined for a short period to update on the Early Release programme. HVAWP are asked to note:</p> <p>Can all partners please sent to CR any comments or information on the following to enable discussions and a report then to HVAWP:</p> <ul style="list-style-type: none"> i. Impact of the Prison early release programme on: <ul style="list-style-type: none"> a. Services and resources/capacity b. On victims c. On Children d. On families ii. Any other relevant information <p>MM/IL confirmed that from their perspective in Highland this had all run according to plan.</p> <p>b) <u>Learning, Development & Training Subgroup</u></p> <ul style="list-style-type: none"> i. 16 Days – (25 Nov – 10 Dec) A group and lead need to be confirmed for the next 16 days this Autumn as national meetings are already underway, can HVAWP assist. <ul style="list-style-type: none"> - The Meeting asked for volunteers to help out this year or those on the communications group to get in touch with CR to confirm progress/membership and interest in joining. Also, the meeting suggested some new people for the Delivery group so CR will progress adding them to the group membership and updating them. ii. Note the smaller planned exercise of mapping GBV training within the Delivery group being delivered 	<p>ALL</p> <p>ALL</p>

	<p>throughout schools with the support of educational representatives.</p> <p>c) <u>MARAC Steering Group</u></p> <p>The MARAC chair reported that they would ask HVAWPs input to:</p> <ul style="list-style-type: none"> i. Review MARAC manpower and investment – this is due to current pressures on the MARAC Coordinator, as detailed in the report. HVAWP to agree on a way forward. <ul style="list-style-type: none"> - The Meeting responded by confirming that they approved all the current measures being taken by the Delivery Group and HVAWP support team to maximise resources and streamline processes yet retaining required robustness. The meeting looked forward to hearing after the next meeting how this was progressing/impact assessment. - CS confirmed that PH were able to put in some additional resources into the MARAC admin. - MM suggested that other Public Protection resources may be able to be utilised, linking back to earlier comments. - The Chair asked for this to be put on the Risk Register to ensure COG had sight of the issue. ii. Consider the following adjustments to MARAC meeting reports/minutes and agree a way forward due to current pressures on the MARAC Coordinator: <ul style="list-style-type: none"> (1) Reduce MARAC minutes of meetings to a summary of risks, protective factors and actions and (2) Save Teams recordings/audio recordings for an agreed length of time (12 – 24 months) as a formal full backup of meeting minutes. <p>The meeting agreed for this to be pursued, discussed further at the next MARAC delivery group meeting and report on progress at the next HVAWP Quarter meeting. PM to inform COG in this month’s report.</p> iii. Be aware that the current MARAC Operating Protocol was not signed-off by all MARAC partners in 2021/22, a new review of the Protocol and ISA was instructed by the Delivery Group in 2023, however the MARAC Coordinator is unable to progress this due to resources iv. Be aware that the MARAC Coordinator has been unable to progress the MARAC section of the HVAWP annual report due to resources. v. Note that TURAS MARAC training dates for August to December 2024 are live. 	<p>CR</p> <p>LR & KP</p> <p>KP</p>
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	<ul style="list-style-type: none"> vi. Note that a MARAC Chair refresher training course to be offered before the start of each agencies quarter on the rota, from Sept/Oct 2024. vii. Note the data & statistics contained within the report. <p>d) <u>Service Provision Subgroup</u></p> <ul style="list-style-type: none"> i. Note that due to school holidays this was not a full meeting, but attendees did carry out a brief update on progress. ii. Note ongoing funding uncertainties for front line services in Highlands iii. Note the continuing slow progress on the proposal to implement our requirements for the Strategic Approach to Challenging and Detering men’s demand for prostitution and supporting the recovery and sustainable exit of those involved in prostitution (discussed above). <p>e) <u>S&T Joint Project with CPC</u></p> <p>Both in person locality training events (Inverness and Wick) were almost fully subscribed (95%), feedback was positive with particular reference to delivering training out with Inverness. The finances are looking positive with considerable savings on having a locally based trainer (i.e. me) as opposed to having faculty trainers from the US and/or London. Potential savings mean that we may be able to deliver more in person training than originally planned subject to approval by Steering Group. MM asked to submit the normal reports to be circulated with the minutes</p> <p>The Chair asked the Chairs of all delivery groups to look at how reporting can be carried out in the future to share the report production equally between attendees.</p>	<p>MM</p> <p>Chairs of Delivery Groups</p>
<p>9</p>	<p>Any other Competent Business</p> <p>a) <u>Bairns Hoose</u></p> <p>MM Chair’s the SCIM meetings and updated that this board had now moved to a broader SCIM & Bairns Hoose Board with updated terms of reference. MM from SARCS is the HVAWP rep on this board. 2 Bairns Hoose’s are now open in Highland, one in Wick and one in Inverness. The second lot of funding is due imminently. Plans going forward for a third Bairns Hoose will be explored. MM and IL to speak further outside the meeting to explore further opportunities specifically around COPF’s support.</p>	

	<p>b) <u>Annual Report</u> CS confirmed that she has spoken to most people asking for their information for the Annual Report but had only received data from 2. The Chair asked for Chairs of delivery groups and others to please supply CS with this information asap.</p> <p>c) <u>Recruitment of 1 year temp p/t admin post update</u> It was confirmed that the interviews for this post were taking place tomorrow on 23 July.</p> <p>d) <u>Deputy Chair</u> CS reported that due to other work commitments she could no longer act as Depute of the HVAWP or represent Public Health on the Partnership. PM said it was a great loss to see her leave and thanked her for all her input and hard work over the past years. CS confirmed she would leave just prior to the next meeting to ensure she could still complete the Annual Report for HVAWP. Then Susan Birse would be PH rep.</p> <ul style="list-style-type: none"> - The meeting noted a new Depute would need to be found and PM would speak to other Public Protection Committee chairs to ascertain their processes as well as speaking to colleagues around Scotland. - PM also asked for anyone interested to contact him. <p>e) 16 days – As above (LD&P Delivery Group Request)</p>	<p>Chairs of Delivery Groups</p> <p>PM</p> <p>ALL</p>
10	<p>HVAWP Risk Register The meeting went through the details on the register, provided updates and it was agreed this would also be sent to HPP COG with the report.</p>	CR
11	<p>Dates of 2023 Meetings:</p> <p>Development Day – September 17th – open to all HVAWP members and delivery group members. A hold the date email has already been circulated and further details will be sent out in due course. The event, by request, is face to face and is taking place at the Inverness Central Library. The Chair thanked HLH for the availability of this venue.</p> <p>Wednesday 30 October – 10am</p> <p>MS Teams Invitations/details of venue, agenda and papers will be sent out prior to each meeting. Diary dates of meetings will be sent out for acceptance as soon as possible.</p>	