

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

Minutes of the Meeting of the Highland Council/NHS Highland Joint Monitoring Committee held in Fort William Medical Centre, Fort William Health Centre, Camaghael, Fort William, PH33 7AQ, on 25 September 2024 at 10.30am.

Present:

Highland Council

Mr David Fraser (Vice Chair)
Mr Raymond Bremner (remote)
Mr Derek Brown (remote)
Mr Ian Kyle (remote)
Mr Derek Louden (remote)
Mr Brian Porter (remote)
Mrs A MacLean (sub for A Christie)
(remote)
Mrs K Lackie (sub for F Malcolm)
Ms J Park (sub for F Duncan) (remote)

NHS Highland

Ms Sarah Compton-Bishop (Chair)
Dr Tim Allison
Mr Alex Anderson (remote)
Ms Louise Bussell (remote)
Ms Ann Clark (remote)
Ms Heledd Cooper
Ms Pamela 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 Christopher Allan (Scottish Care Highland Branch Chair – Care Homes) (remote)
Ms Hannah Eaton (for Dr Gaener Rodger) (Inspiring Young Voices) (remote)
Mr Campbell Mair (Scottish Care - Care at Home) (remote)
Mr Ian McNamara (Highland Senior Citizen's Network) (remote)
Ms Mhairi Wylie (Highland Third Sector Interface) (remote)

Officers Present

Ms A Johnstone, NHS Highland (remote)
Mr S Steer, Director of Adult Social Care, NHS Highland (remote)
Mrs L Dunn, Joint Democratic Services Manager, Highland Council
Ms F MacBain, Senior Committee Officer, Highland Council

Ms S Compton-Bishop in the Chair

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

Apologies were intimated on behalf of Mr Alasdair Christie, Ms Fiona Duncan, Ms Fiona Malcolm, Ms Roisin Connolly, (Connecting Carers), Ms Gaener Rodger (Inspiring Young Voices),

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

There were none.

3. Minutes Geàrr-chunntas

There had been circulated and were **APPROVED** minutes of the meetings of the Joint Monitoring Committee held on 19 June 2024.

4. Highland Health and Social Care Partnership Annual Performance Review 2023/24

Ath-sgrùdadh Coileanaidh Bliadhna Com-pàirteachas Slàinte is Cùraim Shòisealta na Gàidhealtachd 2023/24

There had been circulated Report No JMC/11/24 by the Chief Officer, Highland Health and Social Care Partnership.

During discussion, the following issues were raised:

- further information on Self-Directed Support (SDS) uptake data was sought and would be provided outwith the meeting. It was pointed out that SDS referred to all four options, and the importance of including the needs of the workforce in considerations was emphasised;
- information on the revised timescales for implementation of the ten commissioning proposals for Care Homes and Care at Home was requested;
- a one-page accessible summary at the start of future Annual Performance Review reports, to set in context the breadth of activity and scale of the challenge to sustain operational delivery, would be helpful;
- more realistic rag ratings, with improved use of the amber category for targets close to being achieved, would be beneficial;
- noting that NHS Highland A&E performance was below the target and the national average, it was queried what the variation was between the three smaller, rural hospitals, and Raigmore, with Raigmore's performance being significantly lower, due in part to its size and the increased complexity of cases seen. A means of sharing particular hospital A&E performance data with local communities, possibly through district planning groups, would be considered offline and reported back to Raymond Bremner;
- it was suggested a key was missing from the graph on P17 of the papers;
- consideration was given to the challenges around making Care Home and Care at Home sustainable, while balancing the need for excellence with the volume of work and services; and
- the benefits of local-based first responders was emphasised, including their ability to deal with minor issues and avoid a visit to an acute hospital.

The Committee:

- i. **APPROVED** the Highland HSCP Annual Performance Report 2023/24;
- ii. **AGREED** further information be provided outwith the meeting on SDS performance, including a breakdown by area and information on whether SDS usage was levelling off, as requested at the previous meeting;
- iii. **AGREED** to provide information at the next meeting of the Committee on the revised timescales for implementation of the ten commissioning proposals for Care Homes and Care at Home; and
- iv. **AGREED** that future Annual Performance Reports should start with a one-page accessible summary to set in context the breadth of activity and scale of the challenge to sustain operational delivery.

5. Chief Officer's Report Adult Services Aithisg Àrd-Oifigeir mu Sheirbheisean Inbheach

There had been circulated Report No JMC/12/24 by the Chief Officer, Highland Health and Social Care Partnership.

During discussion, the following issues were raised:

- the challenges were summarised, including the need to reduce delayed discharges, and progress implementation of the Adult Social Care (ASC) strategy. Reference was made to the public meeting that had been held to address concerns about the closure of Moss Park Care Home, Fort William, and options for the future, with that situation illustrating the susceptibility of the system to Care Home closures;
- the complexity of the community planning and SDS landscape was highlighted, with particular reference to third sector partners, felt the loss of a governance layer below the strategic level. Reference was made to capacity building and project work being undertaken by the Joint Officers Group, and that a mechanism was required to facilitate third sector partner involvement in this. This would also be considered at a future development session;
- the importance of the preventative agenda was emphasised and it was suggested prevention should be included as a standard point of reference in reports;
- various issues that should be considered at a future development session included the transformation agenda, the importance of operational solutions being realistic and joined up, preventative measures, and how to work in an environment of reducing resources; and
- it was important to consider contributory factors to Care Home closures and the impact of the national care contract on smaller care homes in Highland. Reference was made to efforts being undertaken to lobby for change in this area.

The Committee **NOTED**:

- i. the work undertaken in implementing the Highland Health and Social Care Partnership Joint Strategic Plan and assurance performance information as supplied; and
- ii. that a mechanism would be put in place to ensure third sector involvement at an operational level and that third sector partners would be provided with an update on project work and capacity building being undertaken by JOG.

6. Learning Disability Services Seirbheisean Ciorraim Ionnsachaidh

There had been circulated Report No JMC/13/24 by the Chief Officer, Highland Health and Social Care Partnership.

A presentation, the slide from which would be circulated outwith the meeting, was provided on Learning Disability Services, including numbers affected, health checks, projected support spend, recruitment challenges, and plans for the future.

- the normalisation and integration of people with a learning disability was vital, especially in relation to employment. A significant challenge for public health was the lower overall general health of people with a learning disability and how to tackle this;
- it was important to acknowledge that ASC extended beyond Care at Home and Care Homes. Small improvements to a younger adult's life could have significant impacts on later stages;
- consideration required to be given to the extent to which the Committee was achieving the terms of its remit and this would be considered at a future development session;
- capacity issues in ASC required investment in strategically sited and procured new services, accompanied by a regional carer workforce development plan that included housing and immigration; and
- information was sought on the cost of ensuring health checks were being undertaken on people with Learning Disabilities and it was explained that at present around 50% of qualifying people were being checked, prioritised by those with the greatest need. The situation was subject to ongoing discussions.

The Committee **NOTED**:

- i. the progress achieved in delivering Annual Health Checks to people with a Learning Disability;
- ii. and support the actions to enable individuals with a learning disability to lead full and active lives in their own homes in community settings; and
- iii. the risks associated with the provision of support to individuals with complex needs and the recruitment and retention difficulties being experienced by the support sector.

7. Children's Services Update Cunntas às Ùr mu Sheirbheisean Chloinne

There had been circulated Report No JMC/14/24 by the Executive Chief Officer Health and Social Care & Chief Social Work Officer – Highland Council.

During discussion, information was sought on Neuro Developmental Assessment Service (NDAS) Indicator 13 (with specific reference to the 5% of children and young people waiting less than 18 weeks from date of request received by NDAS) and a report on NDAS was requested for the next meeting of the Committee.

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** a report on NDAS be presented to the next meeting of the Committee; and
- iv. **AGREED** further information on NDAS Indicator 13 (with specific reference to the 5% of children and young people waiting less than 18 weeks from date of request received by NDAS) be provided to the Committee as soon after the meeting as possible.

8. Highland Health & Social Care Partnership Finance Report Month 3 2024-25 Aithisgean Ionmhais Mios 3 2024–25 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/15/24 by the Director of Finance, NHS Highland.

During discussion, an explanation was sought and provided on the procedure that would be followed if NHS Highland did not close their budget gap by the end of the financial year.

The Committee **NOTED** the financial position at Month 3 2024/2025 (June).

b. Highland Council Finance Report Aithisg Ionmhais Chomhairle na Gàidhealtachd

There had been circulated Report No JMC/16/24 by the Chief Officer – Corporate Finance.

During discussion, information was sought and provided on the Council's three year savings target and delivery plan, as well as on business cases for the additional £20million of funding for ASC projects received by the Council. A key message was the importance of ensuring any proposals were robust and able to deliver the required transformation, while being mindful of the need to work at pace and with a pragmatic light touch. The roles of the Joint Officers Group and Portfolio holders were outlined, and a workshop / development session was planned. It was suggested that progress should be reported to the Committee on a quarterly basis and, while capacity building for community-led service delivery was welcomed as a workstream, it was queried whether any of the capacity building funding could be used towards third sector development to contribute to ASC transformation.

The Committee **NOTED**:

- i. this report and update provided;
- ii. the out-turn position for Council and Integrated Children's Services for the 2023/24 financial year;
- iii. the financial update provided for the Council and Integrated Children's Services for the 2024/25 financial year; and
- iv. the update provided regarding the Council's Delivery Plan.

9. National Care Service Update Cunntas às Ùr mun t-Seirbheis Chùraim Nàiseanta

There had been circulated Report No JMC/17/24 by the Executive Chief Officer Health and Social Care, Highland Council and Chief Officer NHS Highland.

During discussion, it was requested that the NHS Highland and Highland Council responses to the National Care Service (Scotland) Bill (Stage 2) consultation be circulated to the committee. Kate Lackie provided a verbal update on progress to date.

The Committee:

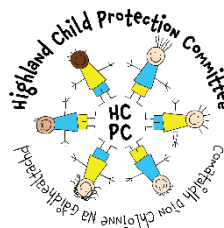
- i. **NOTED** the position in relation to the legislation seeking to implement the National Care Service which would result in the introduction of a single model of integration and the consequent removal of the Lead Agency Model;
- ii. **NOTED** that further updates providing clarity on the legal, financial and governance implications would come forward to future meetings of the Council and this Committee as appropriate; and
- iii. **AGREED** the Highland Council and NHS Highland responses to the National Care Service (Scotland) Bill (Stage 2) consultation be circulated to the Committee (**Post-meeting note**: the link to the responses was added to the meeting chat).

10. Meeting Planner 2024-2026

Planaidear Choinneamhan 2024–2026

There had been circulated and was **NOTED** the draft meeting planner for 2024-2026. A brief summary was provided of some of the key issues to be considered at the development session on 24 October 2024, and at future meetings. Some concern was expressed at the development session date and this would be looked at outwith the meeting.

The meeting ended at 12.55pm



**MEETING TITLE:
HIGHLAND CHILD PROTECTION COMMITTEE MEETING via MICROSOFT TEAMS**

**DATE:
5th September, 2024
1100 to 1300**

PRESENT:

Highland CPC – Donna Munro (Lead Officer), Mike Mawby (S&T)
Highland Council Social Care – Fiona Duncan (ECO Health & Social Care and Vice Chair of CPC), Margaret McIntyre (Head of Service - Children, Young People & Families), Gillian Buchanan (Strategic Lead - Early Intervention & Protection), Louise Smith (Strategic Lead Social Care)
Highland Council Health – Nancy Healy (Lead Nurse – Child Protection)
Highland Council Education –
Highland Council Performance and Improvement – Ian Kyle (Head of Integrated Children’s Services), Sadie Kevill (Performance & Improvement Childcare Manager), Jonathan Denovan (Business Intelligence Officer), Jennifer Baughan (Whole Family Wellbeing)
Highland Council Legal – James Noone (Legal Manager, Litigation & Advice)
Police Scotland – DI Reuben Lindsay, DCI Ross Hamill
NHS Highland – Stephanie Govenden (Lead Paediatrician Child Protection), Isla Barton (Director of Midwifery), Deborah Stewart (Child Health Commissioner, Public Health)
Highlife Highland –
Third Sector – Wendy Strathearn (Barnardos)
Army Welfare Service - TBC
SCRA – Fiona Farquhar
Children’s Hearings Scotland – Lisa MacDonald (Area Convener)
Care Inspectorate – Tim Ward

APOLOGIES:

Mhairi Grant (Chair), Carrie McLaughlan (Manager, The Promise), Fiona Mackintosh (CPC L & D Officer), Karen Erskine (SCRA Authority Reporter), Louise Bussell (Board Nurse), Louise Lee (Acting Lead Nurse – Child Protection), Kerry O’Hagan (SPS, Head of Offender Outcomes), Mary Cameron (CPC Admin)

NO.	AGENDA ITEM	SUMMARY OF DISCUSSION	ACTIONS & DECISIONS	RESPONSIBLE
1	Welcome & Apologies	In the absence of the Chair Fiona Duncan welcomed all to the meeting.		Fiona D
2	Minute of Previous Meeting and Matters Arising (minute attached)	<p>Minute of the last meeting (24/04/2024) were agreed by the committee.</p> <p>Actions raised:</p> <p>Item 4. Work is ongoing in the QA sub-group to develop the minimum data set. Mike and Jonathan have met to drill down into domestic abuse data and a full report will come back to a future meeting. Work has also begun with the ADP to look at links between the drug and alcohol and child protection data. The QA Framework has been updated along with our audit framework. Audit feedback is on the agenda.</p> <p>Item 6. CP Guidance is on the agenda at Item 5.</p> <p>Item 7. Included within the CP Guidance discussion at Item 5.</p> <p>Item 8. Reimagining Justice engagement work is ongoing and there is a second workshop on Tuesday 10th September – coming to end of the Discover and Define stage of the process. CPC welcomes the announcement that there are no longer any under 18s in YOI. Reimagining Secure Care remains on the agenda (Pol may have some update). We have agreed with the CYCJ that the Place of Safety event will take place in 2025/26 as it is not deemed a priority within the wider work of the CPC at this time.</p> <p>Item 9. CARM is on the agenda.</p> <p>Item 10. Safe and Together is on the agenda. Mike did attend the last QA Sub-Group meeting.</p> <p>Item 11. Missing Children – we now have the health information so can finalise the procedures. We are working with Police Scotland to look at joint meetings to discuss Missing children.</p>		Donna

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		<p>Item 12. SCIM/Bairns Hoose – not on agenda. Launches happened in May for Bairns’ Hoose with good attendance in Wick and Inverness.</p> <p>SCIM workshop held on Wednesday - Margaret to give brief update.</p>		
3.	Learning Review Updates	In camera		Donna
4.	CPC Audit Report and Discussion (paper attached)	<p>Without talking through the report (discussed at length at the last QA sub-group meeting - 22/08/2024) there are a few points to pick up here:</p> <ul style="list-style-type: none"> - The process of file reading was positive across the partnership. - 28 case files were read in total. - Learning about the process and the lead-in to it. Agreement to draw up a process, the intention to make this an annual event. - We are seeing an overall improvement on the audit carried out at the last inspection and Jonathan has produced an analysis report (circulated) which will also be produced annually. - A few areas of less good practice are still in evidence particularly around Child Plans (to be reviewed and guidance produced) and chronologies (a noted national challenge) - Significant improvement on work with older young people. - Looking at how we give individual feedback to practitioners whose files were read, this is meant to be a learning activity. Our readers made additional comments when reviewing the files with anything which could have improved them. - Still areas to focus on in terms of practice E.G, voices (we are not necessarily involving both parents e.g. the role of the father). <p>Donna added:</p> <ul style="list-style-type: none"> - Improvements seen with ‘older young people at risk of harm to themselves and others’ and with ‘older young people at risk of harm from the community’ but there is no improvement for ‘children at risk of abuse or neglect’ and need to make sure we keep focused. Slight improvement in ‘children at risk from parental harm’ but again don’t lose momentum. - It is important that we feedback ‘good examples’ to staff. 		Gillie and Donna

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		<p>Margaret thanked everyone for such a good audit and all the hard work noting the need for a definite, focused action plan. This a component part of the new QA framework.</p> <ul style="list-style-type: none"> ➤ NOTE: Stephanie asked if it is possible to record disability and disabled children <p>Tim commended the team on a great piece of work adding:</p> <ul style="list-style-type: none"> - Concerns over the lack of improvement in certain areas could be due to the small sample used. You may be doing yourselves a dis-service and next time use a larger sample of files. - It is very important to share examples of good practice. - Having an improvement plan is important but if there are areas of particular interest then carry out subsets to explore them. - Stephanie's point on disability is correct. <p>Gillie highlighted that the demographic of each child is captured in the audit process and disability forms part of that (14%) and it was looked at across the piece to see where the child characteristics were recorded. Also that the readers were keen to find and give examples of 'good practice'.</p> <p>With regard to Tim's point on subsets, this has been used for the new approach to IRDs.</p> <p>Donna confirmed that the idea of subsets is being implemented with work around DA and neglect already underway and that subset use is built into the framework for the next two years.</p> <p>Also, part of the work with SCIM and Bairns Hoose is to capture on one central spreadsheet everything about the child (from all agencies) including disability and this spreadsheet will be used to make the file selection for the next audit.</p> <p>Fiona noted we need to be smart and need to be aware of commonalities and pull them together. With child plans – everyone is saying something needs to be done but the caution needs to be that people will just start changing them on a whim so we need to make sure everyone is doing the same thing.</p> <p>Gillie confirmed they have been linking up with Sadie (ICSB) and it is agreed an update needs to be done across the piece.</p>		

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	b) Perplexing Presentations (paper attached)	<p>With CARM there were two issues:</p> <ul style="list-style-type: none"> - Legislation was incorrect, Calum Smith corrected that. - Question from Health about Lead Professional role – this has been clarified that it will be a social worker. <p>Both these have been corrected, clarified and updated.</p> <p>➤ NOTE: Committee approved both papers</p>		
7.	Chair & Lead Officer Update Report (paper attached)	<p>For noting. In recognising a big agenda today, these updates are provided to COG and the North Consortium for CPCs and give members an overview of work being undertaken across the CPC partnership – if members have any questions, Donna is happy to provide additional information.</p> <p>Deborah asked about the review of advocacy services.</p> <p>This was picked up during Inspection, Fiona Mackintosh has been scoping what is available and it is very little. Looking to Argyll & Bute to see how they have tackled it. We now have our Rights and Participation Workers (employed by HC) who can advocate on behalf of children who are not care experienced and need that support. Also the Children and Young Peoples Mental Health Group are scoping around the support available around mental health issues. We need to establish the gaps and is being worked on and would welcome meetings around it.</p> <p>Fiona thanked Donna and her team for the Vision 2026 event held last week.</p>		Donna
8.	NHS Highland CP Annual Report (paper attached)	<p>NHS are legally bound to produce an annual report to assure partners we are meeting our commitment as a partner in multi-agency processes in child protection.</p> <p>Report focuses on NHS work such as medical examinations.</p> <p>Training undertaken is broad and appears to be recovering from the pandemic.</p> <p>There has been a dip in medical examinations this year with no obvious reasons and a lower occurrence of child sexual abuse examinations than in 22/23 but more data is needed.</p> <p>There are concerning gaps in clinical services around the provision of medical examination support where there have been acute cases of child</p>		Stephanie

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		<p>sexual abuse out of hours and a lack of counselling for under 13 year olds. Hopeful that with Bairns Hoose work around some of these issues will be addressed.</p> <p>Fiona commented that with reports we need to look at gaps and opportunities and balancing them between now and the future. Would this possibly be under the remit of Integrated Children’s Board. Donna – around the child sexual abuse statistics, they are very low nationally and we do want to do work to see if we are missing anything locally. A group is being set up and if anyone would like an invite to the first meeting please say. We are also working on the final biennial CPC report and would welcome input from CPC partners. This will move towards producing a Position Statement</p> <ul style="list-style-type: none"> ➤ ACTION: Members to contact Donna with input for report by the end of October at the latest. <p>Isla advised that the NHS report has been to the Infant, Children & Young People Health Group and Louise Bussell has been part of the conversation around it. Isla and David MacArthur have been working on cross agency public protection and this document will support where any gaps are from an NHS perspective, recognising that public protection is multi-agency and making sure the health component can contribute fully.</p> <ul style="list-style-type: none"> ➤ NOTE: Committee is happy to note the report and there is a discussion group going forward. 	<p>31/10/2024</p>	<p>ALL</p>
<p>9.</p>	<p>Safe & Together (paper attached)</p>	<p>Mike updated committee. Now moved to face to face training which is being well received. There have been significant cost savings as a result and agreement from the S & T steering group last month has enable a further three courses to be scheduled before April 2025. Attendance has been good with more than 100 frontline practitioner trained in the model this year alone and thanks to the committee for their support. Developments at the national and regional level: Scottish Government (SG) have set up a working group to look at S & T (input also from Social</p>		<p>Mike Mawby</p>

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		<p>Work Scotland and COSLA) as a national model and embedding the model.</p> <p>Report back on this for an intended implementation date by 2026.</p> <p>Current funding ends in 2025 meaning a potential a gap in funding. SG are aware but there are currently no commitments.</p> <p>At a regional level we have developed a Northern Consortium – Highland, Moray, Aberdeen City, Aberdeenshire, Argyll & Bute, Orkney, Shetland and the Western Isle. Looking at how we can work better together and share resources, including training. This should give us some leverage for the national model, we don't want a model solely designed for the urban environment.</p> <p>Wendy asked if there had been a noticeable uptake from the 3rd sector? No.</p> <p>Fiona asked about evaluation of the model.</p> <p>Margaret advised that evaluation of the impact of the model is being done through the QA sub-group and there is ongoing detailed work around it – Mike and Jonathan. The northern consortium approach could be the key to resilience; we might need to think about a contingency plan for the funding gap.</p> <p>Mike advised that there is an ongoing evaluation programme, the first phase of the self-evaluation has been completed. The second phase is the case file audit and looking to combine this with the work being led by Donna and Gillie. The final phase will be a detailed case study work.</p> <p>The impact on children and families will be looked at and we have access to the Moray Practitioner Forum to support practitioners trained in the model.</p> <p>Jennifer mentioned that under the Family Wellbeing Programme there will be a good opportunity for 3rd Sector colleagues to have more access and involvement to training.</p> <p>Chair noted there may be the need to have an off the table discussion about funding.</p>		
10.	Learning & Development Update (paper attached)	<p>Email sent yesterday to highlight that other partners training is available on the CPC training calendar. Continually trying to develop and upgrade the calendar so it meets the needs of what people want.</p>		Donna

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		<p>Dip sampling has started to assess the impact three months on from training and if it is making a difference. Also working around e-modules and chairing the new national e-module group. Looking to develop our You Tube channel so that people can access training via an alternative routes. Struggling as a team due to staff vacancies. Fiona noted the challenging time for staff and training across Highland. Margaret is pleased to hear about the new dynamic calendar which QA work can feed into. Fiona will validate the training stats and come back with the annual report to the November committee – 07/11/2024</p>		<p>Fiona M</p>
<p>11.</p>	<p>AOCB</p>	<p>Margaret is keen for an update on the work Fiona D did with Tim, thinking about the COG and Public Protection agencies and how those partnerships work together. Mhairi has been proactive in trying to get this off the ground. Fiona noted it was up to the Chairs of the various groups to start the process and she has heard nothing back. Donna advised the Lead Officers did meet and agreed to meet regularly. There is feeling that some will come together but a universal public protection (PP) committee is not feasible, it would be too big. The Lead Officers meet monthly via TEAMS (Chairs have agreed to the same) but intend to make these in person meetings to look at cross-cutting issues but does this look like a PP hub or is it enough to just have discussions. Huge area variations but we would be keen to keep all partners involved but will ask at the next meeting and bring it back to committee ➤ ACTION: Donna will return to CPC with response. Donna: SCIM workshop last week and moving towards a permanent team so we can roll out across Highland. Bairns Hoose has a small budget of £60k to be used for tests of change. We have received a couple of very small requests to support small local groups but welcome suggestions as we will lose the money on 31/03/2024 if we don't spend it.</p>	<p>07/11/2024</p> <p>On-going</p>	<p>ALL</p> <p>Donna</p> <p>ALL</p>

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		<p>➤ ACTION: Margaret is keen that ideas raised at the workshop should be looked into – how do we develop them? Fiona just received notification from the Scottish child abuse enquiry that next year they will be looking into residential homes.</p> <p>Agreed with Chair that we would have more meetings this year and would like partners to come forward with wants and needs to raise more of the voices in the committee. Please let Donna know</p>	<p>On-going</p>	<p>ALL</p>
<p>12.</p>	<p>Date of next Meeting</p>	<p>7th November 2024 – 1100 to 1300</p> <p>Chair – mhairi.grant@highland.gov.uk Lead Officer – donna.munro@highland.gov.uk</p>		