| MEETING TITLE:<br>HIGHLAND CHILD PROTECTION COMMITTEE MEETING via MICROSOFT TEAMS | DATE:<br>12th May, 2026<br>10:30 to 12:30 |
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**PRESENT:**

**Highland CPC** – Donna Munro (Lead Officer), Fiona Mackintosh (L&D Officer), Mary Cameron (Minute)
**Highland Council Social Care** – Fiona Duncan (ECO Health & Social Care), Jack Libby (Head of Service - Children, Young People & Families)
**Highland Council Health -** Nancy Healy (Lead Nurse – Child Protection),
**Highland Council Performance and Improvement** – Ian Kyle (Head of Integrated Children's Services), Sadie Kevill (Integrated Children's Service Officer) Jonathan Denovan (Business Intelligence Officer), Jennifer Baughan (Whole Family Wellbeing)
**Police Scotland** – DCI Anna Johnston (PPU)
**NHS Highland** – Stephanie Govenden (Lead Paediatrician Child Protection), Isla Barton (Director of Midwifery)
**Care Inspectorate** – Tim Ward

**APOLOGIES:**

**Highland CPC –** Mhairi Grant (Chair) and Mike Mawby
**Highland Council Social Care –** Louise Smith and Wendy Lowrie
**Highland Council Education –** Fiona Shearer
**Highland Councillor Representative –** David Fraser
**Highland Council Education** – Yvonne Ross
**Highland Council Legal** – James Noone
**Children's Hearings Scotland –** Lisa MacDonald
**NHS Highland –** Deborah Stewart and Heather Richardson
**Highlife Highland –** James Martin
**Third Sector** – Wendy Strathearn
**SCRA** – Fiona Farquhar

| NO. | AGENDA ITEM | SUMMARY OF DISCUSSION | ACTION/DECISIONS | RESPONSIBLE |
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| 1 | **Welcome & Apologies** | Fiona Duncan (acting Chair) welcomed all to the meeting and apologies were noted.<br>Particular thanks to members who have now left the committee for all their hard work and contribution: Gillie Buchanan, Carrie McLaughlan and Pol McClelland. | | **Chair** |
| 2 | **Minute of Previous Meeting & Matters Arising (paper attached)** | Minute from the last minute (30/10/2025) were approved and signed off by committee. It was noted that although there have been two meetings since this date these were development sessions and neither was a formal minuted meeting. | | **Chair** |
| 3. | **CPC Priorities** | **a) Revised CPC Terms of Reference - Mhairi Grant**<br>**b) CPC Improvement Plan 2026-2029 – Donna Munro**<br>**c) ICS Board Plan 2026-2029 – Ian Kyle/Sadie Kevill**<br><br>**a)** The aim of the revision is to define the correct role of the CPC and to establish the correct membership. The correct membership is imperative.<br><br>Isla confirmed that the new NHSH Public Health Group is looking at the correct membership for the NHS around the CPC table and will bring this back to committee.<br><br>The importance of the cascading of information from the CPC must be made clear to members.<br><br>Tim noted that the ToR were excessively long and this new version is much sleeker and suggested the addition of a 'control change page' which will highlight agreed changes to the ToR going forward – this saves having to review the entire document every time.<br>He also agreed that Jack's chat comment regarding distribution lists is valid, having a second list of addressee for a wider distribution of CPC minutes/documents makes sense.<br>Donna confirmed that a 'public' version of the minutes is always sent to the Health & Social Care Committee.<br><br>Fiona advised that perhaps CPC members should be 'Title Permissions' and asked members to email Mary with staff they think should be on the committee. <u>Sign this off at the next meeting</u>. | **<u>ACTION</u>:** CPC members to send names of proposed staff to sit on the CPC to Mary/Donna | **Donna**<br><br>**ALL CPC Members** |

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| | | **b)** Donna advised that there is nothing new in the plan. She would like to update it to 26 to 29 in order to tie it in with the Children's Service Planning 26 to 29 plan.<br><br>**c)** The Integrated Children's Service Board (ICSB) have signed this plan off and agreed to rename the group Children's Service Planning Partnership this aligns with how this plan is known nationally.<br>It is on the agenda of the Community Planning Partnership Board for sign off at their June meeting after which it will be sent to the Scottish Government (SG).<br>-The plan is different to previous incarnations for two reasons:<br>a comprehensive children and young people's needs assessment that was undertaken with the support of public health has pointed us to what our priorities should be.<br>- This is the first one predicated on the voice and testimony of children, young people and their families<br>Broadly the new plan will build on the 23 to 26 plan. Nothing should be radically changed but we should continue to respond to things like keeping children safe, which is critical for this group.<br>We still look to the Child Protection Committee to be a significant partner in the delivery of this CSP plan and why Donna aligning the CPC Plan makes sense.<br><br>Fiona noted it is important that we all know how the different plans link together. | **Committee Approved**<br><br>**ACTION:** Plan to be circulated to members | **Ian & Sadie**<br><br>**Sadie** |
| **4.** | **Child Sexual Abuse and Exploitation – National & Local Review (paper attached)** | A CSAE review has been set up to establish what procedures/facilities we have in Highland (all partners) particularly given that Contextual Safeguarding (CS) is a growing issue and how does it report in.<br>To date people have been working on the issue but there has been little, if any, governance/assurance.<br>Funding over the years has been short term and processes and procedures are in part embedded in day to day practice.<br>This review report should be ready for the COG June/July. | | **Fiona D & Donna** |

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| | | Anna noted it is really timely. Lots of work is being undertaken across Highland by the third sector and a review will ensure we make full use of the resources we have.<br><br>Donna advised that the CS review is necessary to try and bring everyone together. Nationally Highland is ahead of the game.<br><br>The national review:<br>There has been a data return – submitted in April and many thanks to Jonathan, Nancy and Anna<br>The information return was submitted last Friday – there were 94 questions grading the COG - either High, Medium or Low.<br>There were also six areas requiring a description up to 500 words.<br>One of the main issues is technology and systems not talking to each other.<br>Tim advised that the national report will be issued in September and areas will be mentioned where there is evidence of particularly good practice. Highland will received a feedback letter specific to the area.<br><br>Donna noted it was similar to writing a position statement for inspection.<br>On 11/06 there will be structured interviews with the COG followed by file reading.<br>Thank you to all who helped, it has been a massive piece of work and valuable and Jonathan is pulling together a dataset off the back of this.<br><br>Tim offered his thanks noting what a huge piece of work it has been. | | |
| **5.** | **Sub-Group Updates** | **a) Quality Assurance – audit report attached – Donna Munro**<br>**b) Starting Out Group update – attached – Nancy Healy**<br>**c) Learning and Development – attached – Fiona Mackintosh**<br>**d) Bairns Hoose Board – Wendy Lowrie (to follow)**<br><br>**a) Quality Assurance:** Thanks to Gillie who had a big input to this work.<br>An action plan is being drawn up and the audit proved an excellent exercise (using a small sample). | | **Donna** |

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| | | This year the areas we were already strong on continued to improve and there was also improvement in the quality assessment of plans and Voice.<br>A particular area highlighted to improve on is 'evidencing outcomes for older young people at risk of community harm'.<br>35 cases were sampled (about 1/3 of registrations). It is a huge commitment and to read more would require more time/readers<br><br>Jack commented, as a percentage it seems reasonable and Tim noted a representative sample is just as important.<br><br>Jonathan picks the sample from across all areas/ages and causes providing a good spread.<br><br>Fiona Duncan noted it is how we pull it all together is important and we want the report to trigger discussions around roles and improvement. The next step is to take the action plan to the QA group for review and discussion.<br><br>Jack noted that there is an opportunity for some regional work, perhaps at mid-management level, to provide feedback (this could be via TEAMS) and it is important that staff receive feedback.<br><br>Tim agreed noting that if there is a small number of older young people at risk in the community, perhaps just ask them.<br><br>Fiona concluded that progress from the QA group needs to be evident.<br><br>**b) Starting Out Group:** A report is attached and there are a few highlights:<br>- Large piece undertaken on unborns and pre-birth timescales, this will be brought to the next meeting<br>- A presentation from consultant paediatric ophthalmologist Jane MacKinnon about the impact on opiates on child eyesight was well received.<br>- Conversations around alcohol use are being looked into.<br>- James McCreath is developing the PICABOO project with the pilot to take place in Lochaber. | **ACTION:** Donna advised that the QA group needs a new Chair and volunteers or suggestions are required<br><br>**ACTION:** Donna, Jack and Tim to discuss sampling. | **ALL**<br><br>**Donna, Jack & Tim**<br><br>**Nancy** |

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| | | - Early Protective Messaging (EPM) is being rolled out with feedback hopefully early next year.<br><br>**c) Learning and Development:** Fiona opened by advising Committee about the sudden death of Julie Blakley (CP training team) sending condolences to her daughter and the wider admin team.<br><br>The attached report is a general update of where we are now but there are a couple of things to highlight from this quarter:<br><br>-As a result of a previous LR, Parental Mental Health & Adult Services (PMHAS) held a masterclass in relation to 'Legislation and Personality Disorders and Drug and Alcohol Use' but feedback evaluation suggests that more work is needed. The social work team who led this will contact staff to establish what further development is required. Thank you to Donna McEwan from CYCJ for her time with this. Discussions on this will be through the Older Young Person subgroup.<br><br>We delivered a Digital Safety seminar and an in depth report is attached.<br>Thank you to the Internet Watch Foundation for their support with this, they always send a representative in-person (at no cost) which strengthens our relationship..<br>We were delighted to have Leah McVeigh, the youth convener, and look forward to her final report.<br><br>Also, the joint working through Integrated Children Services around the Community of Practice - the Voice.<br>It has been really popular and the sign up good, again the professional input from a wide variety of agencies who have contributed has been a valuable resource.<br>The last session was Visible Voices - engaging with non-verbal children: the sessions can be followed up on videos and catch up.<br><br>Early Protective Messaging (EPM) – progress is slow but steady with 100 practitioners trained to date with a new train for trainer session next week which should result in 10 new trainers.<br><br>This year's child protection conference is being held on the | | **Fiona M** |

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| | | 4th of June 2026.<br>Christina Moody from SCRA is speaking<br>IRISS are speaking about Professional Curiosity – a Scottish Government initiative<br>Carrie from Safe Strong and Free will be talking about the child protection element in child sexual abuse and a new project recognised by the Harm Reduction Unit around ethnicity, which is being taken forward in our improvement plan.<br><br>**d) Bairns Hoose Board:** Funding for 2026/27 has been approved, with enough to cover this years plans including the court link and staffing for the new Health position. Report to follow. | **ACTION:** If you haven't already done so, sign up to attend the CPC conference on the 4th of June 2026.<br><br>**ACTION:** Send Bairns' Hoose report to members | **All**<br><br>**Wendy** |
| **6.** | **For CPC Sign Off**<br>**a) IRD Protocol (paper attached)**<br>**b) Missing Children Procedures (paper attached)** | **a)** Thanks to Nancy for all her work on this, it has taken a long time to put together and is now signed off by Anna and the QA group.<br>Stephanie raised the case where a child dies suddenly.<br>The NHS don't have a multi-agency protocol for this yet and Anna noted there is a gap in cases where there are no siblings. Nancy, Anna and Stephanie will meet and take this forward.<br><br>Sign off is approved noting there may be a few actions. Fiona Duncan noted we can do both.<br><br>**b)** Donna confirmed that version 2 of the Missing Children procedures has been launched that Highland procedures are all in order, requiring no changes.<br><br>Sign off approved. | **ACTION:** Nancy, Anna & Stephanie will meet to discuss this.<br><br>**Sign Off Approved**<br><br>**Sign Off Approved** | **Donna & Nancy**<br><br>**Nancy, Anna & Stephanie**<br><br>**Donna** |
| **7.** | **Online Harm Consultation Response** | This came from CPC Scotland who held a specific consultation on 'Growing Up int the On-line world'. It is brought to Committee for a discussion to decide what we put back to CPC Scotland as a response (paper attached).<br><br>After a significant discussion raising different points:<br>▪ It is quite punitive and blaming without recognising that children today are growing up in a very different world today. A different landscape and we need to support children to be able | | **Donna** |

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| | | to use social media safely and appropriately and not be ill-prepared at age 16 years.<br><br>▪ There is very little mention of parents and feel that care experienced young people may be discriminated against.<br><br>▪ It is worrying that young people feel they cannot ask for help.<br><br>▪ Patients are appearing in clinics asking for medication believing the adverts are true.<br><br>▪ We no longer separate the on-line/off-line worlds, the day for banning it has come and gone . We need stricter guidelines in place.<br><br>▪ We need to show we can support young people and let them know the help is available.<br><br>▪ Parental responsibility is critical.<br><br>▪ Responsibility of companies must be highlighted.<br><br>▪ Vulnerable young people living at home won't have parental control.<br><br>▪ Could this issue become a future ground for referral to SCRA?<br><br>▪ Evidence shows that parents want to assert control but do not know how.<br><br>Donna will take into account members views and pull together a consultation response and circulate it around CPC for additional comments and views | **ACTION:** Donna to formulate a consultation response | **Donna** |
| **8.** | **Learning Review Requests (in camera) – verbal update** | It was agreed at the CPC Development Day to reinstate the Learning Review (LR) Mandated sub-group and that due to the size of the CPC membership it is not appropriate to send reports round the whole group.<br>The mandated sub-group will undertake the work and report back to the CPC. | **Committee Approved** | **Donna** |

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| **9.** | **Date of Next Meeting** | The September meeting is to be held in person and details will follow.<br><br>CPC Conference - 4th June 2026 at the Drumossie Hotel – please accept your invite.<br><br>**2nd September 10.30am – in person**<br><br>Meeting closed at 12:03<br><br>**Chair:** mhairi.grant@highland.gov.uk<br>**Lead Officer:** donna.munro@highland.gov.uk | | |

**Highland VAW Partnership Meeting**

**Monday 18th May 2026**

**PRESENT:**
Peter MacKenzie – Independent Chair HVAWP
Adele Newlands, RWA
Anna Johnston, Police Scotland
Catherine Russell, HVAWP
Cathy Steer, PH
Elizabeth Gilchrist (part meeting), University of Edinburgh
Fiona Wilson, HVAWP
Isla Barton, NHS
James McCreath, THC
Karen Peteranna, HVAWP
Katia Narzisi, NHS
Koreen MacDougall, THC
Leanne Maxwell, IWA
Lorraine Revitt, Lochaber Women's Aid
Margaret Ross, THC
Mhairi MacDonald, NHS
Susan Laidlaw, THC

**APOLOGIES:**
Alison Mackenzie, COPFS
Hollie Johnson, PH
Jack Libby, THC
James Martin, HLH
Lisa Harvey, THC
Lyndsay Sutherland, UHI
Marissa MacKinnon, NHS
Michael Cosh, Police Scotland
Mike Mawby Safe & Together
Molly Merriman (Gilbert), NHS
Romy Rehfeld, RASASH

| | | ACTIONS |
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| **1.** | **WELCOME AND APOLOGIES**<br><br>PM Welcomed members to meeting and introductions were made. | |
| **2.** | **MINUTES OF PREVIOUS MEETING**<br><br>**a) Note changes & Approval**<br><br>MR requested a slight change be made to the minutes, the change was made and an updated set of minutes were circulated for members to see. Minutes approved.<br><br>**b) Review of Action Tracker – if not elsewhere on agenda**<br><br>**Women's Champion Role** – delayed due to election period; positive feedback from Highland Council; to be progressed next quarter<br><br>**Early Release Programme** – no update available<br><br>**IDAA Training** – six priority places secured for Women's Aid; funding ring-fenced; alternative training options being explored due to limited availability nationally.<br><br>**Spiking Campaign** – Police Scotland lead identified; joint campaign planned with partners.<br><br>**Festival Welfare / CPC Audit / Asylum Seekers** – no further updates; ongoing monitoring.<br><br>**Data Officer** – process ongoing within Public Health | |
| **3.** | **KEY UPDATE – ORGANISATIONAL AND AREA CHANGE**<br><br>**a) Orkney pilot with the University of Edinburgh for a Domestic Abuse Treatment Programme for those who cannot complete the Caledonian Programme – Elizabeth Gilchrist**<br><br>Elizabeth Gilchrist presented an overview of the ADVANCE-D programme | |

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| | **Key points:**<br><br>• Targeted at **men who perpetrate abuse in the context of substance use**.<br>• Developed through extensive research and NIHR funding.<br>• Delivered through:<br>  ◦ Group sessions<br>  ◦ Digital learning modules<br>  ◦ One-to-one coaching<br>• Includes:<br>  ◦ Robust **risk assessment and management**<br>  ◦ Integrated **partner support model**<br>• Aims to:<br>  ◦ Promote behaviour change<br>  ◦ Improve safety of women and children<br><br>**Key issues:**<br><br>• Low recruitment levels<br>• Need for increased awareness across agencies<br><br>**Outcome:**<br><br>Members welcomed the update.<br>Agreement to explore a **follow-up session** for further detail – CR to arrange.<br><br>Slides were provided for members during the meeting in support of this presentation, to be circulated.<br><br>**b) National DA Homicide & Suicide Reviews (CR)**<br><br>CR provided an update on the new Domestic Abuse Homicide and Suicide Review framework, (effective 1st April 2026). The process introduces a multi-agency learning model to identify systemic improvements. Members discussed implications for local services, including the requirement for nominated leads and coordinated responses across agencies. | **CR**<br><br>**CR** |

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| | **Key points:**<br><br>• Introduction of a national review process for domestic abuse-related deaths.<br>• Overseen by a central Oversight Committee.<br>• Local multi-agency panels will:<br>  ◦ Review cases<br>  ◦ Identify learning<br>  ◦ Produce reports and recommendations<br><br>The purpose is **learning and improvement, not blame**.<br><br>**Local implications:**<br><br>• Agencies will need nominated points of contact<br>• Further national guidance expected June 2026<br><br>**Outcome:**<br><br>Agreement to:<br><br>• Circulate information<br>• Identify local contact leads<br>• Arrange a short coordination session | **CR**<br>**ALL**<br>**CR** |
| **4.** | **SPOTLIGHT – Partner organisation/Service Area**<br><br>**Highland White Ribbon – Jim McCreath, THC**<br><br>JM presented a proposal to establish a Highland-wide White Ribbon initiative to engage men and boys in prevention activity, to address misogyny and gender-based violence, and to promote healthy relationships, in the Highlands<br><br>White Ribbon Scotland is a national male-led campaign, encouraging men to speak out against violence against women and challenge harmful attitudes.<br><br>**Key points:**<br><br>• Need to better engage men and boys in prevention work.<br>• White Ribbon model identified as suitable approach.<br>• Proposed:<br>  ◦ Multi-agency Steering Group | |

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| | ▪ Engagement across schools, workplaces, communities<br><br>**Discussion:**<br><br>• Importance of coordinated approach and avoiding duplication<br>• Membership and structure of steering group agreed as a small group of the right people around the table to take the project forward to implementation.<br>• The Steering Group will agree on terms of reference and establish an action plan aligned with White Ribbon Scotland's accreditation framework.<br><br>Interest in participating in further White Ribbon Scotland work, or indeed interest in becoming an ambassador in future, please note interest with CR<br><br>**Decision:**<br><br>• HVAWP agreed to support the development of a White Ribbon status project<br>• To sit within the Prevention thematic group | **ALL** |
| **5.** | **UPDATE ON HVAWP REVIEW & DEVELOPMENT DAY (Chair and Deputes) – for noting and raising questions**<br>CR summarised outcomes from the Partnership review, survey, 1-2-1 meetings and Development Day.<br><br>**Key themes identified:**<br><br>• Need for:<br>▪ Clearer governance and role clarity<br>▪ Strong leadership<br>▪ Fewer, more focused priorities<br>▪ Action-focused meetings and outcomes<br>• Increased use of:<br>▪ Short-life working groups<br>▪ Data and evidence<br>▪ Cross-partnership working<br>• Desire to include lived experience<br>• Reduced duplication across meetings | |

**New structure:**

- Thematic group model aligned to priorities
- Draft documentation produced:
  - 3-year strategy
  - Annual action plan
  - Terms of Reference

**a) HVAWP Draft Strategy 26-29 – see attached document**

This strategy sets out our high-level three-year framework, providing a clear connection between the Partnership's long-term vision, as defined in the Terms of Reference, and its operational delivery through the HVAWP Annual Action Plan. It ensures that our priorities and day-to-day activity remain aligned with our shared ambition to prevent violence against women and girls and reduce its impact across the Highlands

**b) HVAWP Draft Key Deliverables – see attached document**

- Strong governance and strategic leadership
- Coordinated National and Local Strategy to end VAWG
- Synergy Across Partners
- Integrated Public Protection Working
- Government Liaison and Strategic Representation
- Monitoring, Performance and Reporting
- Support of Front Line Services
- Direct the work of the Governance and Finance group
- Direct the work of the Specialist Support and Key Events
- Support the work of the four main thematic groups

**c) HVAWP Draft Action Plan 26-27 - see attached document**

The Annual Plan of the delivery of HVAWPs strategic aims for the period 1 April 2026 to 31 March 2027. This time period aligns with budgetary exercises to ensure financial stability and reporting lines within our Annual Reports. It provides clarity and accountability by detailing what needs to be done, who is responsible, and when it must be completed. Importantly it provides evidence through monitoring and evaluation of activities and achievements – the difference HVAWP made.

**d) HVAWP Thematic Structure Diagram – see attached document**

CR gave an overview of the structure going forward.

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| | **e) HVAWP Draft TORS – see attached document**<br><br>CR reported the Terms of Reference document has been updated and the document will be attached with the minutes.<br><br>There is one outstanding item still to develop which is "Strategy on the Page," which sets out what we would want to achieve along with the whole strategy on a single page. James Martin from Highlife Highland has agreed to work with VAWP to set up something similar for the partnership.<br><br>**f) Next steps**<br><br>• Chairs to be confirmed and briefed<br>• Membership to be reviewed and aligned<br>• Groups to begin operating in coming months<br><br>**Decision:**<br><br>• Draft structure and approach endorsed and agreed<br>• Members invited to provide further feedback as things progress | |
| **6.** | **UPDATE ON THC MARAC FUNDING SLWG – VERBAL (CHAIR)**<br><br>PM provided an update as follows:<br>• A Short Life Working Group report on MARAC referrals had been completed within the required 3 month period. Everyone in the group was thanked for their hard work.<br>• A wider MARAC funding review is now underway, led by The Highland Council to ascertain the required funding needs going forward in line with operational requirements.<br><br>**Current status:**<br><br>• Awaiting next meeting date<br>• National comparison data being gathered by MARAC Coordinator and Police Scotland<br><br>**Outcome:**<br><br>• Partnership will be updated when further progress is made | **CR** |

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| | Discussion highlighted the need to ensure sustainability and clarity of funding responsibilities, the need for a speedy resolution to long term issues around capacity and risk and the duty to support staff. | |
| **7.** | **FINANCIAL – for noting and raising questions**<br>Documents were displayed on screen in support of this presentation<br><br>**a) Year End position as at 31.3.26**<br>CR gave a brief overview of the financial position. A slight underspend was noted due to vacancy delays and delays in project delivery. Members discussed and agreed that as no increase in recurring funds have been received to date, any funding will be used to pay for priority staff roles and HVAWP priority areas.<br><br>**b) Budget proposal – 2026-2027 -** contains the outcome of the annual Finance Group meeting on project proposals<br><br>2026-27 priorities include:<br>• Continued IDAA training investment<br>• Project funding (including communications and joint work)<br>• Staff posts secured through non-recurring funding until 31 March 2028.<br><br>Members noted the financial position.<br>The draft budget 2026-27 was agreed along with agreement of the project proposals reviewed and agreed by the finance group. | |
| **8.** | **CURRENT KEY ISSUES FOR DISCUSSION AND AGREE ANY ACTIONS**<br><br>**a) Update on National Activities affecting Highlands (PM/CR - (Verbal)**<br><br>Updates were provided on national initiatives including the misogyny campaign, legislative developments, and strategic programmes.<br><br>Members noted positive engagement levels and the importance of continuing preventative work.<br><br>Key updates included: | |

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| | • **Misogyny Campaign**<br>  - Had reached 60% of parents of whom 80% reported discussions with children<br>• **Equally Safe refresh** in progress<br>• **Domestic Abuse Protection legislation**<br>  - New powers for housing providers<br>  - Implementation expected August 2026<br>• **Purple Phone Project**<br>  - Supporting economic abuse survivors<br>  - £2.7m secured for families<br>  - Details to be circulated<br>• **National survey results**:<br>  - Majority of partnerships reporting funding pressures<br>  - Increased focus required on prevention and early intervention<br><br>Information on Purple Phone presentation will be circulated along with the National VAWP Survey results.<br><br>**b) Update on HVAWP Data Officer Vacancy (Verbal)**<br><br>CR reported this matter was still ongoing within NHS/Public Health and further clarity is required on the role and approach<br><br>**Outcome:**<br><br>• Further discussion required; update to follow<br><br>**c) IDAA Training – update (LR & KP verbal)**<br><br>Members were updated on IDAA training. Applications have been submitted; however, limited national availability continues to present challenges. The importance of maintaining skilled and qualified IDAAs within DA services for the MARAC process was emphasised.<br><br>• Applications submitted for training places<br>• There is limited national availability, which is creating delays<br>• Training places are competitive and restricted across Scotland<br>• Awaiting confirmation of successful candidates | **CR** |

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| | **Key issues raised**<br><br>• Difficulty securing consistent training access<br>• Ongoing reliance on national providers (e.g. SafeLives)<br>• Risk to services if qualified IDAAs are not maintained<br>• Lack of sustainable funding.<br><br>**Actions**<br><br>• Confirm IDAA training places once allocations are finalised<br>• Continue exploring alternatives where national access is limited<br>• Update to be provided at next meeting | **LR/KP** |
| **9.** | **GROUP UPDATES (not already mentioned previously)**<br><br>**a) MARAC Delivery Group – (LR Verbal update)**<br>LR reported there had been another SLWG set up to review the information sharing agreement and MARAC operating process, they are hoping to progress this quite quickly.<br><br>Quarter one comparison statistics 2025-26:<br>• 31% decrease in cases across all MARACs apart from Shetland<br>• 40% decrease in repeat cases<br>• Both these are an unusual blip in trend line of best fit. January this year was a quiet month very abnormally.<br>• Increase in primary care referrals and disabled cases now at 40%,this is thought to be due to better reporting and recording.<br><br>Areas not meeting SafeLives target of 40 cases per adult population:<br>• Western Isles<br>• Orkney<br>• Ross-shire<br><br>Areas that are meeting/exceeding the SafeLives target:<br>• Inverness<br>• Caithness and Sutherland<br>• Lochaber<br><br>LR also reported there is now a vacancy for a Deputy Chair for the MARAC Delivery Group due to Gillian Buchannan leaving post – LR took the opportunity to thank Gillian for all her input and hard work. | |

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| | **b) S&T Joint Project with CPC - Mike Mawby**<br><br>MM was not present at the meeting but is expected to complete the report on his return to work and it will be circulated in due course.<br><br>**c) Training – what has been delivered**<br><br>LR reported the uptake on level 2 MARAC Risk Assessment has declined, the April date was cancelled due to dwindling numbers. Advertising will continue through the usual routes, and it may be the training has to be conducted bi-monthly if not there is not enough demand.<br><br>PM asked members to go back and check if there is any interest within their own organisations for training and to contact KP if anyone is identified.<br><br>There was no update on GBV Level 1 training as the person who conducts this training is off work at present. CS will look into what dates have been diarised for the rest of the year and report back. | **MM/CR**<br><br>**ALL**<br><br>**CS** |
| **10.** | **ORGANISTIONAL/SERVICES UPDATES**<br>This section is to allow all organisations and services areas to provide one key update – current issue, achievement, changes etc that is related to our GBV work in Highlands.<br><br>**Police Scotland (AJ)**<br>- DSDAS – continuing to increase. AJ stated from a safeguarding point of view demand continues<br>- There is now a dedicated Detective Seargent managing the ongoing risks. Since extra staff have been put into the safeguarding team, they have seen an improvement in terms of DSDASs being delivered on time.<br>- There are some changes in terms of how they record serious crimes under the domestic abuse legislation. Prior to 1st April if a perpetrator was charged with a DASA and there was rape or attempted murder within that charge it would not be detected from a Police perspective but now from 1st April the Fiscal says that they will run with that charge which will be beneficial.<br>- Training to be reviewed – no updates as yet. | |

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| | **Highland Council Housing (MR)**<br>- SafeLives have released their SCORM package, so the Domestic Abuse Awareness Raising Tool is now on the Traineasy platform, which is the internal Highland wide training platform.<br><br>**Public Health (CS)**<br>- MM has been appointed into the role of Adult Support and Protection Lead for Health and part of the remit of the role is gender based violence and strands of public protection, which will put PH in a better place in terms of responding.<br><br>**NHSH (MM)**<br>- Through the work being conducted with Equally Safe and Gayle Macrae from HR perspective a board lead was identified (Louise Bussell as the Executive Lead), MM is the Operational Lead. LB will be the point of contact for the Domestic Homicide and Suicide Reviews locally for NHSH.<br>- NHSH are currently working on sexual harassment at work, including staff on staff, staff, and patient etc. Routes for supporting staff who disclose domestic abuse are being looked at. Policies are being worked on, working from "A Once for Scotland" approach and is currently in the developmental stage.<br>- There are also 2 Adult Support Protection Advisors joining MM, one of those advisors will be linked to MARAC and will sit within the MARAC groups for Highland and the other will sit within MAPPA.<br>- Work being conducted around governance processes, trying to tighten up all public protection, they also link closely with the public protection group IB is chairing.<br><br>**Inverness Women's Aid (LM)**<br>- The Fund to Leave initiative was launched for Highland Women's Aid Services in March. This fund is essential in supporting women and children to safely leave abusive situations by helping them with immediate costs such as travel, emergency accommodation, utilities, and food. Due to the elevated level of need across Inverness and South the fund has been fully spent highlighting both the scale of the demand locally and also the pressures facing specialist services like Women's Aid. They are hoping to extend or | **LM** |

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| | increase the Fund to Leave amount. LM will report back to members if it goes ahead.<br><br>**Lochaber Women's Aid (LR)**<br>• LR echoed what LM spoke about regarding the Fund to Leave, all four of the groups in the Highland area have the money and it is running until the end of June.<br>• HIDAA services are now up and running as of 1st April, promotional material will be circulated by the end of June from all the partners within that to let people know of the new set up, although nothing changes individually for each of the women's aid groups they still be running autonomously.<br><br>**The Highland Council HR (KM)**<br>• KM is looking forward to getting involved in the White Ribbon campaign and getting an Education contact for enabling improved access into schools and to young people making them aware of GBV issues.<br><br>**Education and Training (CR)**<br>CR reported that a small group has been set up to conduct the mapping exercise of training and education within Highland. RASASH have very kindly offered to lead and a colleague from RSHP is also going to be the other key collector of data.<br><br>They are looking at scoping young people up to the age of 25 and professionals who work with young people along with parents and carers, this would be the initial mapping exercise.<br><br>The aim:<br>• Review content of training,<br>• Learning outcomes<br>• What geographical areas are covered<br>• Age of demographics<br>• Setting and format of delivery<br>• The frequency<br>• What quality assurance is in place<br><br>The group are hoping to set up a database to analyse this.<br><br>The group would like to ask VAWP members to provide any training and education needs within their own organisations so they can arrange a one to one meeting during the summer to progress the | **WA groups** |

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| | matter. The mapping exercise can then be completed. Once everything is complete it will be shared amongst partners and will give everyone a good idea of what is happening out in educational establishments and youth organisations.<br><br>Members can email Emma from RASASH or Hollie with their relevant information.<br><br>CR will provide the email addresses. | **ALL**<br><br>**CR** |
| **11.** | **COG ITEMS**<br>PM reported that COG is going to have a review of how it is working, development days are being progressed<br><br>**Review of items for COG report**<br>**a. Risks**<br>LM to supply summary of the Fund to Leave situation for Women's Aid.<br>**b. MARAC**<br>Latest figures from MARAC delivery group<br>**c. Training figures**<br>PM requested that members submit any relevant training they would like to be highlighted and to email VAWP so it can be included in the COG report. PM would like to highlight good training that is ongoing amongst everybody.<br>**d. Good news**<br>MM to supply PM with a briefing paper on her new role so he can take to COG as part of the good news. | **LM**<br><br>**ALL**<br><br>**MM** |
| **12.** | **HVAWP RISK REGISTER**<br>**Anything from today's meeting to be added or amended**<br><br>Key risks remain:<br><br>• MARAC funding pressures<br>• MARAC referrals<br>• Service sustainability<br>• Staffing and capacity<br>• Broader "pandemic" risks rather than COVID-specific – CS to review with PM | **CS/PM** |
| | **Next Meetings:**<br>Monday 28 September, 13:00 - 15:00<br>Tuesday 17 November, 10:00 - 12:00 | |

**Attachments:**

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| Slides for ADVANCE D presentation | - attached |
| VAWP National Survey Results | - attached |
| Purple Phone information | - attachment to follow |
| HVAWP Draft Strategic Plan 26-29 | - attached |
| HVAWP Draft Key Deliverables | - attached |
| HVAWP Expenditure & Income | - attachment to follow |
| HVAWP Draft Action Plan | - attached |
| HVAWP Draft Thematic diagram structure | - attached |
| HVAWP Draft Terms of Reference – | - attached |

# Highland Council/NHS Highland
# Joint Monitoring Committee

Minutes of the Meeting of the Highland Council/NHS Highland Joint Monitoring Committee held in the Assynt House Board Room, Inverness on 11 June 2026 at 10.30am.

**Present:**

**Highland Council**
Mr D Fraser (Vice Chair)
Mr D Brown
Mr A Christie (remote)
Ms M Cockburn (sub for Mr Bremner) (remote)
Mr J Libby (sub for Ms F Duncan)
Mr I Kyle
Ms K Lackie
Ms F Malcolm
Mr P Oldham (remote)
Mr B Porter

**NHS Highland**
Ms S Compton-Bishop (Vice Chair)
Ms L Bussell
Ms H Cooper
Ms A Johnstone
Mr G O'Brien (remote)
Mr D Park (sub for Ms F Davies)
Dr P Treon
Dr N Wright (remote)

**Staff Representatives**
Ms S Purdie (Highland Council) (remote)
Mr G Smith (NHS Highland)

**Third Sector, Carer and Service User Representatives**
Mr C Allan (Scottish Care Highland Branch Chair – Care Homes) (remote)
Ms R Connolly (Connecting Carers) (remote)
Mr I McNamara (Highland Senior Citizen's Network) (remote)
Dr G Rodger (Inspiring Young Voices) (remote)

**Officers Present**
Mr G Adkins, Director of People and Culture, NHS Highland
Ms R Boydell, Head of Planning, Performance and Integration, 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**

**Preliminaries**

Ms Compton-Bishop thanked Mr Fraser for chairing the meetings for the previous year.

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

Apologies for absence were intimated on behalf of Mr A Anderson, Mr R Bremner, Ms F Davies, Ms J Davies and Ms F Duncan.

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

There were none.

**3. Minutes**
**Geàrr-chunntas**

There was circulated and **APPROVED** minutes of the meeting of the Joint Monitoring Committee held on 12 March 2026.

**4. Chief Officer's Report – Adult Services: Strategic Plan and Delivery Update**
**Aithisg Àrd-Oifigeir – Seirbheisean Inbheach: Plana Ro-innleachdail agus Cunntas air Lìbhrigeadh**

There was circulated Report No JMC/06/26 by the Chief Officer, Highland Health and Social Care Partnership.

The Chief Officer gave a presentation on strategic direction and the refresh of Joint Strategic Plan (2024 -2027), which was also circulated to the committee.

During discussion, the following issues were considered:

- with reference to the need to respect professional roles, which often worked to a national specification, assurance was sought and provided in relation to reference in the presentation to 'changing and adapting roles to flex to availability'. Clarity was provided on how this related to creating flexible teams in rural areas and could benefit professional and non-registered staff groups. Attention was drawn to the need to provide continuity of contact to service users;
- confirmation was provided that the presentation could be shared with other external organisations;
- on the triangular diagram in the presentation entitled, 'Commissioning Priorities', the arrow on the left hand side depicting complexity should be inversed;
- in relation to the recruitment strategy, local recruitment should be encouraged;
- concern was expressed that the slow pace of recruitment by the Council and the NHS meant that potential candidates were lost or discouraged from applying. This was a known issue and would be raised again;
- when remodelling commissioning, it was important to keep trusted services and groups on board wherever possible. The commissioning strategy would help external partners to plan for the future;
- consideration was given to the best means of communicating the new strategy, recognising that different groups would have different perceptions of it;
- in response to queries on the timeline for and progress with the commissioning strategy, its progress through Highland Council and NHS Highland governance processes in draft form was summarised. The final document was anticipated in around four weeks, after which it would be considered by the District Planning Groups, the Strategic Planning Group, and third sector organisations. The final document would be presented to the next meeting of the Committee;
- other issues that required consideration included the communication strategy, and decommissioning of the previous approach. The need to shift resources to the new approach was emphasised, and practical examples were provided. The vital role of the third sector and the importance of community capacity building prior to decommissioning were highlighted;

- the campaign to encourage people to arrange Power of Attorney for their relatives was welcomed, but attention was drawn to the importance of people not leaving themselves in a vulnerable position; and
- it was clarified that service delivery would continue regardless of the final model of integration chosen.

Thereafter, the Committee:

i. **NOTED** strategic direction and delivery progress set out in the report;
ii. **NOTED** current performance position and associated system pressures; and
iii. **AGREED** the final Adult Social Care Commissioning Strategy (2026–2029) be presented to the next meeting of the Committee.

**5. Highland Children's Services Partnership Plan 2026 – 2029**
**Aithisg Bhliadhnail Plana nan Seirbheisean Cloinne Amalaichte**

There was circulated Report No JMC/07/26 by the Chair of the Integrated Children's Services Planning Board.

During discussion, the following issues were raised:

- reference was made to the involvement of the third sector in the implementation of the plan, to the Highland third sector interface conference theme of prevention, and to the benefits of the evidence-based approach the plan. Reference was made to the need for the third sector to remain viable and sustainable to continue the valued partnership working that had been developed. Data in the Voice report would be useful in strengthening the third sector for the future and assurance was provided that the third sector remained a full partner, with representation on the Board and in delivery groups. The role of the third sector in relation to implementing the Whole Family Wellbeing approach and to the importance of building capacity to encourage growth was also summarised;
- attention was drawn to requests that had been made for the Neurodevelopment Assessment Service and another topic that would be checked outwith the meeting by the NHS Highland Director of Nursing to be strengthened in the plan. The framing in the plan of attempts to reduce the number of referrals being made to the Child and Adolescent Mental Health Service required consideration, and use of abbreviations in the report should be avoided;
- the inclusion of children's voices in the plan was welcomed, and attention drawn to the need to capture the 'voice' of unborn children and babies, noting the life-long impact that events in that early stage could have;
- the plan successfully highlighted the challenges around ensuring equality and the need to support people at vulnerable stages in their lives, however there was also a requirement to promote the health and wellbeing of children and young people who did not fall into those categories. It was hoped this could be included in future iterations of the plan, supported by the strengthening of the health and wellbeing group;
- the national recognition given to the children and young people's participation strategy for Highland was welcomed and the application for Inverness to become the UK City of Culture 2029 would hopefully bring participation opportunities for young people; and

- the references to capturing children's voices, which were also included throughout the Highland Outcome Improvement Plan were appreciated.

Thereafter, the Committee **NOTED**:

i. the work undertaken by the Children's Services Planning Partnership Board in producing the Draft - Highland Children's Services Partnership Plan 2026 – 2029 and that this plan would be formally signed off by the Community Planning Partnership Board; and
ii. the plan had been approved by the Children's Services Planning Partnership Board.

**6. Highland Health & Social Care Partnership Finance Reports**
**Aithisg 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 was circulated Report No JMC/08/26 by the Director of Finance, NHS Highland.

During discussion an explanation was sought and provided on the Service Level Agreement (SLA) with NHS Greater Glasgow and Clyde, which was to serve the Argyll and Bute Health and Social Care Partnership. The SLA was currently being scrutinised and the cost base analysed, which was why an indicative value had been shown in the report.

Thereafter, the Committee **NOTED** the financial position at Month 12 2025/2026 (March 2026).

**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 2026/27 being available. A near final / Month 12 position for 2025/26 would be available by end June 2026 as part of the Council's annual accounts process, which fell later than the JMC meeting.

**7. Models of Integration Update**
**Cunntas air Modailean Amalachaidh**

There was circulated Report No JMC/09/26 by the Assistant Chief Executive – People, the Highland Council, and Director of People & Culture, NHS Highland.

During discussion, in response to concerns about the tight timescales for the review of the integration model, it was acknowledged that this was a risk that would be further considered at the next project Steering Group meeting. The balance between expediting the project while also undertaking comprehensive and meaningful engagement with staff and stakeholders was summarised.

In relation to staff engagement, the importance of it being meaningful and adhering to staff governance guidelines was reiterated. The proposed timelines and methods of engagement were summarised, this to include online, in person and through line management. The subjective nature of meaningful engagement was pointed out, and the importance of staff representatives familiarising themselves and being content with the overall plan was emphasised. In this respect, the recent addition of staff representation to the Senior Officers Group was valuable.

In relation to engagement feedback, it was pointed out that feedback from different stakeholders, and different groups of staff, could differ, and could lead to nuanced and multi-dimensional viewpoints. It was suggested that the direction of travel should be decided before the detail of future activities could be determined. Attention was drawn to the drawbacks of engaging on detail prior to the strategic direction being set.

The Committee's attention was drawn to the history of the review of the model of integration, which had been initiated by the Scottish Government due to a desire to end the use of the Lead Agency model. The Scottish Government had since removed their requirement for a review, but the Highland Council and NHS Highland had decided the review merited being undertaken to potentially change the governance model for the benefit of Highland communities.

Attention was then drawn to the external variables that could impact the future model of integration, and that any decision made would have long term consequences. The schedule for change should be agile and responsive and, in terms of resourcing the change, assurance was provided that the cost of the early phase had been shared with the Scottish Government. Following the recent election, no further public sector reform information had been released.

Thereafter, the Committee:

i. with regard to the options appraisal, the Committee **NOTED** that both the Council and the NHS Highland Board had:

   a. noted the outcome of the Phase 1 options appraisal summarised at section 5 and set out in detail at Appendix 1; and
   b. agreed the two options to be taken forward to Phase 2 of the Review: Option A – Lead Agency and Option B – Body Corporate (IJB).

ii. with regard to next steps, the Committee **NOTED** that both the Council and the NHS Highland Board had:

   a. agreed the draft Phase 2 Programme Plan at Appendix 2 including timelines for a final decision and recommendation to Highland Council and the Board of NHS Highland by September 2026; and

b. noted progress with establishing a programme for Phase 2 including initiating appointment of a programme manager.

The meeting ended at 12pm.