

Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 13 September 2013.

Present:

Ronald Coatsworth (Chairman – Dorset County Council)
Bill Batty-Smith (Vice-Chairman – North Dorset District Council)

Dorset County Council

Michael Bevan, Mike Byatt, Ros Kayes, Mike Lovell and William Trite.

East Dorset District Council

Sally Elliot

West Dorset District Council

Gillian Summers

Weymouth and Portland Borough Council

Jane Hall

Health Representatives:

Dorset County Hospital NHS Foundation Trust: Alison Tong (Director of Nursing).

Dorset Healthcare University NHS Foundation Trust: Paul Sly (Chief Executive), James Barton (Director of Mental Health), Anne Elgeti (Interim Associate Director - Business & Performance) and Kath Florey-Saunders (Head of Review Design and Delivery).

NHS Dorset Clinical Commissioning Group: Jane Pike (Director of Service Delivery) and Elise Ripley (Head of Engagement).

South Western Ambulance Service NHS Foundation Trust: Steve Frost (Head of Urgent Care Services).

Officers:

Andrew Archibald (Head of Adult Services), Lucy Johns (Health Partnerships Officer), Dan Menaldino (Principal Solicitor) and Paul Goodchild (Senior Democratic Services Officer).

(Note: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Committee to be held on **19 November 2013**.)

Apology for Absence

42. An apology for absence was received from Beryl Ezzard (Purbeck District Council).

Code of Conduct

43. There were no declarations by members of disclosable pecuniary interests under the Code of Conduct of each local authority.

Minutes

44. The minutes of the meeting held on 30 May 2013 were confirmed and signed.

Matters Arising

Minute 28.9 – Joint Health and Wellbeing Strategy

45.1 Members noted that dementia had been added as a priority for the Joint Health and Wellbeing Strategy.

Minute 29.7 – Dorset CCG Strategy and Annual Operating Plan

45.2 One member asked how engagement with local communities had been undertaken by NHS Dorset CCG. The Head of Engagement explained that a series of consultation events regarding the 5 year strategy had recently been conducted. Smaller consultation events would also take place at locality meetings. Members noted that they were welcome to attend locality meetings as observers. The Principal Solicitor highlighted that the minutes of the Dorset Health Scrutiny Committee were sent to NHS Dorset CCG so that they could see what was under consideration by the Committee.

Minute 34.3 – Appointments to Committees and Other Bodies

45.3 The Health Partnerships Officer informed members that guidance from central government on health scrutiny protocols was yet to be published. When the guidance was published, arrangements for the first meeting of the Task and Finish Group on Developing Health Scrutiny Protocols would be made.

Minute 36.4 – Non-Emergency Patient Transport – Update

45.4 One member asked if any information was available on the number of patients who had been transported. The Director of Service Delivery for NHS Dorset Clinical Commissioning Group informed the Committee that currently the service was in transition between the old and new providers. Figures on the number of patients who had been transported would be available after the new service had bedded-in following implementation on 1 October 2013.

Urgent Care Services Review Presentation

46.1 The Committee received a presentation on the Urgent Care Services Review by the Director of Service Delivery, NHS Dorset Clinical Commissioning Group (CCG).

46.2 The Director of Service Delivery explained that Urgent Care Services were a pressing issue in Dorset. There had been significant pressures since the beginning of the previous winter, and these had not dropped over Summer 2013. An Urgent Care Board had been established in November 2012 to oversee all activities regarding urgent care including review, operational activities and resources, and it included membership from all relevant agencies.

46.3 Members noted that the Kings Fund had commissioned a pan-Dorset review of urgent care services. The review would consider and make recommendations on the continued rise of non-elective activity, how services were dealing with demand currently and how best to contain and manage the demands in the future. In addition to this the Oak Group had been commissioned by the CCG to conduct a Bed Utilisation Audit in acute and community hospitals, and to identify potential efficiencies.

46.4 The Director for Service Delivery explained that significant funding had been identified by the CCG for investment in projects and initiatives which were capable of demonstrating integration across services and providers, the potential to alleviate seasonal pressures, or would support future commissioning. Four 'Hubs' had been formed to produce detailed bids, and these had been presented to the Urgent Care Board for a decision on implementation. It was highlighted that there was no additional winter funding this year from central government.

46.5 In response to a question it was highlighted that the report from the Kings Fund had recently been received and included recommendations regarding the improvement of discharge planning, the accuracy of estimates of when a patient would be discharged, the reorganisation of 'front door' services, the number of services provided, and the responsiveness of emergency services. The report also recommended that care pathways

for patients should be made as clear as possible and areas which were working well should continue to be built upon.

46.6 Regarding work undertaken by Dorset County Hospital on bed occupancy, the Director of Service Delivery highlighted that readmission rates at the hospital were low, but that elderly patients were still being kept on wards for too long.

46.7 Members thanked the Director of Service Delivery for her presentation.

Noted

NHS 111

47.1 The Committee considered a report by the Director for Adult and Community Services on the implementation of the NHS 111 service. The report included information on NHS 111 provided by NHS Dorset Clinical Commissioning Group (CCG) on the position when the service went live in March 2013, action taken to deal with a higher than expected demand when the service went live, and the current position.

47.2 The Head of Engagement for NHS Dorset CCG explained that South Western Ambulance Service NHS Foundation Trust was the local provider of NHS 111 in Dorset. Staffing levels and targets had been modelled on a pilot NHS 111 site in Durham, but the Key Performance Indicator (KPI) requiring 95% of calls to be answered within 60 seconds had not been met in the months immediately following the launch of the service. A Recovery Plan had been drawn up between NHS Dorset CCG and South Western Ambulance Service NHS Foundation Trust and submitted to NHS England in May 2013. The KPI of 95% of calls to be answered within 60 seconds had been achieved by early July and continued to be met. Members welcomed the news that the NHS 111 service in Dorset was now nationally one of the higher performing services. It was acknowledged that the service could still improve further and that performance continued to be closely monitored by all parties.

47.3 In response to a question, the Head of Urgent Care Services for South Western Ambulance Service NHS Foundation Trust explained that the majority of calls in Dorset were answered at the NHS 111 centre in St Leonards. He added that calls through mobile phone networks sometimes would be transferred to another area network but should be transferred back to the local NHS 111 service by an operator. He explained that if any resident who lived on the Dorset border was being put through to NHS 111 in another county, they could get in touch and their number would be flagged to connect to the Dorset service.

47.4 Healthwatch Dorset had provided a list of positive and negative comments they had received regarding NHS 111. The Head of Engagement commented that nationally there had been a very negative reaction, particularly in the media, to the launch of NHS 111, but that very positive feedback had been received in Dorset.

47.5 In response to a question the Head of Urgent Care Services explained that every caller would be asked a series of demographic questions at the start of the call, even if a resident had called previously and had been logged on the system. This would usually take around 90 seconds, but if it was a person's first call this may take slightly longer. In response to a question on Accident and Emergency (A&E) admissions, the Head of Urgent Care Services explained that there had been an increase in A&E admissions generally but that the NHS 111 service in Dorset had very low referrals to A&E departments. As part of regular reviews, tapes of calls to NHS 111 were discussed with A&E consultants to ensure that operators were giving the best advice to callers.

47.6 One member asked how many unnecessary calls had been received by NHS 111 in Dorset. The Head of Urgent Care Services commented that there had not been as many unnecessary calls to the 999 emergency number. In response to a question on the number of satisfied callers, the Head of Service Delivery explained that there had been a very low level of complaints, but that these were regularly reviewed by NHS Dorset CCG and South Western Ambulance Service NHS Foundation Trust in conjunction with two GPs. Governance of the service was very important and to date there had been no pattern in complaints received.

47.7 In response to a question on public information, the Committee noted that information on the NHS 111 service in Dorset had been sent out to every household in the county.

Noted

Adult Mental Health Urgent Care Services – Update

48.1 The Committee considered a report by the Director for Adult and Community Services which included a letter sent to the Chief Executive of Dorset HealthCare University NHS Foundation Trust detailing the considerations and resolutions of the Committee regarding mental health care services at the previous meeting on 30 May 2013. The report also contained the letter of response from the Chief Executive and a joint report from the Trust and NHS Dorset Clinical Commissioning Group (CCG) on adult mental health urgent care services in the west of Dorset.

48.2 The Chairman highlighted that the letter from the Chief Executive contained an inaccuracy in that Ros Copson, not the Hughes Unit Support Group (HUGS), had taken the Trust to judicial review regarding the closure of inpatient services provided at Stewart Lodge and the Hughes Unit. He also added that arising from comments in the Chief Executive's letter regarding the previous meeting of the Committee, a discussion would take place with relevant parties outside of the meeting.

48.3 The Director of Mental Health introduced the report and provided a presentation for the Committee which detailed the redesign and implementation of adult mental health services in the west of Dorset. He explained that in December 2012 the Home Crisis Team hours were extended to provide cover until 10pm each day, and that following the unsuccessful judicial review in March 2013 the plans to close inpatient services at Stewart Lodge and the Hughes Unit had been progressed. By April 2013 the Crisis Home Response Team was fully operational and 24 hour crisis support (including assessment in patient's own homes) had been provided. Waterston Acute Assessment Unit was reopened following refurbishment on 23 April 2013.

48.4 The Director of Mental Health explained that Crisis Day Treatment allowed patients to be treated as close to home as possible. A range of day services was provided to support patients and one to one interventions were conducted in patients' homes. The Crisis Home Response Team aimed to equip patients with the skills to re-connect with their own lives and keep themselves safe. Recovery based Educational Workshops for Groups could not be introduced straight away but had subsequently been introduced at individual locations 7 days a week.

48.5 The Committee were shown a video presentation of an interview with a service user who explained his own experiences of care received at a recovery house.

48.6 Simon Williams, Chairman of HUGS, commented that it was unacceptable that the letter from the Chief Executive of the Trust referred to the "least restrictive environment" (from National Standard 5) as justification for the closure of in-patient beds at

Stewart Lodge and the Hughes Unit, which were both close to patients' homes and satisfied the requirement of the standard. Forston Clinic was more restrictive and not near patients' homes. The observation that the Hughes Unit should not be used for socialising trivialised an important service and was an example of the dismissive attitude of managers. He highlighted that anecdotal evidence suggested that the crisis house was underused and was inaccessible or inappropriate for a lot of patients. There was also evidence of a lack of staff on duty overnight and nothing had been done to address these issues. He reported that HUGS was asking that £1.25m be allocated for the reopening of Stewart Lodge and the Hughes Unit, and that £1.66m be spent to increase community staff to the national benchmark. This could be funded from a segment surplus of £5m for mental health care reported in the Trust's 2011-12 accounts.

48.7 Ros Copson, a member of HUGS, explained that she was a mental health service user representative and had spoken to a number of service users regarding the recent changes to the service. She explained that a social activities group for service users, the Moving On group, was held for three hours a week in Bridport, but this was for the whole of west Dorset. This was insufficient, and she asked that day care be brought back, so that service users could go somewhere to talk and have respite and sanctuary. A drop in facility during the week was needed, and eventually a respite or recovery house in Bridport. She asked that changes be made to the services as soon as possible.

48.8 Lesley Archibald, a former advocacy worker with the Dorset Mental Health Forum and supporter of a service user, commented that the Trust had lost the confidence of service users because of the way changes had been managed and this should be addressed. She highlighted that the Trust had planned for a dual service for six months, but this had not happened due to insufficient resources. She had been told by service users that appropriate IT resources for service users to be treated in a home-based context had not been available. Originally there had been three recovery houses planned. This had been reduced to one and Stewart Lodge and the Hughes Unit had been closed. The Hughes Unit was no longer a centre for mental health services and it would be difficult for service users in Bridport to take part in activities at the Recovery College. She thanked the Committee for listening to the views and concerns of service users.

48.9 The Principal Solicitor read out a section from a letter from Becky Aldridge, Chief Executive of the Dorset Mental Health Forum (DMHF), concerning adult mental health urgent care services in the west of Dorset. She had commented that the DMHF remained optimistic that the changes would improve outcomes for people experiencing acute mental distress and enable people to receive the necessary appropriate care and treatment closer to home in the least restrictive way. However she had noted that changes to urgent care service provision in West Dorset had been difficult for all concerned due to the management of the transition, staffing issues, and people's expectations from services. The DMHF understood that developments were ongoing regarding the range of services available and to ensure that adequate staffing and resources were available to ensure effective service delivery.

48.10 The Director of Mental Health explained that the CCG would be conducting a review of the implementation of the new service. However an independent review would be commissioned of the first six months of service and would consider all aspects including the impact of changes on service users. The review would be led by the CCG. The Head of Review Design and Delivery explained that the terms of reference for this would be set out in advance and shared with the Committee and their concerns would also be considered as part of the review. The outcome of the review would be brought back to the March or May 2014 meeting of the Committee.

48.11 In response to a question it was explained that the recovery house was not managed by the Trust, but was operated by ReThink Mental Illness. It contained seven beds and provided safe and supportive interventions for those in acute mental health crisis.

48.12 The Chairman highlighted that in the original plan for services outpatient and day services would continue at Stewart Lodge and the Hughes Unit. This did not happen as the Trust did not have the resources to provide that service. Now Stewart Lodge and the Hughes Unit would be used as recovery education centres which led to a concern that some service users may not want to attend an academic course. Although there was no halt in services, Stewart Lodge and the Hughes Unit had closed and all staff had been withdrawn. As far as service users were aware, both units were closed. The Director of Mental Health explained that the units were not open for people to drop in, but that they had been replaced with outpatient services.

48.13 The Local Member for Bridport expressed her thanks to the Trust for trying to identify a location for a drop-in centre. She asked if staffing levels in the Crisis Response and Home Treatment Team were now up to the intended levels. The Director for Mental Health confirmed that staffing levels were now sufficient in that particular service. Regarding the changed criteria, the Head of Review Design and Delivery explained that these had been changed in the last two or three weeks and now the service had increased the number of people treated in the less restrictive environment of home and the recovery house.

48.14 Regarding the Trust Recovery College, the Local Member for Bridport asked if carers were able to access the education and training available and, if they were, what percentage of those attending were carers. The Director of Mental Health explained that carers were attending, but did not have the numbers to hand. Regarding concerns over a lack of occupational therapy, the Director of Mental Health commented that this could be reviewed but the person leading the team was an occupational therapist who was aware of the benefits of therapeutic activities.

48.15 The Local Member for Bridport commented that the Trust had a lot of work to do with service users and previous service users, as many were not convinced that the changed service provided 24/7 cover and did not understand the changes. The Director of Mental Health and the Head of Review Design and Delivery explained that both organisations were committed to working together to resolve the concerns of service users.

48.16 Regarding access to services, the Local Member for Bridport asked what steps had been taken to resolve the continuing problems of people trying to access Forston Clinic by public transport. The Head of Engagement for NHS Dorset CCG explained that there was now a single point of access for transport through Dorset Direct which provided greater accessibility for service users from across the county and helped people identify transport options.

48.17 The Member Champion for Mental Health took the view that a lot of work would need to take place to mend relationships between the Trust and service users. Work would also need to be undertaken to create transparent and easy to understand care pathways. The Director of Mental Health explained that no reduction in budgets had taken place, and some budgets had been increased as money had been spent on the recruitment of new staff. The Chief Executive added that Mr Williams was incorrect in his statement that the Trust had a significant budgetary surplus.

48.18 The Committee agreed that a number of areas of adult mental health urgent care services still presented a cause for concern, including therapeutic activities, 24 hour cover, support for carers, transport issues, and communication between the Trust and local groups. A further update would be provided for the Committee at a future meeting. The

Chief Executive commented that the concerns of the Committee would partially form the terms of reference of the independent review. All of the minutes and reports which had been considered by the Committee regarding the services in question would also be submitted to the independent review.

Resolved

49. That the Committee remained concerned that:
- i) the Trust did not provide a sufficient amount of therapeutic day-time activities;
 - ii) there had been a perception by service users that 24 hour cover was not in place, and there had been reports of a lack of response to night-time incidents;
 - iii) the Trust had not provided more support for carers and carers' groups;
 - iv) the Trust should continue to work to address transport problems; and
 - v) there were continued differences of opinion regarding service changes between the Trust and local groups. This was to be regretted, and urgent steps should be taken to rectify the situation.

Update from Dorset HealthCare University NHS Foundation Trust on Care Quality Commission Inspections and Closure of Betty Highwood Unit

50.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on the latest position regarding inspections by the Care Quality Commission (CQC) to a number of services provided by Dorset HealthCare University NHS Foundation Trust. The report also provided information on the temporary closure of the Betty Highwood Unit at Blandford which was planned to reopen in October 2013.

50.2 The Director of Mental Health for the Trust introduced the report and explained that it set out inspections conducted by the CQC since May 2013. Members noted that the compliance report from the CQC regarding the inspection of Chalbury Ward in Weymouth had now been received and this had contained only one minor concern regarding record keeping. The latest CQC inspection report of Forston Clinic dated August 2013 was included as Appendix 2 of the Director's report.

50.3 With reference to the temporary closure of the Betty Highwood Unit, members noted that following a CQC inspection in April 2013 the ward had been closed due to staffing concerns, specifically that agency staff with no long term knowledge of patients had been left in charge of the ward. The Trust had taken action by closing the ward, relocating the patients and staff to Chalbury Ward, and taking measures to address staffing issues. In response to a question, it was explained that a county-wide recruitment drive had taken place and a strategy to reopen the Betty Highwood Unit in October 2013 had been agreed, which would allow for recruitment of staff to safely manage both wards.

50.4 Regarding the CQC inspection report into Forston Clinic, one member asked what measures had been undertaken to alleviate the risk to female patients accommodated in the male area of Waterston Assessment Unit. The Director of Mental Health explained that staff on the ward were making sure that all patients were risk assessed. Arrangement of beds on the ward was currently being addressed so that female patients were not accommodated on the male side of the ward.

50.5 In response to a question regarding supervision of staff, the Director of Mental Health explained that all staff at Forston Clinic had a clinical supervisor and one to one supervision was critically important. Group supervision sessions could be held on top of regular one to one sessions. The Trust followed national guidance for nursing staff. Staffing and rota issues at the clinic had been addressed and resolved. Members were informed that

a recent survey of discharged patients from Forston Clinic had found that 83% would recommend the care they received to others.

50.6 In response to another member's question on staff supervision, the Chief Executive of Dorset HealthCare University NHS Foundation Trust explained that a new Director of Nursing and Quality had recently been appointed and that they would be looking at clinical supervision across the whole Trust. An update on the position could be provided for the Committee at a future meeting. Due to the continued criticisms by the CQC the Trust was regularly monitoring to make sure quality standards were met.

50.7 The Member Champion for Mental Health asked if the Committee had been sent a copy of the external review of the Trust's Corporate and Governance Systems which had been undertaken by Deloitte in June / July 2013. The Chief Executive explained that the report from Deloitte was confidential due to the sensitive nature of information therein, but had been considered by the Trust's Board of Governors at their previous meeting. He would request the permission of all parties to the report for it to be published.

50.8 One member commented that the CQC often found that internal inspections by Trusts were inadequate, and that the Trust would have to show the CQC that the Trust administration was satisfactory before progress could be made. The Chief Executive explained that the Trust had also received a number of good inspection reports and there was strong evidence that progress was being made in most areas. It was disappointing that the CQC still had concerns, but improvements would be made. He also assured members that all staff at Forston Clinic delivered high quality care and added that the Trust would not sign off the CQC action plan until a full internal inspection of Forston Clinic had been completed.

50.9 One member asked the Head of Review Design and Delivery for the view of NHS Dorset Clinical Commissioning Group (CCG) regarding the Forston Clinic inspection report. The Head of Review Design and Delivery explained that the CCG were committed to commissioning high quality services and were working with the Trust through a period of large scale changes.

50.10 The Principal Solicitor read out a section from a letter from Becky Aldridge, Chief Executive of the Dorset Mental Health Forum (DMHF) concerning the CQC visits and the temporary closure of Betty Highwood Unit. She had commented that the DMHF anticipated that the Trust was doing its best to meet the current array of unprecedented challenges which had been further complicated by ongoing organisational transformation. The DMHF was aware that changes took time to implement, but there was a continued commitment to finding solutions, to improving services and to providing quality care.

50.11 The Chairman requested that a further report on the CQC inspections be considered by the Committee at a future meeting due to the continued unsatisfactory inspection reports received. The Director of Mental Health would circulate the Trust's response to the CQC regarding the Forston Clinic inspection report as soon as it was available.

Resolved

51. That a further report on the Care Quality Commission inspections of Dorset HealthCare University NHS Foundation Trust be considered at a future meeting of the Committee.

Update on Transforming Mental Health Services for Older People in the East of the County

52.1 The Committee considered a report by the Director for Adult and Community Services which included an update from NHS Dorset Clinical Commissioning Group (CCG) and Dorset HealthCare University NHS Foundation Trust on the transformation of mental health services for older people in the east of Dorset. It also included an update on the current status of plans for development in the west of the county.

52.2 The Director of Mental Health for Dorset HealthCare University NHS Foundation Trust introduced the report and explained that service changes had taken place on 1 April 2013 and the early indications were positive. The Intermediate Care Service for Dementia patients (ICSD) had been established to provide enhanced levels of community support for patients with dementia. The team assessed patients for admission to acute assessment wards and aimed to stop unnecessary admission to inpatient settings. The Trust was now able to manage more patients in the community, which had led to fewer patients (those not detained under the Mental Health Act) being admitted into wards. A team had also been established to liaise with and support nursing homes.

52.3 Members noted that consolidation of older peoples units in east Dorset was due to take place over two weeks at the end of September 2013 when patients at Kings Park would be moved to a modernised site at Alderney Hospital. In response to a question, the Director of Mental Health explained that so far there had been no negative comments from relatives regarding relocation or transfer to Alderney, but this would be kept under evaluation when the refurbished site was completed.

52.4 The Principal Solicitor read out a section from a letter from Becky Aldridge, Chief Executive of the Dorset Mental Health Forum (DMHF) concerning the transformation of mental health services for older people in East Dorset. The DMHF had identified the key issues of the service change to be: the need for adequate and effective communication for all patients and staff directly involved in the relocation of wards during the transition; the need for appropriately trained staff and contingency plans for covering staff vacancies; and the evaluation of new services in the East of the county to inform and shape how the services were to be developed. The DMHF noted that changes took time to implement and show effectiveness, and communication and support for those affected was critical.

52.5 One member asked what measures were in place regarding access to visitors for mental health patients. The Director of Mental Health explained that, under the Mental Health Act, the Trust could stop a person from visiting a patient in a mental health ward if they had safeguarding concerns or believed that the visitor was supplying the patient with illegal drugs. Patients who did not receive visits by friends or family were often visited by volunteers.

52.6 The Committee were informed that a review of services in the west of Dorset would commence when an evaluation of the new services in the east had been completed by the end of August 2014. Lessons learned from the changes to services in the east would be taken into account when planning the next stage of the review. The Committee would receive a further update on the review of services in the west at a future meeting.

Noted

Learning for Health Scrutiny Practice in Dorset from the Francis Enquiry – Update on Action Plan

53.1 The Committee considered a report by the Director for Adult and Community Services which set out the outcome of a review by the County Council's Head of Legal and Democratic Services into the recording of Health Scrutiny Committee meetings. The report

also included an updated version of the Francis Inquiry action plan and an example of a briefing note on the role of the Committee which had been sent to all Parish and Town Councils in Dorset.

53.2 The Health Partnerships Officer explained that as part of the action plan the Head of Legal and Democratic Services had reviewed the recording of Health Scrutiny Meetings with the Democratic Services Manager and was satisfied that they contained the right level of detail and were of a good standard. The criticism of minutes in the Francis Inquiry related to minutes which were brief to the point of being uninformative and did not include any summary of the debate which had taken place. Consistent with the findings of the Francis Inquiry, the minutes of the Dorset Health Scrutiny Committee were not a verbatim transcript of the meeting, but summarised the considerations of the Committee without providing a “he said, she said” account. It was explained that all County Council minutes named local members where there were specific local issues involved and in the same way Chairmen and Vice-Chairmen of Committees, Cabinet Members and Member Champions would be identified by office if they attended a meeting.

53.3 A number of members were concerned that it had been the view of the Committee at the previous meeting that all members should be identified by ward in the minutes of the meeting to demonstrate that they had adequately challenged and scrutinised an issue, and not just if they were the local member for a particular item. It was explained that if members had views generally on the recording of County Council meetings they should make representations through their Group Leaders. The Principal Solicitor added that he would communicate the views of the Committee back to the Head of Legal and Democratic Services.

53.4 Regarding Recommendation 119 in the action plan, one member asked if there was a possibility of publishing meeting papers further in advance of meetings as often there was a lot of information to read. The Health Partnerships Officer explained that the earlier publication of agenda papers was currently being discussed as a way to allow groups such as Healthwatch Dorset to comment on reports in advance of Committee meetings. This would also allow Committee members and the public to read all the information included well in advance of the meetings. Members would be updated on any proposed changes to current practice at a future meeting.

Noted

Briefings for Information

54.1 The Committee considered a report by the Director for Adult and Community Services which set out a number of short briefings on Care Quality Commission changes to inspection and regulation, the ‘Better Together’ programme, organ donation and the Primary Care Mental Health pilots.

54.2 One member asked if further information could be provided on the specific strands of work related to the ‘Better Together’ programme. The Health Partnerships Officer confirmed that a copy of the ‘Better Together’ complete bid was available in the Member’s Room but that a copy would be sent to the member.

Noted

Items for Future Discussion

55.1 Members requested that they continue to receive reports on services provided by Dorset HealthCare University NHS Foundation Trust in order to monitor the continued progress and performance of the Trust.

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55.2 Members were informed that this would be the last meeting of the Committee supported by Lucy Johns as Health Partnerships Officer, as she had recently been appointed to a position in another County Council department. Members expressed their thanks for her years of hard work in supporting the Committee and wished her well in her new role.

Noted**Questions**

56. No questions were asked by members under Standing Order 20(2).

Meeting Duration: 10.00am to 1.00pm