

# Dorset Health Scrutiny Committee

10

**Dorset County Council**



Date of Meeting	16 November 2015
Officer	Director for Adult and Community Services
<b>Subject of Report</b>	<b>Briefings for information / noting</b>
Executive Summary	<p>As agreed, briefings are now presented collectively under one report on items that are predominantly for information, but nevertheless are important for members to be aware of.</p> <p>For the current meeting the following updates/briefings have been prepared:</p> <ul style="list-style-type: none"> <li>• Mental Health Member Champion report</li> <li>• Transfer of 0-5 Children’s Public Health Commissioning to Local Authorities</li> <li>• Poole Hospital NHS Foundation Trust – Investment in cancer treatment services in collaboration with Dorset County Hospital</li> <li>• NHS Dorset CCG – Clinical Services Review update</li> <li>• Non-emergency Patient Transport Services update</li> </ul> <p>Should Members have questions about the information contained in these briefings, a contact point for the relevant officer is provided. If a briefing raises a number of issues then it may be appropriate for this item to be considered as a separate report at a future meeting of the Committee.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>

	<p>Use of Evidence:</p> <p>Information provided by Public Health Dorset, Poole Hospital Trust, NHS Dorset CCG, Dorset County Council and the West Dorset Partnership.</p> <hr/> <p>Budget:</p> <p>Not applicable.</p> <hr/> <p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:          Current Risk: <del>HIGH/MEDIUM/LOW</del> (Delete as appropriate)          Residual Risk <del>HIGH/MEDIUM/LOW</del> (Delete as appropriate)</p> <hr/> <p>Other Implications:</p> <p>None.</p>
<p>Recommendation</p>	<p>The Committee notes and comments on the content of the briefing report and considers whether it wishes to scrutinise the issues in more detail at a future date.</p>
<p>Reason for Recommendation</p>	<p>The work of the Committee contributes to the County Council's aim to protect and improve the health, wellbeing and safeguarding of Dorset's citizens.</p>
<p>Appendices</p>	<ol style="list-style-type: none"> <li>1 Mental Health Member Champion report</li> <li>2 Transfer of 0-5 Children's Public Health Commissioning to Local Authorities</li> <li>3 Poole Hospital NHS Foundation Trust – Investment in cancer treatment services in collaboration with Dorset County Hospital</li> <li>4 NHS Dorset CCG – Clinical Services Review update</li> <li>5 Non-emergency Patient Transport Services update</li> </ol>
<p>Background Papers</p>	<p>None.</p>
<p>Report Originator and Contact</p>	<p>Name: Ann Harris, Health Partnerships Officer          Tel: 01305 224388          Email: a.p.harris@dorsetcc.gov.uk</p>

**Briefing for Dorset Health Scrutiny Committee  
16 November 2015**

<p><b>Mental Health Member Champion Report</b></p>	<p>Contact Name: Michael Bevan, County Councillor</p> <p>Contact address: Dorset County Council</p> <p>Email: <a href="mailto:m.bevan@dorsetcc.gov.uk">m.bevan@dorsetcc.gov.uk</a></p>
<p><b>1 Background</b></p> <p>1.1 I was the first elected member in both England and Wales to be appointed a local authority mental health champion and since July 2010 there has since been other appointments and there are now in excess of 46 such members. On Friday I was informed that the Borough of Poole had appointed Vishal Gupta as its member champion.</p> <p>1.2 All activities and national meetings are co-ordinated through the Centre for Mental Health based in London and this has led to the formation of the National Network of L.A. mental health champions which increases our access to appropriate ministers in the government.</p> <p>1.3 On 8 September 2015 I led a deputation to meet the Parliamentary Under Secretary of State for Education as we are pressing for mental health to be placed on the school curriculum from primary age. He told us we are "pushing at an open door" and will have further dialogues with us.</p> <p>1.4 On 12 October 2015 I met with Alistair Burt, MP, Minister of State for Community and Social Care, and he is interested in working very closely with the mental health champions during the lifetime of this Parliament. I am shortly to meet the newly appointed schools mental health champion, Natasha Devon, an appointment made following pressure from the network of MH champions.</p> <p>1.5 On 12 October at the House of Commons I was asked to join a Q and A panel on mental health which was, admittedly, an ordeal, but very productive.</p> <p>1.6 Following this session I had talks with James Morris M.P. Chair of the All Party Parliamentary Group on mental health and he has promised to use his offices to pave easier access to the Departments of Education and Health in support of our programmes.</p> <p>1.7 On 14 October I was invited by the Dept. of Health to speak at a seminar on mental health at the National Adult and Children's Conference at the Bournemouth International Centre.</p> <p>1.8 On 16 October I met with the manager and engagement officer of Dorset Healthwatch and we all agreed we should liaise very closely with all voluntary bodies in Dorset with a specific interest in mental health and set up an</p>	

umbrella organisation to work more closely together.

## **2 Internal DCC actions**

- 2.1 We were the second local authority in the country to sign up to the Time to Change pledge, and we have very recently signed up to the Mindful Employer Charter.
- 2.2 To ensure that actions speak louder than words I chair a quarterly mental health action plan group that monitors activities concerning mental health improvements across the County Council. This body consists of lead officers for mental health that have been appointed across all directorates of the council.
- 2.3 The HR representatives on this group are currently working on a new pack which will incorporate guidelines for greater understanding of mental health issues at work, aiding both line manager and the relevant employee in securing a more sensitive approach to the issue. If this pack is approved the Centre for Mental Health says it could be used as a model for other local authorities in the country. It is due to be presented to the quarterly group in January 2016.
- 2.4 I continue to liaise with the Unions at County Hall who refer mental health issues to me.
- 2.5 I have been involved in the wider community in dealing with issues of discrimination at the workplace and those appertaining to housing.
- 2.6 I am sorry for the length of this report but I felt you should all be made aware of the important work that Dorset CC is making in this sensitive area. We are noted locally and nationally as a progressive authority.

### **Michael Bevan**

County Councillor - Sherborne Rural Division

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**Briefing for Dorset Health Scrutiny Committee  
16 November 2015**

<p><b>Transfer of 0-5 Children's Public Health Commissioning to Local Authorities</b></p>	<p>Contact Name: Kate Harvey, Consultant in public health</p> <p>Contact address: Public Health Dorset</p> <p>Email: <a href="mailto:k.harvey@dorsetcc.gov.uk">k.harvey@dorsetcc.gov.uk</a></p> <p>Tel: 01305 225888</p>
<p><b>1 Background</b></p> <p>1.1 From 1 October, commissioning responsibilities for health visiting services moved from NHS England to local councils as part of the public health grant.</p> <p>1.2 It should be noted that this is about the move of commissioning responsibilities and not a move of health visiting staff who will continue to be employed by their provider organisations. The majority of these locally are with Dorset Healthcare NHS Foundation Trust with some staff at Virgin Doctors Ltd covering Lyme Regis.</p> <p>1.3 In Dorset, Public Health Dorset is leading the commissioning responsibilities working with commissioners from Bournemouth, Poole and Dorset councils.</p> <p>1.4 There are six <a href="#">high impact areas</a>. Health visiting services will be mandated to provide five critical assessment points. These include visits during antenatal, new birth, six to eight weeks, 12 months and two to two-and-a-half years old. Evidence suggests these are key times to make sure parents are supported to give their child the best start in life, and identify those families that need extra support early.</p> <p><b>2 Latest update</b></p> <ul style="list-style-type: none"> <li>• The transfer of commissioning responsibility took place on 1 October. Dorset Healthcare's contract was replaced at this time. Virgin Doctors Ltd contract arrangements are being drafted by NHS England.</li> <li>• The new local governance arrangements are in place and we have had the second meeting of our local 0-5 public health commissioning group, linked to both Joint Commissioning Operational Group /Joint Commissioning Partnership and Joint Public Health Board.</li> <li>• A number of service developments are progressing well including: improving ongoing working between children's centres and health visitors; information sharing eg live births data is now received electronically by children's centres, and breastfeeding data by children's centre is being formatted to share later this month. We are developing a pilot specialist model in Poole and will use the learning to inform service models in Dorset. We are involved in a programme of sector-led improvement to develop and share best practice regionally.</li> </ul>	

Dorset County Council



**Briefing for Dorset Health Scrutiny Committee  
16 November 2015**

<p><b>Poole Hospital NHS Foundation Trust – Investment in cancer treatment services in collaboration with Dorset County Hospital</b></p>	<p>Contact Name: Jon Fisher, Senior Communications Manager</p> <p>Contact address: Churchfield House, Poole Hospital</p> <p>Email: <a href="mailto:jon.fisher@poole.nhs.uk">jon.fisher@poole.nhs.uk</a></p> <p>Tel: 01305 225888</p>
<p><b>Background – Press release (to be accompanied by presentation by Poole Hospital)</b></p> <p><b><u>Multi-million pound investment in county's cancer services</u></b></p> <p><b>Radiotherapy treatment is being brought much closer to home for cancer patients in the west of Dorset as a result of a multi-million pound joint initiative between Dorset County Hospital and Poole Hospital.</b></p> <p>DCH patients needing specialist radiotherapy have always had to travel to the facility at Poole but now a state-of-the-art satellite radiotherapy treatment centre is going to be built in Dorchester.</p> <p>The new satellite radiotherapy treatment centre will be staffed and managed by the highly respected Dorset Cancer Centre.</p> <p>As well as ending the need for West Dorset patients to travel to Poole, the new treatment centre will also free up capacity at Poole Hospital to treat more cancer patients from the rest of the county.</p> <p>The new centre will be electronically linked to the Dorset Cancer Centre at Poole Hospital, which will continue to assess patient needs, plan their care and treatment. But rather than have to travel to Poole, West Dorset patients will be able to receive their radiotherapy treatment in Dorchester.</p> <p>Evidence shows that the more patients need to travel, the less likely they are to undergo radiotherapy, which is second only to surgery as a way of effectively treating cancer.</p> <p>At present Poole has four specialist radiotherapy machines – called linear accelerators (linacs) - which have the highest patient usage in England. Poole Hospital NHS Foundation Trust has already agreed to replace one of its machines and had planned to expand capacity to host the new linac.</p> <p>But following investigations and discussions with Dorset County Hospital it has been agreed that the best solution for patients would be to build radiotherapy facilities with</p>	

two specialist linacs in Dorchester, one of which would be the Poole replacement.

Clinical Director for Oncology/Cancer Services Dr Tamas Hickish said: “Specialist radiotherapy treatment should be given to around half of those patients with cancer and its use is expanding. By locating the replacement alongside a new Linac in Dorchester, we are expanding capacity and implementing a solution which will bring huge benefits to cancer patients in Dorset, especially those in the west of the region.”

“This plan also provides capacity in Poole to replace its older linacs with new machines, without having to lose radiotherapy capacity.”

Chief Executive of Dorset County Hospital, Patricia Miller said: “We are delighted to be working with Poole Hospital and the Dorset Cancer Centre on this project which will benefit many patients. This is an exciting expansion of our capability locally and I am sure everyone connected with the hospital will be thrilled that specialist radiotherapy treatment will be available in Dorchester.”

Chief Officer of Dorset Clinical Commissioning Group, Tim Goodson, said: “This is a really important development and one which embraces the spirit of the clinical services review in terms of improving access to services, especially for those in the west of the county. It is a good indication of what can be achieved when two hospitals work together for the benefit of patients.”

OJEC tender notices have already been published and it is anticipated that by the time the facilities are built and the specialist equipment commissioned, patients will be able to receive their radiotherapy treatment in Dorchester during late 2017.

Additional information:

Location: The new facilities will be located on the Dorset County Hospital site, adjacent to the restaurant.

Funding: The £7m cost is being funded by a variety of sources, the major one being loan finance already agreed with Poole Hospital NHS Foundation Trust.

Clinical Services Review: The establishment of a new radiotherapy treatment centre in Dorchester is not dependent on the outcome of the Dorset Clinical Services Review (CSR) or whether Poole Hospital becomes the major emergency or the planned care hospital.

This initiative is in line with the principles of the CSR, which are based on greater cooperation across the health community and bringing services closer to the people who need them.



**Briefing for Dorset Health Scrutiny Committee  
16 November 2015**

<p><b>NHS Dorset Clinical Commissioning Group – Clinical Services Review update</b></p>	<p>Contact Name: Sarah Turner, Head of Transformation Design</p> <p>Contact address: NHS Dorset Clinical Commissioning Group</p> <p>Email: <a href="mailto:sarah.turner@dorsetccg.nhs.uk">sarah.turner@dorsetccg.nhs.uk</a></p>
<p><b>1 Introduction</b></p> <p>1.1 Dorset Clinical Services Review is a major transformational programme of work which is aiming to ensure the future of healthcare services for the local population of Dorset by improving:</p> <ul style="list-style-type: none"> <li>• Quality</li> <li>• Safety</li> <li>• Workforce and financial sustainability</li> </ul> <p><b>2 Update</b></p> <p>2.1 The Clinical Service Review is currently undertaking a range of activity which includes the development of:</p> <ul style="list-style-type: none"> <li>• acute (hospital) reconfiguration (options 1&amp;2)</li> <li>• the Integrated Community Service programme</li> <li>• the Acute Vanguard – Joint venture vehicle awarded to the three acute hospitals aligned to the Clinical Services Review</li> <li>• community vanguard development for federated and new ways of working in primary and community care to be better placed to provide responsive services which will service the local communities</li> <li>• the strategic estates review</li> <li>• the response to the Senate and Gateway requirements</li> <li>• the modelling of the Acute Care Pathway (Mental Health)</li> <li>• the footprint of Dorset Local Roadmap</li> </ul> <p>2.2 Alongside this, there is a Royal College Review of Maternity and Paediatrics which is reviewing, evaluating and recommending the model of care for Dorset. This report is due early 2016.</p> <p>2.3 To support and develop the above work Dorset Clinical Commissioning Group has redesigned its governance structure and implemented Clinical Delivery Groups to plan the implementation of the priority programmes of work across:</p> <ul style="list-style-type: none"> <li>• Long term conditions, frailty and end of life</li> <li>• Maternity and family health</li> <li>• Mental health</li> </ul>	



- Planned and specialist care
- Urgent and emergency care

2.4 A high priority is to build and develop closer working relationships with local authorities/social care to support the development of an integrated health and social care system. Health and Well Being development days and a visioning workshop with local government colleagues have been undertaken. This collaborative partnership is building on the Better Together, local authority led initiative.

### **3 Conclusion**

- 3.1 Dorset Clinical Commissioning Group is asking the Dorset Heath Scrutiny Committee to note the update of the work undertaken by the Clinical Service Review.
- 3.2 A second meeting of the Joint Health Scrutiny Committee convened to consider the Review will meet on 2 December 2015.



**Briefing for Dorset Health Scrutiny Committee  
16 November 2015**

<p><b>Non-emergency Patient Transport Services update</b></p>	<p>Contact Name: Ann Harris, Health Partnerships Officer</p> <p>Contact address: Adult and Community Services, Dorset County Council</p> <p>Email: <a href="mailto:a.p.harris@dorsetcc.gov.uk">a.p.harris@dorsetcc.gov.uk</a></p> <p>Tel: 01305 224388</p>
<p><b>1 Background</b></p> <p>1.1 Dorset Health Scrutiny Committee has received a number of reports regarding non-emergency patient transport services (NEPTS) since the contract for provision was awarded by NHS Dorset CCG to E-Zec Medical Services, commencing in October 2013. Initially the concerns raised focused on problems with the transfer of the service from the old to the new provider and performance issues – such as patients not being picked up or being left waiting for long periods for their transport. This was primarily as a result of demand for the service being underestimated and therefore insufficient provision being commissioned, and call centre failings.</p> <p>1.2 The Health Scrutiny Committee devoted a special meeting to investigate all the concerns and issues raised in June 2014, and have since been provided with update reports from the CCG to ensure that performance is improving.</p> <p>1.3 The most recent update was provided for the Committee on 22 May 2015, this time with a focus on eligibility criteria, as well as performance. Members expressed concern about the way in which the criteria were now being applied (and cited examples of individuals who had contacted them about this). However, the CCG explained that these were national criteria and that in the past they had not been applied consistently or rigorously in some cases. They had therefore undertaken a publicity campaign to raise awareness and had put measures in place to ensure that all patients answered a set of questions to establish whether or not they had a medical need for transport.</p> <p>1.4 As the Committee members still had concerns about people who were not eligible but had difficulty accessing or being able to afford transport, they resolved that this matter be investigated further – possibly via a Task and Finish Group, or via the County Council led Holistic Transport Review. It was not clear whether the Holistic Transport Review was directly taking this forward, but transport and accessibility are being considered within the scope of the current Clinical Services Review and by Adult and Community Services in the wider context of needs.</p> <p>1.5 This briefing provides an update regarding the Holistic Transport Review and a personal report from the West Dorset Partnership, following concerns raised by its members (please note that the views of the author are not necessarily endorsed by Dorset County Council or NHS Dorset Clinical Commissioning</p>	

Group).

## **2 Holistic Transport Review update – Joseph Rose, Dorset County Council**

- 2.1 The remit of the Holistic Transport Review (HTR) is to optimise Dorset Travel's service delivery and enhance the customer experience. The HTR was started to develop and implement the recommendations of the APSE Passenger Transport Review and a subsequent South West Audit Partnership (SWAP) report.
- 2.2 These documents identified a number of recommendations for the improvement of Dorset Travel's service. Whilst working with the Clinical Commissioning Group (CCG) was not specifically part of the HTR remit, there has always been an aspiration to work more closely in an effort to improve fleet utilisation and reduce costs for both parties.
- 2.3 Alongside the HTR, a bid was submitted to the Department for Transport (DfT) for the Total Transport Pilot Fund. DCC were awarded £180,000 for a two year project to investigate integration internally across provisions streams and externally with other transport providing bodies such as CCG's NEPTS.
- 2.4 The term integration is at the core of this project. In this instance integration means the back-to-back delivery of transport services to maximise fleet utilisation and reduce reliance on individually booked private hire vehicles which impose a high cost on the authority and the CCG. Integration can also be taken a step further and include integration with public transport to support these services by utilising them for education transport or other statutory transportation obligations.
- 2.5 This project will investigate and establish the necessary conditions for the future integration of transportation services provided for education, health and social care.
- 2.6 The main areas of work for the total transport project are as follows:
- A comprehensive transport needs assessment to understand the demand for public transport services in rural Dorset and the scope for using the Council's own fleet more efficiently;
  - Network, fleet and property reviews to understand current and future demand, ensuring the right vehicles are available at the right place at the right time;
  - Investigation of potential business models for the delivery of integrated transport services;
  - Ascertaining the potential for integration, the barriers to integration and the enabling measures required; and,
  - Trials of back-to-back services to minimise waste by more efficient use of fleet vehicles.
- 2.7 Total Transport was originally conceived as a standalone project within Dorset Travel and working with partner organisations such as Dorset's CCG. However, it has become clear that the enabling measures required to achieve integrated services cut across the whole of Dorset Travel's operations. Therefore, Total Transport has been expanded into a programme, with the business change recommendations from the Holistic Transport Review reports sitting within it to ensure conformity with future integration.

- 2.8 This way of approaching the project is also useful for the reprocurement of transport services in 2018 (T102 reprocurement). An integrated transport service will have a profound effect on externally commissioned services and therefore will need to be accounted for in the reprocurement.
- 2.9 It is understood that the 2017/18 T102 reprocurement cycle fits with the E-Zec contract cycle and that these contracts set the deadline for this work. If integration between the CCG and DCC is feasible we must be in a position to roll out when the contracts renew.
- 2.10 With regard to the position of the Total Transport Programme we are at the very early stages, especially with the recent change of approach. The Programme Manager is currently allocating report recommendations into projects along with actions from the HTR and is due to begin some workshops to finalise the objectives of each project before establishing what tasks are required to achieve them.
- 2.11 While we are some way off from integration with CCG for NEPTS, it will be necessary to initiate discussions on how to approach integration as soon as possible. Dorset Travel will soon enter a discovery phase to identify enabling measures required for integration. It would be useful if the CCG could do something similar, possibly delivered via a task and finish group, so that both organisations can progress at a similar rate.
- 2.12 Members of the DHSC are free to contact the Programme Manager if they would like to discuss this programme further: Joseph Rose MSc IEng MCIHT, Total Transport Programme Manager [j.rose@dorsetcc.gov.uk](mailto:j.rose@dorsetcc.gov.uk)

### **3 Personal report from the West Dorset Partnership re Patient Hospital Transport Services (10 September 2015) – Tom Murphy**

#### **3.1 Introduction**

At the 30 April 2015 meeting it was agreed I would write a report on patient hospital transport services in West Dorset.

#### **3.2 Object of report**

To highlight the work currently being undertaken by voluntary community organisations, including the churches, in West Dorset to manage patient transport schemes to hospitals and the doctors for those patients that are not eligible for NHS patient transport.

#### **3.3 Patient Transport Services (PTS)**

Patients that need to get to and from hospital or their doctor's surgery are expected to make their own way there, whether by public transport or with the assistance of relatives, friends or neighbours. If patients are unable to get to hospital for their appointment, because of some medical or physical frailty, they may be eligible for the NHS Non-Emergency Patient Transport operated by the Dorset Clinical Commissioning Group (DCCG) PTS.

3.4 All requests for transport are assessed against the national eligibility criteria. Patients are assessed for each request because medical conditions change over time.

3.5 Eligible patients are those:

- Where their medical condition and their mobility means that they require the

	<p>skills or support of PTS staff on/after the journey or where it would be detrimental to their condition or recovery if they were to travel by other means;</p> <ul style="list-style-type: none"><li>• Recognised as a parent or guardian where children are being transported.</li></ul>
3.6	<p>If patients are not eligible for PTS, they will be offered advice on alternative methods of public transport and voluntary community transport schemes.</p>
3.7	<p>In the West Dorset District Council area we are fortunate to have many voluntary community transport schemes, listed below, established over the past 3/4 years to provide transport for patients that do not meet the rigid eligibility criteria for the DCCG operated PTS:</p> <p>Axe Valley &amp; West Dorset Ring &amp; Ride Service Beaminster Country Cars Bride Valley Car Service Bridport &amp; District Good Neighbours Scheme Buckland Newton NeighbourCar Chalk Stream Car Service - Sydling St Nicholas Crossways Car Link Dorchester NeighbourCar Maiden Newton Country Cars Scheme Netherbury Volunteer Drivers Puddletown NeighbourCar Sherborne Good Neighbours Sherborne Voluntary Ambulance South Perrott &amp; Chedington NeighbourCar Thorncombe Community Cars TRIP Community Transport — Lyme Regis Yeo Valley Health Transport</p>
3.8	<p>The majority of persons using the voluntary car schemes are elderly with mobility problems. Dorset County Council's POPP team advise voluntary groups how to establish car schemes and provide seed fund grants of up to £1,500. Once established the schemes are self-funding. They rely on charges made to patients for each journey and fund raising. Typically the schemes charge 45 pence per mile to patients. The drivers are volunteers. Drivers receive up to 45 pence per mile for petrol, but many drivers and the administrators operating the car schemes do not charge. Each scheme needs to pay for phones, calls and other office expenses.</p>
3.9	<p>DCCG have employed E-zec Medical Transport Service as their contractor since 1 October 2013. DCCG insist that E-zec operates the contract in accordance with the national criteria for transporting non-urgent, planned transportation of patients whose medical condition is such that they require the skills or support of clinically trained PTS staff and/or their equipment on/after their journey. This has resulted in a large increase in requests for voluntary car schemes to transport patients not eligible for PTS to hospital appointments since 2013. Many car schemes are struggling to cope with the increase in demand for hospital transport resulting in a shortage of volunteer drivers in many areas.</p>
3.10	<p>The Dorset Health Scrutiny Committee has recently been considering how the DCCG PTS operate. The Committee agreed at their meeting on 22 May 2015 to refer to the DCC Holistic Transport Review and a task and finish group, to be convened, to look at the matters raised by the Committee relating to the tightening of the eligibility criteria for PTS. Also that certain definitions relating</p>

to medical need were loosely termed in the criteria.

**3.11 Conclusions**

The NHS has opted out of providing hospital transport for the majority of patients in rural areas needing to get to hospital appointments in Dorset. Instead they refer patients to the voluntary car schemes. I know from my own experience as a volunteer driver in Bridport that most of the patients I take to DCH are widows with mobility problems. They do not have family living locally and rely on the local car schemes to take them to DCH. The voluntary car schemes are struggling to meet the demand due to the shortage of volunteer drivers and funding.

3.12 I will be submitting this report to the West Dorset service review on support for voluntary and community organisations as an example of how voluntary organisations are undertaking essential voluntary work with very little public funding. I would welcome the comments of the Partnership on the issues raised in my report.

**Any questions about this report to Tom Murphy, representing Churches Together in Dorset. Email: [tom.murphy07@btinternet.com](mailto:tom.murphy07@btinternet.com)**