



Health Overview and Scrutiny Committee

Date: Thursday, 5 March 2020
Time: 10.00 am
Venue: Committee Rooms A&B,, South Walks House,
South Walks Road, Dorchester, DT1 1UZ (DT1
1EE for sat nav)

Membership: (Quorum 3)

Jill Haynes (Chairman), Andrew Kerby (Vice-Chairman), Ryan Holloway, Nick Ireland, Rebecca Knox, Robin Legg, Jon Orrell, Emma Parker, Bill Pipe and Byron Quayle

Chief Executive: Matt Prosser, South Walks House, South Walks Road,
Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

For more information about this agenda please contact Helen Whitby 01305 224187 - helen.whitby@dorsetcouncil.gov.uk



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Members of the public are welcome to attend this meeting with the exception of any items listed in the exempt part of this agenda. **Please note** that if you attend a committee meeting and are invited to make oral representations your name, together with a summary of your comments will be recorded in the minutes of the meeting. Please refer to the guide to public participation at committee meetings for more information about speaking at meetings.

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A G E N D A

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1 APOLOGIES

To receive any apologies for absence.

2 MINUTES

7 - 12

To confirm the minutes of the meeting held on 14 January 2020.

3 DECLARATIONS OF INTEREST

To receive any declarations of interest.

4 PUBLIC PARTICIPATION

To receive questions or statements on the business of the committee from town and parish councils and members of the public.

The deadline for submission of the full text of a question or statement is 8.30am on Monday, 2 March 2020.

Details of the Council's procedure rules can be found at: [Public Participation at Committees](#).

5 URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

6 DELAYED TRANSFERS OF CARE

13 - 20

To consider a report by the Interim Executive Director for People - Adults.

7 INFORMATION REPORTS RECEIVED

The following information reports have been received since the last meeting:-

Healthwatch Dorset draft Workplan 2020/21

Healthwatch Dorset is the county's independent health and care champion. It exists to ensure that people are at the heart of care.

Our dedicated team of staff and volunteers listen to what people across Dorset like about local health and care services, and what they think could be improved. These views are then used to create our Workplan for the year, so a real difference can be made.

The Healthwatch Dorset Staff Team and Steering Group have drafted a Workplan for 2020/21 based on what people have told us this year, while also giving consideration to national and local priorities in health and social care.

- Cancer Support Services in West Dorset – Healthwatch Dorset has been commissioned to work on this engagement project, finding out what local people who are living with cancer think of the support they receive. Our findings will influence a local Macmillan pilot project to begin in April 2020 and we will also be gathering more feedback at the end of 2020 to find out if people's experiences have improved. More info here: <https://healthwatchdorset.co.uk/how-would-you-improve-local-cancer-support-services/>
- Children & Adolescent Mental Health Services – as part of the CAMHS review this year Healthwatch Dorset will be gathering feedback from marginalised young people eg. children excluded from school, young asylum seekers, young people who are homeless etc. Our findings will feed into the Dorset CCG CAMHS review by gathering feedback from young people who don't always have the loudest voice.
- Access to Primary Care – one of the most common themes local people speak to us about is their access to primary care. This is a long term project for the year which will need more research, with consideration being given to disabled access, learning disability health checks, carers & older people. This project will also help Healthwatch Dorset develop stronger working relationships with Patient Participation Groups and Primary Care Networks.
- Accident & Emergency Care – in October/November 2019 we worked on a national project, together with 5 other local Healthwatch, talking to people in Poole A&E about their experience. Our findings have helped to inform the national review of A&E performance measures and our local report will be published in February 2020. This year we plan to look at ways of working with Dorset County Hospital and Royal Bournemouth Hospital on patient experience in A&E, to help inform the planned changes to local services following the Clinical Services Review.

- Transport – this is a key theme that local people raise with Healthwatch Dorset. This is a long term project for the year which will need more research and will take into consideration the need for clear and accessible information, disabled access, older people and rural communities. We will aim to work together with Public Health, the local NHS, both local councils, the voluntary sector and Healthwatch England on this project.

As an important stakeholder, we welcome your thoughts on our draft Workplan. This workplan has been designed to allow us enough capacity to work on emerging issues, so please take this opportunity to let us know of any other areas you think we should prioritise.

We want to ensure that we're working on projects that are important to local people, feed into NHS and Social Care priorities, don't duplicate work already being done and are able to make a real difference for local people. We also welcome the opportunity to work in partnership, so please get in touch if you'd be interested in working with us. We will finalise our Workplan at the Healthwatch Dorset Steering Group meeting in March 2020. Please send your comments and any suggestions by email to me at louise.bate@healthwatchdorset.co.uk by 10th March 2020 at the latest.

'Your Mind, Your Say' – seeking views on mental health services for children and young people.

NHS Dorset Clinical Commissioning Group (together with health, care and voluntary sector partners across Dorset) have launched a project called 'Your Mind Your Say' to seek views on mental health services for children and young people.

There have been various pieces of view seeking work done by other organisations over the last few years and the CCG wants to add to this with a focus on service provision and then bring all the information together into a comprehensive report about what people think.

We are launching a survey which will run throughout February 2020. This is available in on-line, paper and easy read versions. We would like to ask your help with sharing the link to our webpage so that people can access these <https://www.dorsetccg.nhs.uk/yourmind/>

The survey is for anyone who has a view on children and young people's mental health services including children, young people and their families/carers. Young people under 16 will need parental consent to complete it.

The more views we collect the better the outcome will be in helping us to work together to improve children and young people's mental health services across Dorset.

For your information, in addition to the survey we are also planning to visit places that children and young people attend, including schools, youth centres and support groups. These visits will run until the end of March 2020.

8 WORK PROGRAMME

21 - 22

To receive the Committee's work programme.

9 EXEMPT BUSINESS

To move the exclusion of the press and the public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph 3 of schedule 12 A to the Local Government Act 1972 (as amended).

The public and the press will be asked to leave the meeting whilst the item of business is considered.



DORSET COUNCIL - HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON TUESDAY 14 JANUARY 2020

Present: Cllrs Jill Haynes (Chairman), Andrew Kerby (Vice-Chairman), Rebecca Knox, Robin Legg, Jon Orrell, Nick Ireland and Ryan Holloway

Officers present (for all or part of the meeting):

Steve Hedges (Service Manager for Finance), Tony Meadows (Head of Commissioning), Sue Sutton (Deputy Director, Lead Member for Urgent and Emergency Care, Dorset Clinical Commissioning Group), Helen Whitby (Senior Democratic Services Officer) and Eryl Doust (Project Manager)

20. **Apologies**

Apologies for absence were received from Councillors Emma Parker, Bill Pipe and Byron Quayle.

21. **Minutes**

The minutes of the meeting held on 26 September 2019 were confirmed and signed.

Matters Arising

Minute 15 NHS Dorset CCG - Physiotherapy Services Review

Members were reminded that they had been sent a copy of the letter to the Dorset CCG and their response and that this might be reviewed in six months' time. The Chairman stated that she had recently received two complaints from members of the public about the way the system was working. She asked officers to arrange for a report to be provided to the meeting on 16 June 2020 to see whether the figures had improved and how the system was working.

Minute 19 - Clinical Services Review

The Chairman informed the Committee that the Independent Reconfiguration Panel (IRP) had now written to the Secretary of State (SoS) regarding its review of the Clinical Services Review and the SoS had written to the Dorset Clinical Commissioning Group with the outcome. Members would be sent the IRP letter, the Secretary of State's letter and a copy of the CCG's press release following the meeting.

Resolved

1. That members be sent copies of the Independent Reconfiguration Panel letter, the Secretary of State's letter and the Dorset CCG's press release following the meeting.

2. That officers arrange for a report on the Physiotherapy Services Review be provided for the meeting on 16 June 2020 to see whether the figures for the services had improved and how the system was working.

22. **Declarations of Interest**

Cllr Andrew Kerby declared a disclosable pecuniary interest as his partner was employed by the Dorset Healthcare University NHS Foundation Trust as a nurse and that a dispensation was now in place. Cllr Kerby also declared that he was a Governor for the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Cllr Jon Orrell declared a disclosable pecuniary interest as a GP and confirmed that a dispensation was now in place.

Cllr Nick Ireland declared that he and his partner were Governors of Dorset Healthcare University NHS Foundation Trust.

23. **Public Participation**

There were no statements and questions from Town and Parish Councils at the meeting:

A question from Mr Barry Tempest was asked at the meeting. The question and response are attached as an appendix to the minutes. Mr Tempest added that the response did not mention anything about maternity services nor paediatrics.

The Chairman stated that the Committee were interested to find out more about Dorset County Hospital NHS Foundation Trust's plans and asked for a report to be provided for the Committee's meeting on 16 June 2020. Mr Tempest would be able to attend that meeting to hear more about future plans.

Resolved

That a report on Dorset County Hospital NHS Foundation Trusts future plans be provided for the Committee's meeting on 16 June 2020.

24. **Integrated Urgent Care Service**

The Committee considered a report by the Lead Member for Urgent and Emergency Care, Dorset Clinical Commissioning Group (CCG) which provided an update on the Dorset Integrated Urgent Care Service.

It was noted that the model was innovative and was considered appropriate for Dorset. There had been performance challenges and work was being undertaken with Dorset Healthcare University NHS Foundation Trust to address these. South Western Ambulance NHS Foundation Trust (SWAST) had recently announced their withdrawal from their contract from April 2020 and partner organisations were considering the effect of this.

Members noted that there were metrics for each of the three components and that filling shifts was a challenge across each of these and a long-term recruitment plan was being considered to address this.

One member referred to the withdrawal of SWAST and about the interface between 999 calls and the 111 service. It was explained that work to address this would be undertaken from now until April 2020 to ensure any change did not have any detrimental effect.

The Healthwatch representative was welcomed to the meeting. She asked about how people's feedback was being used to improve the service. The CCG's various means of obtaining feedback were explained and any feedback from Healthwatch welcomed.

Noted

25. Somerset Integrated Health and Care Strategy

The Committee considered a report by the Executive Director of People - Adults on the findings of the Committee's Working Group reviewing Somerset's Integrated Health and Care Strategy to see whether there were any concerns for Dorset residents receiving care.

The Chairman explained that no concerns had been raised about changes to services in Somerset and their impact on Dorset residents. Somerset were currently going through a Clinical Services Review and this would need to be monitored. Any concerns would be reported at a future meeting.

Concerns had been expressed about hospital merges in Taunton and how these might affect Yeovil Hospital and Dorset residents accessing services there.

Members were reminded of the duty on Hospital Trusts to notify the Committee of any service changes and the lack of contact with both Yeovil and Salisbury Hospitals. The Senior Democratic Services Officers was asked to write to both hospitals to remind them of their duty to notify the Committee of any service changes.

The Chairman of the Dorset Health and Wellbeing Board highlighted Somerset's investment in prevention work and expressed an interest in investigating their governance arrangements so as to compare them to Dorset's.

Resolved

That the Senior Democratic Services Officer write to Yeovil and Salisbury Hospitals to remind them of their duty to inform the Committee of any service changes.

26. **Transforming Care - Moving people with a Learning Disability out of Long-Term Hospital Care**

The Committee considered a report by the Executive Director of People - Adults which provided an update for Transforming Care and Moving on from Hospital Living.

Members were reminded that this involved vulnerable adults who for various reasons had found themselves in campus or hospital accommodation. There were challenges in trying to find suitable accommodation to enable them to become more independent and live in the community with appropriate support. Looking forward, attention was drawn to the number of people with learning disabilities who were living longer, the potential for their needs to become more complex and the need for steps to be taken by the Council to try to mitigate this risk.

There was some discussion about safeguarding issues and the need for accommodation to be in areas where appropriate support was available, the need to stimulate more opportunities for independent living and minimise any risks involved, timescales for changes at Whorlton Hall and the costs involved, that equalities and diversity issues had been considered, and that the report did not reflect Dorset's special schools. Members also wished to see where the budget had made a difference.

The Committee wanted to better understand the number of people involved and asked for a report to be provided to their meeting on 16 June 2020.

Resolved

That a report on figures of people involved be provided for the meeting on 16 June 2020.

27. **Information Reports Received**

Noted

28. **Dorset Health and Wellbeing Board Workplan**

The Chairman of the Dorset Health and Wellbeing Board provided an update on the Board's work in relation to natural prescription, keeping fit and active, the mini health and wellbeing boards, the focus on children and adolescents and the transition from child to adulthood, data sharing across partner organisations in order to identify vulnerable young people, Education Health Care Plan assessments, suicide prevention and a refresh of the Health and Wellbeing Strategy. She also highlighted the need for all Dorset Council reports to include health outcomes within every policy, particularly planning.

Noted

29. **Requests for Joint Scrutiny**

The Chairman informed the Committee that she had spoken to Bournemouth, Christchurch and Poole's Chairman with regard to possible joint scrutiny. Two items had been identified - the Ambulance Service improvement and investment plan and the Urgent Integrated Care Service. These would be undertaken in June/July 2020.

The Committee's work programme had been circulated to members and would be posted on the internet so that members of the public had access.

Noted

30. **Urgent items- Pre- Decision Scrutiny of the 2020/21 Budget**

The following items of business were considered by the Chairman as urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The item was considered to be urgent because the Committee needed to scrutinise the Council's budget for 2020/21.

Pre-decision Scrutiny of the 2020/21 Budget

The Committee considered a report by the Executive Director Corporate Development on pre-decision scrutiny of the 2020/21 budget. The Council's Scrutiny Committees had scrutinised the budget the previous day and the report had been added as an urgent item to allow the Committee the opportunity to scrutinise the budget as well.

Officers presented the report highlighting the proposed increase in the adult social care budget, the continuing increase in demand for services, the increasing complexity of care needed, the cost of residential placements compared to enabling people to remain in their own home, the need to do more preventative work, increased use of assistive technology, pressures arising from demographic growth and implications of leaving the EU.

The Chairman acknowledged the year on year increased demand for both adult and children's services and that the cases involved greater complexity and increased costs. The only way to tackle this was by undertaking prevention work at the early stages and by including health in everything the Council did.

Members then scrutinised the budget in detail and the following points were noted:-

- that the only means of off-setting any overspend appeared to be the social care precept;
- steps which could be taken to enable people to remain living at home;
- the need to invest more in intermediate care and work differently;
- Somerset's strong discharge to assess which provided savings for them by providing appropriate care at home;
- the need to emphasise the impact of budgetary decisions on people's health;

- the importance of early intervention and prevention and for outcomes to be analysed to see whether they had an impact on targets;
- that it may take time before the impact of prevention at scale work could be seen;
- the need to embed health across the whole Council and in all decisions; and
- the need for appropriate targets to be set.

Recommended

1. That a health line should be included in all Dorset Council papers, including planning applications, to ensure that health impacts were considered in every policy and decision.

2. The Committee was concerned that insufficient activity was taking place across the Council to encourage prevention and early intervention. The Committee urged the Cabinet to pursue these areas in order to control spend in the future.

Duration of meeting: 2.30 - 4.20 pm

Chairman

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Health Scrutiny Committee

Dorset Delayed Transfers of Care (DToC) performance

Date of Meeting: 5/3/20

Portfolio Holder: Cllr L Miller, Adult Social Care and Health Cllr

Local Member(s):

Director: [Choose an item.](#) Vivienne Broadhurst, Acting Executive Director People - Adults

Executive Summary:

Extended periods in hospital for a person, beyond their need for acute inpatient care, are known to be harmful. The best outcomes for people are achieved when they are enabled to leave hospital at the right time. A delay in someone's discharge from hospital can affect their recovery and independence but also places pressures on hospital beds within the Integrated Care System (ICS) and can mean people who need access to acute inpatient care don't receive their treatment in a timely way.

Delayed transfers of care (DToC) performance data measures how effective the Dorset ICS is at enabling people to leave hospital at the point at which they no longer have a need to remain in the hospital setting for their ongoing treatment. This report provides an overview of the current DToC performance of Dorset Council Adult Social Care and the Dorset ICS as a whole, with some comparison to national performance. It provides an overview of the progress made to date and continuing areas for improvement.

It is important to understand that the cause/reasons for DToC are only the final reason for an individual remaining in hospital past the point that their acute hospital treatment ends and the delays that occur in the journey throughout a persons' hospital stay can be influential in whether a person is supported home at the right time.

Equalities Impact Assessment: N/A

Budget: N/A

Risk Assessment: N/A

Climate implications: N/A

Other Implications: N/A

Recommendation: N/A

Reason for Recommendation: N/A

Appendices: N/A

Background Papers: N/A

Officer Contact:

Name: Eryl Doust, Project Manager, People - Adults

Tel: 01305 225684

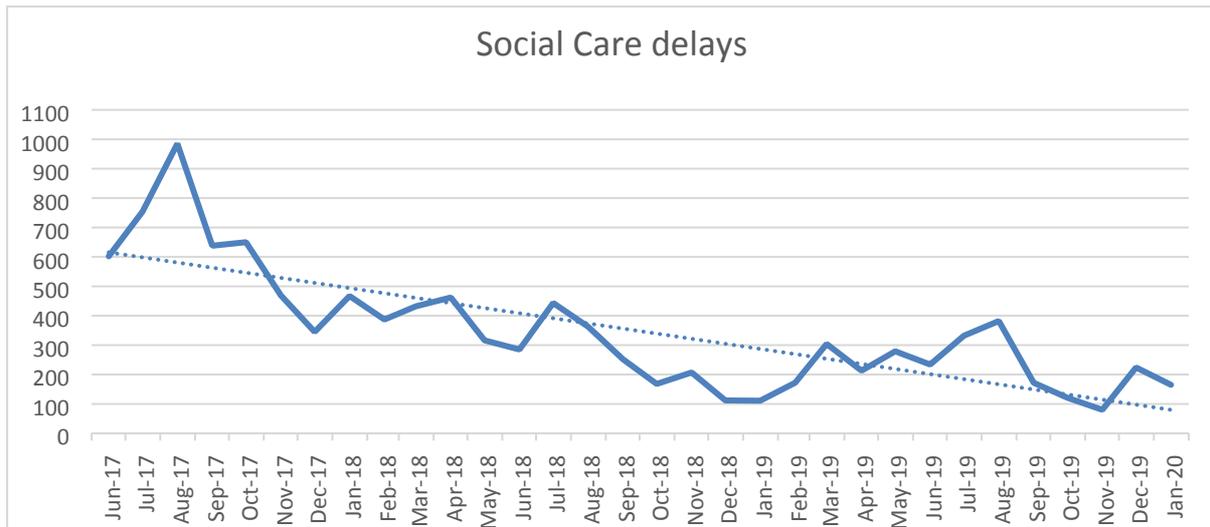
Email: eryl.doust@dorsetcouncil.gov.uk

1. DToC Performance

1.1 Medium-term trend – Adult Social Care delays

1.1a Overall performance:

In the past three years, we have seen a significant reduction in delays for Dorset residents attributable to Adult Social Care (ASC). In August 2017 levels peaked at 985 delayed days in the month, in contrast to a recent lowest-ever figure of 80 delays in November 2019. These two figures represent the extremes of our performance in the past three years, but overall the trend has been a decreasing number of days delayed in a month.



The reduction has seen Dorset significantly improve its national ranking. Until 2018, Dorset had performed in the middle to lower end of the fourth quartile nationally for Adult Social Care delays. In November 2019, Dorset was ranked just two places outside of the second quartile nationally for Social Care delays, our current ranking being 77th of 150 Local Authorities.

1.1b Performance against Better Care Fund

Delayed Transfers of Care has been one of four indicators monitored in Dorset's Better Care Fund (BCF) plans.

In 2018/19 Dorset was set a target of 9 delays per day to be achieved from September 2018. Although at the time this was felt to be a considerable stretch based on our historic performance, between September 2018 and March 2019, Dorset recorded an average of 6.3 Adult Social Care delays per day.

For 2019/20 BCF targets were set at 43.1 delays per day as a whole ICS target. In order to monitor Adult Social Care delays as a tangible daily target we internally set a Dorset Council target at 7.5 delays per day. To end of January 2020 Dorset has recorded an average of 7.2 delays per day for Adult Social Care delays, remaining just inside target.

1.2 Medium-term trend – Dorset Integrated Care System (ICS) delays

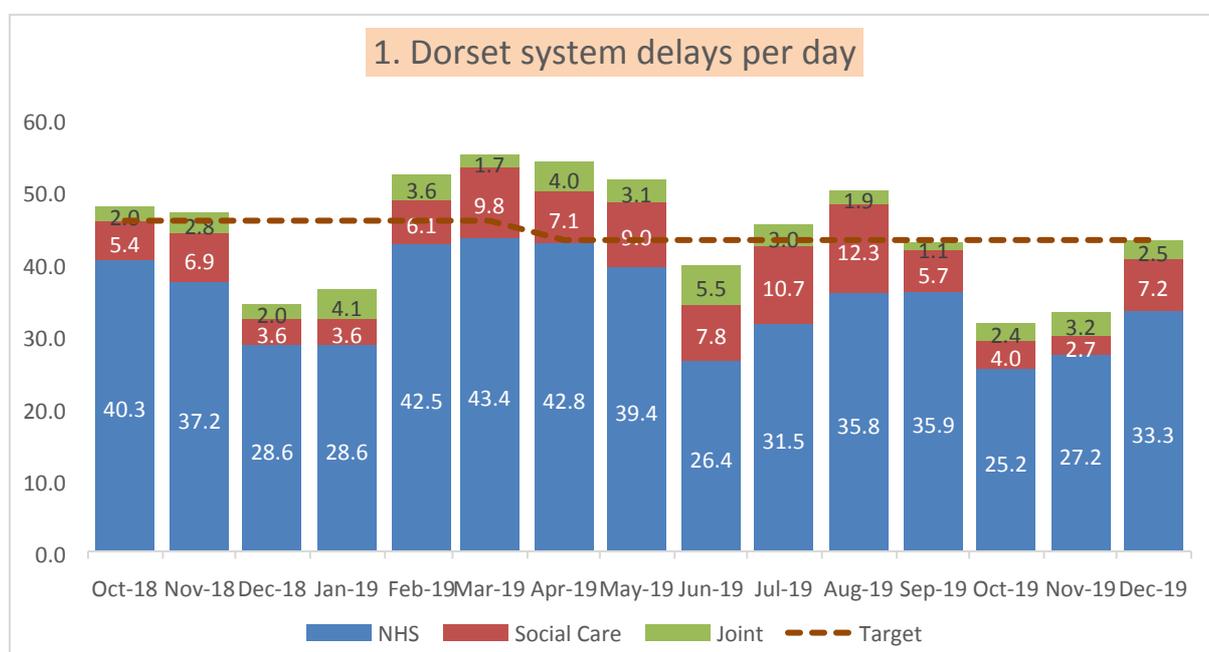
The trend for the whole system in Dorset has not followed the same downward trajectory as Adult Social Care delays.

NHS attributable delays account for around 78% of days delays in the Dorset system. There is an overall downward trend over the past couple of years, albeit not as steeply as for Social Care.

Whilst a downward trend is the right direction for improving peoples' outcomes, Dorset has not seen its national rank improve because reductions in delays have been seen across the whole country over the period. For NHS delays, Dorset remains very much in the bottom quartile, the current ranking being 141 of 150 Local Authority areas.

The third element of system delays is joint delays, where the delay is attributable to both Health and Social Care (usually associated to people with Mental Health needs and may be jointly funded).

The following chart shows the total system delays per day since October 2018 split by Social Care (red), Health (blue) and Joint (green). The dashed line shows the agreed Better Care Fund target for the system:



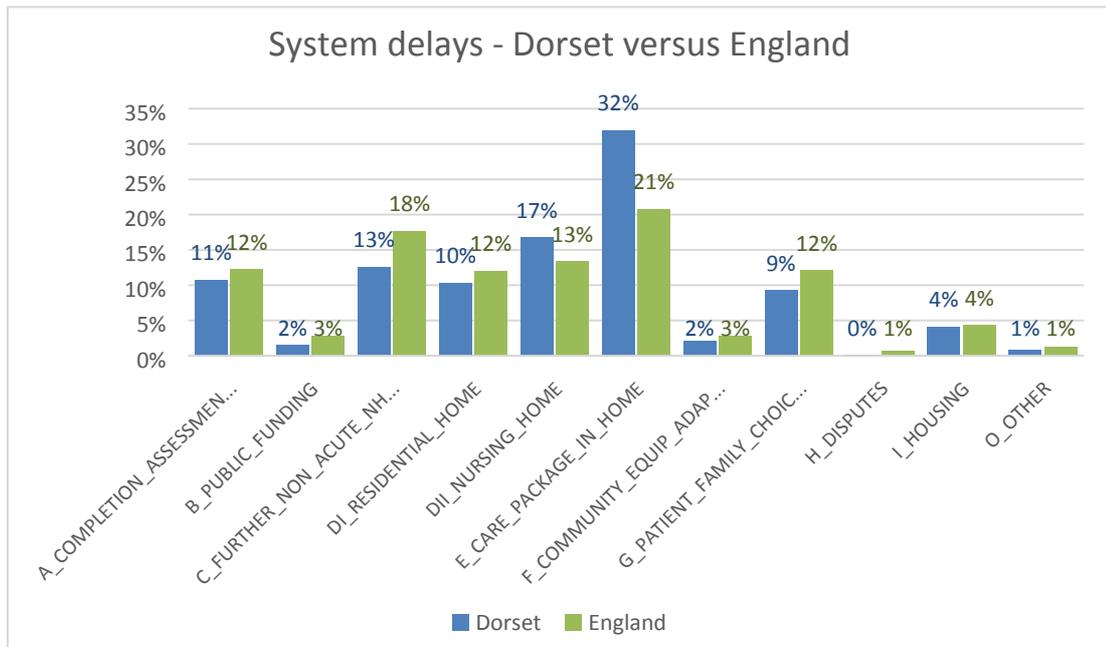
1.3 Causes of delays

A person can be delayed in hospital for a number of reasons. When recording DToC, a nationally-prescribed set of reasons are used:

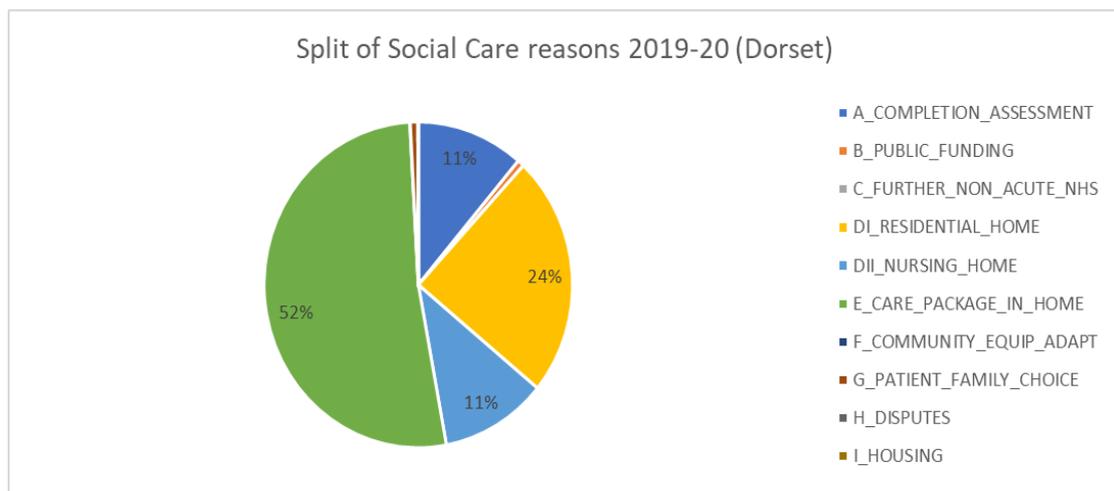
- A) Awaiting completion of assessment
- B) Awaiting public funding
- C) Awaiting further non-acute NHS care
- D) Awaiting residential home placement or availability
- Dii) Awaiting nursing home placement or availability
- E) Awaiting care package in own home
- F) Awaiting community equipment and adaptations
- G) Patient or family choice
- H) Disputes

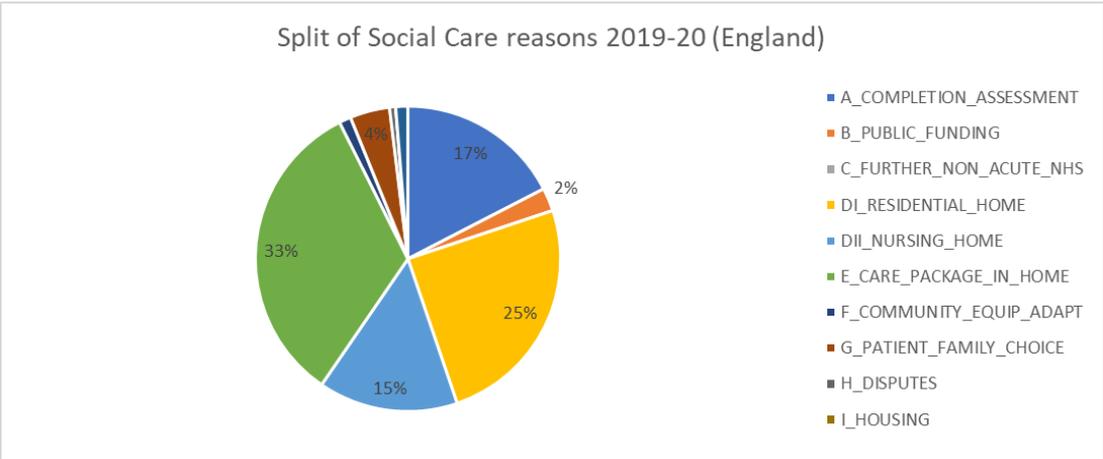
- I) Housing – patients not covered by the Care Act
- O) Other

Dorset ICS’s largest cause of delay, accounting for almost a third of all system delays, is awaiting a care package in the persons own home. The following chart shows that Dorset ICS’ figure is significantly higher than that for the rest of England:

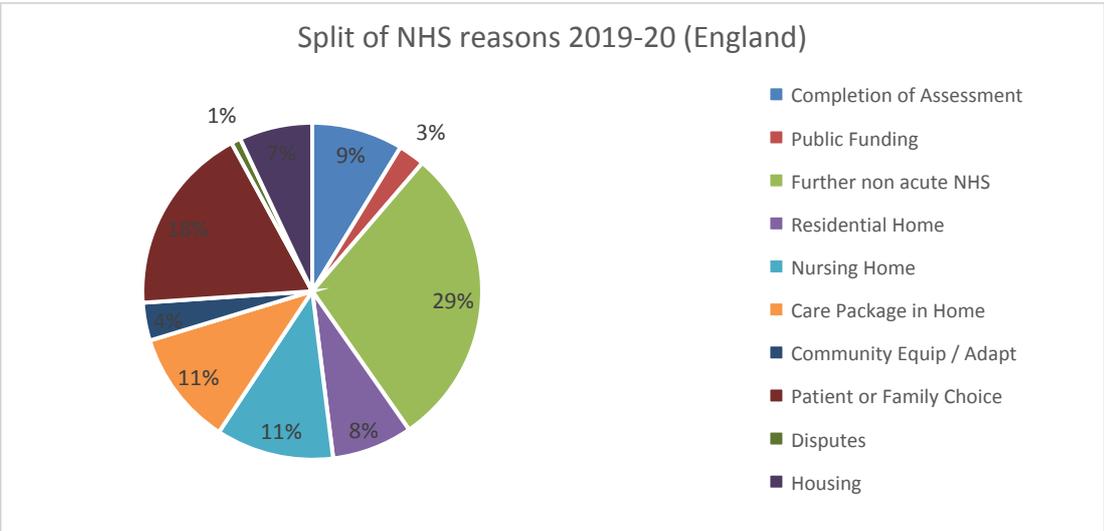
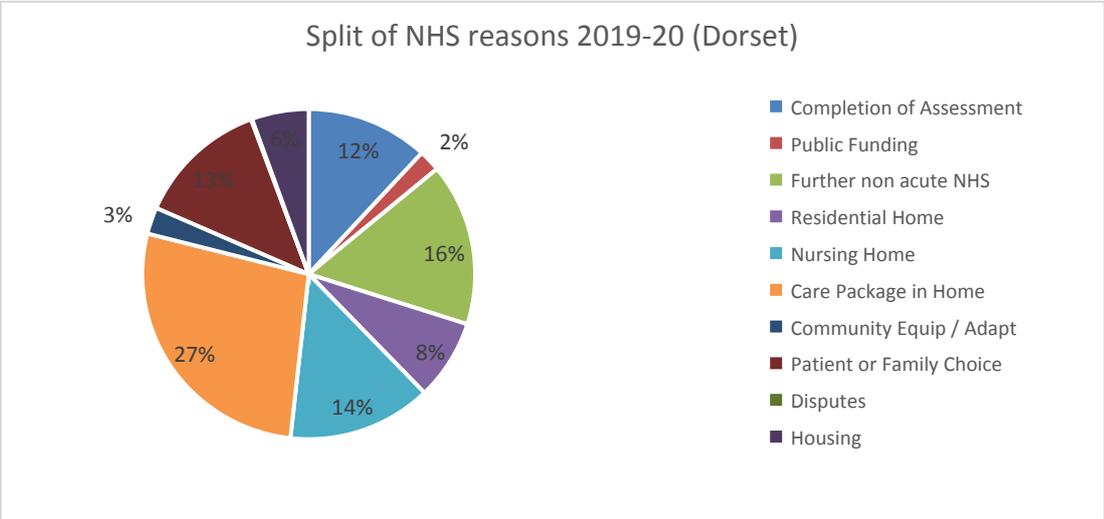


Looking at Social Care attributable reasons only, awaiting a care package in own home shows an even more significant difference to the rest of the country, accounting for 52% of days delayed in Dorset for 2019-20 compared with 33% nationally:





Looking at NHS reasons below, Dorset figures for those awaiting care packages in their own home are much higher than nationally with the delays awaiting further non acute NHS care are lower.



2. Achieving improvements to DToC across the ICS

2.1 ASC improvements

Improvements to Dorset ASC attributable delays over the past 12 months have largely been supported both by some internal changes around workforce and also changes to practice linked with the High Impact Change Model of Managing Transfers of Care (produced jointly by NHSE/ADASS/LGA).

In order to reduce social care attributable delays, our focus has been on:

- aligning our workforce to be able to respond to the increasing demands across all 5 acutes, 8 community hospitals and 8 mental health NHS units, with a focus on ensuring early conversations, timely assessment and support planning with individuals during their hospital admission;
- changes to practice and services that can better support people to return home quickly at the right time and to remain at home, avoiding admission to hospital where this is not necessary.

Some of this work has been achieved through realigning existing resources with other changes having been enhanced by BCF winter funding and ICPCS investments.

The following are considered to have contributed to improving Dorset Council's work with Dorset residents, reducing ASC attributable delays and contributing to Dorset ICS performance over the past year:

- Each locality team having a link worker for community hospitals to improve multidisciplinary working and timely involvement for those that need ASC input
- Developing our peripatetic team to be able to respond flexibly to acute and community hospital pressures
- Social care staff, attached to Hospital social work teams but working within Salisbury and Yeovil Hospitals, providing improved response to the increasing numbers of referrals for Dorset residents at these hospitals
- A social worker based with the older persons mental health wards working with residents across all Dorset localities to enhance multidisciplinary working, earlier conversations and developing improved working practices across health and social care
- Social care staff focussed and part of emergency and short stay departments within the three main acutes in Dorset and arrangements in place at SDH/YDH to prevent admission
- Dorset Council occupational therapists within the acute hospital settings to support positive risk taking with those who have complex needs on returning home, promoting less restrictive support plans and consider alternative ways of maintaining independence
- Where people are likely to only be in hospital for a short period before returning home, holding their care arrangements in place temporarily so that they can return home with care resuming when they are ready to leave and providing a level of continuity

- Changes to our reablement service and streamlining reablement processes to support greater flow through the service for those that need access to a reablement service
- Developing rapid access to assistive technology for those leaving hospital

2.2 ICS improvements

In addition to the above, Dorset Council have worked with partners, aiming to improve peoples' outcomes and system DToC performance through:

- Developing the multidisciplinary hub model within locality teams (alongside Tricuro, care providers and Dorset Healthcare) encouraging teams to create solutions for supporting a resident of that locality to return home at the right time with the right level/nature of support with ongoing assessment in the community; developing trusted assessor practices to reduce duplication of assessment
- Developing the voluntary sector involvement in supporting hospital discharge
- Additional investment through BCF winter funding to support commissioning of Getting You Home services (discharge services) and Active Recovery services (supporting rapid response to avoid hospital admission). These developments have enabled us to work with providers as trusted assessors and as part of the multidisciplinary team and focussing on outcomes rather than traditional task and time delivery
- Revising the leaving hospital (choice) policy to provide clear information and expectations for people about planning for discharge from admission and enabling staff to have conversations about realistic expectations.
- Enhancing support to self-funders needing advice and guidance to secure ongoing support plans
- Working with hospital providers to review people with over 7/14/21 day stays and agree how we can work together to avoid prolonged hospital stays
- Undertaking work with Bournemouth Court and partners to minimise delays when there are objections to plans for someone lacking mental capacity and Court of Protection processes are required.

3. Opportunities for further improvement

The current performance data shows that Dorset ICS has significant opportunities for improvement both in terms of ASC delays and the delays classed as 'NHS delays'. One of our key areas of focus is around working with the ICS to define our ambition around prevention, helping people to stay at home or to return home at the right time (often known as 'Home First') and to define and redesign hospital pathways that support delivery of that ambition at scale. Continued focus is also needed on how we reduce some of the internal delays within a person's stay in hospital which can impact on a persons' length of stay in hospital and ultimately their recovery to independence.

Health Overview & Scrutiny Committee - Forward Plan

5 March 2020 (10:00am)		
Lead author(s)	Subject	Comments
Multi-agency	Delayed Transfers of Care (DToC)	To review progress in reducing delayed transfers of care, with consideration of the discharge system and use of the Better Care Fund monies

16 June 2020 (10:00am)		
Physiotherapy Services Review		
Dorset County Hospital NHS Foundation Trusts future plans		
Transforming Care - Moving people with a Learning Disability out of Long-Term Hospital Care		
NHS Dorset CCG	Integrated Care System	To consider the refresh of the Integrated Care System (a review of progress)

17 September 2020 (10:00am)		
Primary Care Networks Update		

26 November 2020 (10:00am)		

4 March 2021 (10:00am)		

Items to be scheduled:-

Joint Scrutiny Items to be scheduled

Ambulance Service Improvement and Investment Plan
Urgent Integrated Care Service

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