



People and Health Scrutiny Committee

Date: Tuesday, 19 July 2022
Time: 10.00 am
Venue: Council Chamber, County Hall, Dorchester, DT1 1XJ

Members (Quorum: 3)

Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Piers Brown, Robin Cook, Nick Ireland, Louie O'Leary, Jon Orrell, Mary Penfold, Bill Pipe and Belinda Ridout

Chief Executive: Matt Prosser, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic Services Meeting Contact 01305 224185 - george.dare@dorsetcouncil.gov.uk

Members of the public are welcome to attend this meeting, apart from any items listed in the exempt part of this agenda.

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Agenda

Item		Pages
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	DECLARATIONS OF INTEREST	
	To disclose any pecuniary, other registrable or non-registrable interest as set out in the adopted Code of Conduct. In making their disclosure councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.	
	If required, further advice should be sought from the Monitoring Officer in advance of the meeting.	
3.	MINUTES	5 - 10
	To confirm the minutes of the meeting held on 19 May 2022.	

4. CHAIRMAN'S UPDATES

To receive any updates from the chairman of the committee.

5. PUBLIC PARTICIPATION

Representatives of town or parish councils and members of the public who live, work or represent an organisation within the Dorset Council area are welcome to submit up to two questions or two statements for each meeting. Alternatively, you could submit one question and one statement for each meeting.

All submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Thursday, 14 July 2022.

When submitting your question(s) and/or statement(s) please note that:

- no more than three minutes will be allowed for any one question or statement to be asked/read
- a question may include a short pre-amble to set the context and this will be included within the three minute period
- please note that sub divided questions count towards your total of two
- when submitting a question please indicate who the question is for (e.g. the name of the committee or Portfolio Holder)
- Include your name, address and contact details. Only your name will be published but we may need your other details to contact you about your question or statement in advance of the meeting.
- questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda
- all questions, statements and responses will be published in full within the minutes of the meeting.

[Dorset Council Constitution](#) Procedure Rule 9

6. COUNCILLOR QUESTIONS

To receive questions submitted by councillors.

Councillors can submit up to two valid questions at each meeting and sub divided questions count towards this total. Questions and statements received will be published as a supplement to the agenda and all questions, statements and responses will be published in full within the minutes of the meeting.

The submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Thursday, 14 July 2022.

[Dorset Council Constitution](#) – Procedure Rule 13

7. 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.

8. SOMERSET HYPERACUTE STROKE CASE FOR CHANGE 11 - 22

To receive a report by the Programme Manager for Stroke, Neurorehabilitation, and Community Hospitals.

9. DENTAL ACCESS FOR ADULTS AND CHILDREN IN DORSET

To receive a report on behalf of NHS England – South West, Direct Commissioning. (Report to follow).

10. FORWARD PLANS 23 - 38

To consider the committee's forward plan and Cabinet's forward plan.

11. EXEMPT BUSINESS

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

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

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PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON THURSDAY 19 MAY 2022

Present: Cllrs Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Piers Brown, Nick Ireland, Louie O'Leary, Jon Orrell, Mary Penfold and Belinda Ridout

Apologies: Cllrs Robin Cook and Bill Pipe

Also present: Cllr Tony Alford, Cllr Richard Biggs, Cllr Andrew Parry, Cllr Stella Jones, Cllr Jane Somper and Cllr Kate Wheller

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

Theresa Leavy (Executive Director of People - Children), Jonathan Price (Interim Corporate Director for Commissioning), Andrew Billany (Corporate Director of Housing, Dorset Council), David Bonner (Service Manager for Business Intelligence and Performance), Andy Frost (Service Manager for Community Safety), Ian Grant (Programme Coordinator), Claire Shiels (Corporate Director - Commissioning, Quality & Partnerships), George Dare (Senior Democratic Services Officer), Kate Critchel (Senior Democratic Services Officer) and John Miles (Democratic Services Officer Apprentice)

1. **Apologies**

Apologies for absence were received from Councillors Robin Cook and Bill Pipe.

2. **Declarations of Interest**

There were no declarations of interest.

3. **Minutes**

Decision: That the minutes of the meeting held on 14 March 2022 be confirmed and signed.

4. **Public Participation**

There was no public participation.

5. **Councillor Questions**

There were no questions from councillors.

6. **Urgent Items**

There were no urgent items.

7. **Cost of Care Information**

The Interim Corporate Director for Commissioning introduced the item to the committee and gave a short presentation. The presentation is attached to these minutes.

Following the presentation, the members asked questions and the following points were raised and noted:

- The council is at an early stage of the Cost of care process.
- The exercise would be carried out on a regular basis which would inform rates.
- The council does not commission 15-minute time slots for care, half an hour is the minimum.
- Working towards better joined up working with the new ICS and Care Dorset to through a workforce strategy.
- Creating apprenticeship opportunities in Care Dorset.
- Adapting offer to workers to help retain them.
- Costs in Dorset may be different to other places due to the rurality and travel times.
- Using early prevention to reduce the number of people needing a care package.
- Changing relationships with care providers to become partners.
- Having conversations with block contract providers about early indications of this work and how the commissioning strategies were shaping.
- The council may change some arrangements and contracting models.

The Chairman asked for a report to come back to the committee about domiciliary care, due to staff turnover and changes which would have budgetary implications.

ADJOURNMENT

The Chairman announced that there would be a short adjournment at this point in the meeting.

8. **Annual Self Evaluation of Children's Services**

The Portfolio Holder for Children, Education, Skills and Early Help presented the report to the committee. The Executive Director for People (Children) set out a summary of the comprehensive Self-Evaluation of Children's Services to support preparation for the Ofsted inspection of services for children in need of help and protection, children looked after and care leavers.

The Corporate Director for Commissioning and Partnerships highlighted that the report set out the services strengths and areas for development. The report also identified the next steps for the service, and these included:

- Ofsted recognised the challenges around the support provided for care leavers and the service had addressed all issues that Ofsted had recommended be focused on.
- A Care Leaver Delivery Board was in place to drive through improvements.
- A Strengthening Services Plan was in place supported by a multi-agency Board.
- Transformation Plans had been considered by People & Health Overview Committee and it was suggested that scrutiny may want to review and see the impact of the transformation plan in the future.
- It was hoped that this report would help members to shape future scrutiny arrangements.

Councillors considered the issues arising from the report and during the discussion, the following areas were covered:

- Welcomed the detail set out in the comprehensive report.
- The additional provision/support for the rise in cost of living going forward and concerns about staff being able to cope with this additional workload. In response, the Executive Director confirmed that the council was already seeing families struggle due to extra costs. But staff provision was in place.
- Campaigning for families to take up their entitlement of free school meals.
- Officers were seeing more complexed needs and not necessarily more requests.
- Members were advised that the average case load was 15 with a handful of officers who had cases in the low 20's.
- There was no retention problem within the service, but a movement of officers across teams, where they wanted to try new challenges.
- Concerns expressed regarding framework providers for residential care and value for money; also, the review of the provision for children and young people who are disabled. In response, the Portfolio Holder advised that the service must deliver good or excellent provision for the county's young people and that applied to the fabric of the building. He indicated that he appreciated that young people may like and be happy with the provider, but the property in question did require some significant capital investment going forward.
- The Executive Director also highlighted the significant growth in in-house provision this year.
- Officers were congratulated on the work at the Harbour and Mockingbird project.
- Members acknowledged the value of early intervention.
- In respect of Children Protection plans, what were the key drivers that would determine whether support was stepped up or stepped down? The Executive Director advised that children protection was an edge of care activity that needed to be looked at closely. Current plans had been externally audited to ensure that the right children are on a plan.
- This has driven the families and safeguarding projects.

- In response to a question about the impact of 0-25 birth to 25 settled adulthood and a new way of working, there will be a new service design and the focusing on importance about talking across services, discussing the child's whole life. Including supportive programmes for employment, transport, and the visibility of children with disabilities and SEN.

The Chairman thanked officers for the report and welcomed the useful discussion that was held.

9. **Performance Scrutiny**

Councillors reviewed the performance dashboard. The following points were noted:

- HR issues - there were still concerns regarding the current staff turnover and in relation to short-term sickness (Covid absence).
- Noted that turnover levels in the People Directorates were slightly higher in these areas.
- Acknowledged and assured that in Children Services there was much movement between departments.
- In Adult Services, the Corporate Director for Commissioning advised that officers were not sure that this did accurately reflect the current position, a further report on this area would be brought to a future meeting of the committee.
- Homelessness - there had been a rise in the number of people presenting to the council as being potentially homeless. Work had been undertaken to secure existing or alternative accommodation. There was a reduction in private rental housing and a commitment to exit Bed & Breakfast accommodation. However, this was a complex situation and councillors welcomed a detailed report to come forward in the future.
- Hospital discharges – councillors felt that the commentary on the dashboard was unclear and asked for clarification for a future meeting.

10. **Committee and Cabinet's Forward Plans**

The Committee considered its forward plan and that of the Cabinet.

The Chairman had two scrutiny requests to report:

- Dedicated schools grant debt.
- Adult Social Care Changes including back office changes, quality assurance and digital.

Further potential items included:

- Care leavers review (future date to be confirmed)
- A piece of work for Somerset Council (on hold)
- Joint work with BCP Council on the Ambulance Trust and

- Healthcare Quality Audit (a working party, including Cllr Ireland, Cllr G Taylor, Cllr Pipe and Cllr Orrell). Any other member wishing to attend should contact the Chairman. The working group would report back to the committee on outcome of the meeting.

11. **Prevent and Channel**

The Chairman advised that the first part of the paper would be discussed in the public domain. Any detailed discussion would be held under the exempt element.

The Service Manager for Community Safety addressed the committee and advised that the report aimed to provide an opportunity for councillors to scrutinise the council's work in compliance with the prevent duty 2015 and to provide a further opportunity to scrutinise compliance with the channel duty guidance 2020.

The Programme Coordinator for the Community Safety Team set out the requirements on local authorities in terms of the prevent duty and guidance.

Councillors considered the report and raised points in the following areas:

- Prevent was a fast-moving picture that continually evolved.
- Channel Panels were multi-agency panel meetings
- Prevent should focus on all aspects of extremist behaviour and needed to be kept up to date with all the latest threats.
- At a local level, partners worked together to complete a local counter-terrorism local profile, to give an understanding of threat, issues, and intelligence in the area.
- In respect of concerns of hate presented on social media – how seriously should we take these posts? In response, officers advised that there was a whole spectrum of behaviour from peaceful protesting to extremist activity. The right response/intervention needed to be considered carefully with intelligence available for each activity concerned.
- In respect of training, a programme was in place for staff which was mandatory. The problem and issues around this area was that threats, and risk were fast moving and changing.
- Acknowledged the role of the community partnership, including working with Dorset Police.
- Noted that retraining was refreshed each 2 years.
- In respect of young people, the PAN Dorset Prevent Partnership has strong engagement with educational establishments, however future development should include youth providers on the frontline.

To enable councillors to discuss the case study in detail, The Chairman proposed that the committee move into exempt business.

12. **Exempt Business**

It was proposed by Cllr G Taylor seconded by Cllr M Rennie.

Decision: That the press and the public be excluded for the following item in the view of the likely disclosure of exempt information within the meaning of paragraph 7 of schedule 12A to the Local Government Act 1972 (as amended).

13. Prevent and Channel

The committee received and discussed a Channel Case Study Report.

Duration of meeting: 10.00 am - 12.57 pm

Chairman

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People and Health Scrutiny Committee

19 July 2022

Somerset Hyperacute Stroke Case for Change

For Review and Consultation

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s): N/A

Executive Director: N/A

Report Author: Julie Jones

Title: Programme Manager Stroke, Neurorehabilitation and Community Hospitals

Tel: 07824 418307

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Report Status: Public

Brief Summary:

Fit for my Future (FFMF) is Somerset's strategy for how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by Somerset Clinical Commissioning Group and Somerset County Council and includes the main NHS provider organisations in the county.

In 2019, FFMF developed a stroke strategy which provides recommendations for how the Somerset system can deliver the national ambitions across the whole stroke pathway.

One of the key recommendations from the strategy was to review the way Hyper Acute Stroke Unit (HASU) and Transient Ischaemic Attack (TIA) services are provided in Somerset. This would include a site selection process, and public consultation in line with national guidelines, and strategy.

Although clinical quality of services shows that both services perform relatively well against many of the key national indicators across the whole stroke pathway, both acute providers perform less well in the hyperacute and acute phase standards

Centralising acute stroke care will improve clinical outcomes for patients and creating a single specialist stroke workforce will increase the quality of care that is given and enhance flow throughout the stroke care pathway.

It is expected that the proposals for reconfiguring acute stroke services in Somerset will be significant. Therefore, it is expected that proposals for service change may need to go formal public consultation. Any public consultation will be undertaken in line with NHS England and Improvement guidance on 'Planning, assuring, and delivering service change for patients.'

This paper gives an update on progress on the hyperacute case for change, the options appraisal process and how we are engaging with Dorset representatives.

In terms of timescales, we are currently going through the Clinical Senate Review Panel. This means that if we do need to go to public consultation this is likely to be towards the end of the year.

Recommendation:

The Scrutiny Committee is asked to note the programme of work and provide comments on the direction of travel.

Reason for Recommendation:

The comments will be taken into consideration and will be included in the Pre-Consultation Business Case (PCBC).

1. Introduction

1.1 National Context

Stroke is both a sudden and devastating life event and a long-term condition. It is the fourth biggest killer in the UK, and a leading cause of disability. Over recent years, there have been significant advances in proven, highly effective methods of stroke treatment and care and this includes strong national evidence for optimising acute stroke care. These include hyperacute interventions (first seventy-two hours of having a stroke) such as brain scanning, and thrombolysis,

are best delivered as part of a 24/7 network and those areas where they have centralised stroke hyperacute care into a smaller number of well-equipped and staffed hospitals have seen the greatest improvements in care.

1.2 Local context

Somerset is a rural county with an older than average population, with the number of people over 75 expected to double in the next 25 years. This will result in a significant rise in demand for health and care services as more people are living with long term health conditions, especially frail and elderly people.

The Fit for My Future Programme (FFMF) was formed to develop the Strategy for Health and Care in Somerset and in 2019 a review of the current configuration of stroke services was carried out. One of the key recommendations from the strategy was to review the way Hyper Acute Stroke Unit (HASU) and Transient Ischaemic Attack (TIA) services are provided in Somerset.

The Getting it Right First-Time programme (GIRFT) led a review meeting for both YDH and SFT to identify examples of high-quality service delivery and look at areas of unwarranted variation in clinical practice in June 2018. The review identified that in Somerset, the services performed well clinically and emphasised that the services had progressed well with regards to the stroke community rehabilitation model. However, it identified the following domains as the most challenging:

- Rapid assessment by stroke nursing and medical teams
- Scanning within one hour
- Thrombolysis rate and door to needle times
- MDT therapy assessments

1.3 Why change acute stroke care in Somerset

It is projected that the number of strokes will increase by as much as 16% in Somerset by 2025 due to the rise in an ageing population with more complex health needs. This means that there will be an increasing demand for stroke care into the future. Stroke services in Somerset need to adapt so that the available specialist stroke workforce can provide the best possible outcomes to those that experience a stroke.

In Somerset there are two acute hospital-based stroke services, one at Musgrove Park Hospital, part of Somerset NHS Foundation Trust (SFT) and one at Yeovil District Hospital NHS Foundation Trust (YDH), with community stroke rehabilitation provided at Williton and South Petherton Community Hospitals. Both acute providers have Hyper Acute Stroke Units (HASU) and Acute Stroke Unit (ASU) services. Currently neither provider has the number of specialist staff, particularly medical staff needed to provide the units with 24/7 consultant cover, which is a requirement of the national standards set out in the Royal College of Physicians (RCP) National Clinical Guidelines for Stroke. Nationally there is a shortage of specialist trained medical staff taking up the specialist training programme.

To address this, we have convened the Stroke Transformation Steering Group and have been meeting monthly to discuss the updates following publication of the Stroke Strategy and developed the case for change for service reconfiguration and undertaken an options appraisal process.

Progress update:

- Engagement activities are underway, and we have established a stakeholder group of key voluntary sector organisations and people with lived experience. The public and patient stakeholder group were invited to attend a number of engagement events including events in March and May to discuss case for change and the emerging solutions and a workshop in June to gain feedback on the four shortlisted options. To gain further insights we have also attended local stroke clubs and had a series of individual conversations with people with lived experience, their carers and loved ones.
- Equalities Impact Assessment (EIA) created and being used actively to identify who might be impacted by any proposed solutions
- Case for Change has been approved and the Pre-Consultation Business Case (PCBC) is being developed and the Clinical Senate Review process and NHSE/I assurance process has started.

1.4 Options Appraisal

Long list

We identified a long list of 9 options for the reconfiguration of hyper-acute stroke services following the 2019 Stroke Strategy in collaboration with the Stroke Transformation Group and 2022 public and patient stakeholder workshop. It was the starting point for wider discussion and engagement of potential solutions.

**1
DO
NOTHING**

- There would be no change to the current delivery model
- HASU and ASU services would continue to be delivered in both Taunton and Yeovil in the same way

**2
SINGLE
MEDICAL
DELIVERY
TEAM**

- There would be no change to the current delivery model
- HASU and ASU services would continue to be delivered in both Taunton and Yeovil
- There would be a single medical workforce would be shared across both sites

**3
YDH & DCH**

- YDH and Dorset County Hospital (DCH) develop model for sharing:
 -
- A – Hyper-acute take for Stroke at weekends and bank holidays to improve sustainability at both organisations
- B - Option A plus YDH and DCH create a single clinical team to

**4
NO YDH
HASU AT
W/END &
BANK
HOLIDAY**

No Hyper-Acute take at YDH on weekends and bank holidays

A - YDH ED continues to receive suspected stroke patients to scan, diagnose and start thrombolysis 5 days a week

B – YDH ED would not receive suspected stroke patients at weekends/bank holidays

**5
SFT ONLY
HASU**

Option 5A

- SWASFT take all suspected strokes to their nearest emergency department (A&E)
- Yeovil emergency department (A&E) continues to receive all suspected stroke patients and scan, diagnose, and start thrombolysis, 7 days a week
- Patients would then be transferred to Taunton for HASU care. Patients would return to Yeovil for their ASU care
- Impact on Dorset in this option

Option 5B

- SWASFT take all suspected strokes to their nearest emergency department (A&E)
- Yeovil emergency department (A&E) continues to receive suspected stroke patients to scan, diagnose and start thrombolysis, 7 days a week
- Patients would then be transferred to Taunton for both HASU and ASU care. Patients would be discharged closer to Yeovil following the hyper-acute care
- Impact on Dorset for this option

6
HASU / ASU
ON SINGLE
SITE - SFT

Option 6A

- SWASFT take all suspected strokes to their nearest emergency department (A&E)
- Yeovil emergency department (A&E) continues to receive suspected stroke patients to scan, diagnose and start thrombolysis, 7 days a week
- Patients would then be transferred to Taunton for both HASU and ASU care. Patients would be discharged closer to Yeovil following their acute care
- Impact on Dorset for this option

Option 6B

- SWASFT would take all suspected stroke patients to nearest HASU
- Yeovil emergency department (A&E) would not receive suspected stroke patients at any time
- Patients would go to Taunton for both HASU and ASU care
- Patients would be discharged closer to Yeovil following their acute care
- Impact on Dorset for this option

7
NO HASU IN
SOMERSET

- No HASU in Somerset
- ASU beds retained at SFT and YDH

8
HASU ONLY
AT YDH

- HASU only at Yeovil

9
HASU &
ASU ONLY
AT YDH

- HASU and ASU only at YDH

2 Defining the shortlist

Working with clinicians and colleagues at Somerset and Dorset Integrated Care Boards, Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, Stroke Association, and public and patient stakeholders, we are reviewing the longlist of options to reduce to a short list of options which we will undertake a more detailed review to understand the impact of each option. This process has included:

- Longlist assessment using “pass/fail” hurdle criteria –May 2022
- Shortlist assessment by Steering Group –24/05/22
- Review of short list by FFMF Programme Board –09/06/22
- Consideration by the Clinical Reference Group
- Public and patient stakeholder group workshop –29/06/22

Hurdle criteria were used to turn the initial longlist into a shortlist, through the application of a series of “pass/fail” criteria. The criteria used in Somerset was based on those used by BNSSG in their stroke review. A small number of amendments were made to ensure they reflected the local context, and these were approved by the Stroke Steering Group, on 26th April 2022, as suitable and appropriate for use within Somerset.

The hurdle criteria applied were as follows:

Theme	Category	Specific criteria
Quality of Care - impact on outcomes	Clinical Effectiveness	Will this option lead to people receiving equal or better care/outcomes of care in line with national guidance standards or best practice ?
		Will this option result in more effective prevention in order to improve life expectancy in the system and reduce health inequalities?
		Will this option account for future changes in population size and demographics?
		Will this option lead to more people being treated by teams with the right skills and experience?
	Patient Safety	Will this option allow for patient transfers/emergency intervention within a clinically safe timeframe? Will travel time impact patient outcome?
		Will this option offer reduced levels of risk (e.g. staffed 24/7 rotas, provide networked care, implement standardisation?
	Patient and carer experience	Will this option improve continuity of care for patients (e.g. reduce number of hand offs across teams/organisations, increase frequency of single clinician/team being responsible for patients)?
		Will this option enable greater opportunity to link with voluntary/community sector health and wellbeing services?
		Will this option improve quality of environment in which care is provided?
	Deliverability	Expected time to deliver
Will this option deliver the required benefits?		
Co-dependencies		Does this option enable the system to maximise the role of and adapt to new technologies?
		Will this option rely on other models of care / provision being put in place and if so, are these deliverable within the necessary timeframe?
		Will the wider system be able to deliver on this change including the community and voluntary sector?
		Can the additional capacity requirements be delivered?
		Will it destabilize any other providers in a way that can not be managed? Yes response is negative here - need to adjust in final scoring
		Does the system have access to the infrastructure, capacity and capabilities to successfully implement this option in particular, a reduced length of acute stay with sufficient capacity outside of the acute trusts to support it ?
Workforce sustainability	Scale of impact: existing staff	Can the current staffing level cope with the changes across the system?
		Will this option improve the resilience of current staff (e.g. recruitment, retention)
		Will it support the talent management of existing staff e.g. enable maintenance and /or enhancement of skills, competencies, career pathways, enable them to work at the maximum capability of their role
		Is the staff travel, relocation or retraining required in line with organisational change principles? YES is negative for these questions and need to adjust in final scoring.
	Scale of impact: future workforce	Is it possible to develop the workforce model required to deliver the option e.g. skills base, new competencies, new roles etc against the anticipated timeline for implementation?
		Will it support the financial sustainability of the workforce e.g. reduction in agency spend

1.5 Impact on Dorset

Dorset undertook a Clinical Services Review, the outcome of which was a proposal to change the current configuration which has HASU services at each of their three acute hospitals: Poole General Hospital (PGH), Royal Bournemouth Hospital (RBH) and Dorset County Hospital (DCH) in Dorchester to one single HASU at RBH. This recommendation has since been reviewed, and the current proposal is for two HASU, one at RBH and one at DCH. This was to ensure that there is adequate coverage for West and North Dorset patients. The HASU at DCH is currently operational only five days per week, and so plans are being developed to increase the provision to seven days per week and the outcome of the business case should be known this month.

In 2020/21 416 patients were conveyed to YDH. If HASU services were centralised to SFT then more patients would be conveyed to Dorset County Hospital. Some patients who currently go to YDH would go to RUH and some to SFT depending on where in the county they live.

Initial modelling done for the case for change shows the impact for Dorset dependent on the percentage of patients that may be conveyed elsewhere from Yeovil.

% Of current YDH patients (418 in 2020/21)	DCH, Dorset (Average number of pts per week)			RUH, Bath (Average number of pts per week)		
	Total Impact	Of which strokes (45%)	Of which mimics (55%)	Total Impact	Of which strokes (45%)	Of which mimics (55%)
75	6.0	2.7	3.3			
50	4.0	1.8	2.2	4.0	1.8	2.2
25				2.0	0.9	1.1

Source: 2020/21 South West Ambulance service conveying data

We are currently undertaking more detailed activity modelling of the four shortlisted options to understand the impact of each shortlisted options more accurately.

Dorset CCG and Dorset County Hospital are part of the Stroke Transformation Group and will be involved in further conversations as the modelling details the impact on Dorset.

1.6 Engagement

A detailed engagement and communications have been developed and is updated as the programme of work progresses. Our engagement has been The Equality Impact Assessment (EIA) has been utilised to inform our stakeholder analysis and engagement activities. A stakeholder analysis has been undertaken and has informed our engagement activity. Our Equality Impact Assessments will continue to help shape our engagement and inform the groups we will involve in any public consultation.

The aim is to create meaningful engagement with local people and stakeholders to involve them in deliberations about the future configuration of acute stroke services in Somerset. The approach will be responsive and proportionate to the whole community. Throughout this journey we want to include people and communities and use their feedback to inform our thinking and solutions.

The Somerset Stroke Transformation Steering Group was established which includes clinical and managerial representation from both acute providers, Somerset CCG and FFMY, Stroke Association, SWASFT and Dorset health and care system, and an individual with lived experience. The transformation steering group have been involved in the long listing to short listing options appraisal and a meeting is being arranged to engage and talk through the work so far and the shortlisted options with several senior staff members including representatives from the ICS.

A public and patient stakeholder group of key voluntary sector organisations and people with lived experience have been established. The public and patient stakeholder reference group is a time limited group established to provide feedback on our developing solutions and offer their perspectives and insights on how we can inform and engage local people in the hyper acute stroke public consultation.

We have held a series of engagement events to review the case for change and discuss the emerging solutions. This included a workshop in June to gain feedback on the four shortlisted options.

Alongside engagement with our public and patient stakeholder group, to gain further insights to inform our thinking we are also attending local stroke clubs and having individual conversations with people with lived experience, their carers and loved ones.

A consultation engagement and communications plan are being developed. The public consultation will ensure that there is good opportunity to hear from

members of the public, service users, patient groups, particularly higher risk and seldom heard groups. These groups will be targeted in our ongoing engagement work leading up to the public consultation.

We will plan our consultation engagement activity with the advice and guidance of our public and patient stakeholder group.

We will provide a range of opportunities for involvement and engagement with our consultation; reaching out to people where they are, in their local neighbourhoods and in local networks, physically and digitally. We will take into consideration how we will consult with people in neighbouring counties who may be impacted by any changes. The communications and engagement team for NHS Somerset will liaise with communications and engagement colleagues in Dorset, so that their views and their patients and public who may be impacted by any changes to services in Somerset can be considered.

2. Financial Implication

Each shortlisted option is being modelled to understand the financial impact from both a revenue and capital perspective, including the impact on the Dorset health system. This will be shared as it becomes available.

3. Climate Implications

There may be increased travel times dependent on the options shortlisted.

4. Well-being and Health Implications

Each shortlisted option will be reviewed to understand the impact Wellbeing and health implications.

5. Other Implications

N/A

6. Risk Assessment

Risks will be considered as part of the ongoing assessment.

7. Equalities Impact Assessment

An Equality Impact Assessment (EIA) has been done and does not show any significant impact on equalities. We will continue to update the EIA as the programme progresses.

8. **Appendices**

There are no appendices

People and Health Scrutiny Committee – Forward Plan

Title	Description	Date of Committee Meeting	Requested by	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
NHS Dentistry in Dorset		19 July 2022	Chairman	Louise Farbus, Head of Stakeholder Engagement, Direct Commissioning – NHS England	Portfolio Holder for Adult Social Care and Health	
Somerset Stroke Strategy		19 July 2022		Simone Rooks, Somerset Health & Care Strategy Project Officer – Fit for my Future Maria Heard, Programme Director – Fit for my Future	Portfolio Holder for Adult Social Care and Health	
Risk Management Update Report	To provide an update on the key risks facing the Council and the activities being undertaken to support the Council in developing a culture of being 'Creative & Aware of Risk'.	20 September 2022		David Trotter, Risk & Resilience Officer Mark Eyre, Assurance Manager	Leader of the Council	
Performance Scrutiny	A review of the relevant Dorset Council performance	20 September 2022	David Bonner	David Bonner, Service Manager for Business Intelligence and Performance	Portfolio Holder for Corporate Development and Change	

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	dashboard to inform the Scrutiny Committee's Forward Plan and identify items for deep dives.					
Housing Scrutiny	Report back to committee with findings	20 September 2022			Portfolio Holder for Housing and Community Safety	
		8 November 2022				
Budget meeting		9 December 2022				
		10 January 2023				
		9 March 2023				
Potential agenda items to be considered						
Dorset Centre of Excellence	To scrutinise the provision of the service	TBC Autumn 2022		Theresa Leavy, Executive Director People, Children	Portfolio Holder for Children, Education, Skills and Early Help	
Progress of Implementation of the Dorset Care Framework	Consider whether actions contained in the Cabinet report 220621 have resulted in	Timing TBC (dependent on when contract is agreed and following time		Vivienne Broadhurst, Executive Director People, Adults	Portfolio Holder for Adult Care and Health	

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	better outcomes for residents and DC	needed to settle in) (November 2022 TBC)				
Sufficiency of SEND Provision	Scrutiny Review	TBC End of 2022		Vivienne Broadhurst, Executive Director People, Adults	Portfolio Holder for Adult Care and Health	
Integrated Care Board	An update on the progress of the ICS	TBC 8 November 2022		Patricia Miller, Chief Executive Designate, ICS Kirsty Hillier, Public Health	Portfolio Holder for Adult Social Care and Health	

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The Cabinet Forward Plan - July to October (Publication date 28 June 2022) Updated 7 July 2022

Explanatory Note:

This Forward Plan contains future items to be considered by the Cabinet and Council. It is published 28 days before the next meeting of the Committee. The plan includes items for the meeting including key decisions. Each item shows if it is 'open' to the public or to be considered in a private part of the meeting.

Definition of Key Decisions

Key decisions are defined in Dorset Council's Constitution as decisions of the Cabinet which are likely to -

- (a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates (**Thresholds - £500k**); or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority."

When determining the meaning of "*significant*" for these purposes the Council will have regard to any guidance issued by the Secretary of State in accordance with section 9Q of the Local Government Act 2000 Act. Officers will consult with lead members to determine significance and sensitivity.

Cabinet Portfolio Holders 2021/22

Spencer Flower	Leader / Governance, Performance and Communications
Peter Wharf	Deputy Leader / Adult Social Care and Health
Gary Suttle	Finance, Commercial and Capital Strategy
Ray Bryan	Highways, Travel and Environment
Graham Carr-Jones	Housing and Community Safety
Jill Haynes	Corporate Development and Transformation
Laura Beddow	Culture, Communities and Customer Services
Andrew Parry	Children, Education, Skills and Early Help
Tony Ferrari	Economic Growth, Assets & Property
David Walsh	Planning

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
July					

<p>Quarter 1 2022/23 Financial Monitoring Report</p> <p>Key Decision - No Public Access - Open</p> <p>To consider the Quarter 2 Financial Monitoring Report 2022/23.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 26 Jul 2022</p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p>Home to School and Post 16 Transport Policies</p> <p>Key Decision - Yes Public Access - Open</p> <p>This is statutory requirement to consult on the Home to School and Post Transport policies. These are the policies for 2022-2023 academic year.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 26 Jul 2022</p>	<p>People and Health Overview Committee 28 Jun 2022</p>	<p>Portfolio Holder for Highways, Travel and Environment, Portfolio Holder for Children, Education, Skills and Early Help</p>	<p><i>Ed Denham, School Admissions Manager</i> <i>ed.denham@dorsetcouncil.gov.uk</i> <i>Executive Director, People - Children (Theresa Leavy)</i></p>
<p>Modern Slavery Transparency Statement</p> <p>Key Decision - Yes Public Access - Open</p> <p>Currently local authorities are not required to provide a statement under S54 of the Modern Slavery Act (not in-scope). Government and LGA have advised that there will be legislative</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 26 Jul 2022</p>	<p>Place and Resources Overview Committee 7 Jun 2022</p>	<p>Portfolio Holder for Corporate Development and Transformation</p>	<p><i>Dawn Adams, Service Manager for Commercial and Procurement</i> <i>dawn.adams@dorsetcouncil.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
change which will bring local authorities in scope of S54 therefore ahead of any change, local authorities have been asked to ensure that they have a transparency statement and register it on the Governments Modern Slavery Statement Register before 30 September 2022.					
Council Plan Refresh 2022-24 Key Decision - Yes Public Access - Open To consider the Council Plan for 2022-23.	Decision Maker Dorset Council	Decision Date 20 Oct 2022	Place and Resources Overview Committee People and Health Overview Committee Cabinet 7 Jun 2022 28 Jun 2022 26 Jul 2022	Portfolio Holder for Corporate Development and Transformation	<i>Nina Coakley, Programme Manager</i> <i>n.coakley@dorsetcc.gov.uk,</i> <i>Jennifer Lewis, Head of Strategic Communications and Engagement</i> <i>jennifer.lewis@dorsetcouncil.gov.uk</i> <i>Chief Executive (Matt Prosser)</i>
Establishment of a Shareholder Committee for Care Dorset Key Decision - No Public Access - Open To establish a committee of the Executive for the Council's shareholder function for Care Dorset and to agree the terms of reference for the committee.	Decision Maker Cabinet	Decision Date 26 Jul 2022		Leader of the Council	<i>Grace Evans, Head of Legal Services and Deputy Monitoring Officer</i> <i>grace.evans@dorsetcouncil.gov.uk</i> <i>Director of Legal and Democratic Services - Monitoring Officer (Jonathan Mair)</i>
Local Government & Social Care Ombudsman - Investigation into a complaint in connection with Special Education Needs Provision Key Decision - Yes	Decision Maker Cabinet	Decision Date 26 Jul 2022		Portfolio Holder for Children, Education, Skills and Early Help	<i>Vik Verma, Interim Director of Education and Learning</i> <i>vik.verma@dorsetcc.gov.uk</i> <i>Director of Legal and Democratic Services - Monitoring Officer</i>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p>Public Access - Open</p> <p>To consider a report of the Director for Legal and Democratic Services and the Monitoring Officer.</p>					<i>(Jonathan Mair)</i>
<p>Dorset Council Plan Priorities Update: Local Plan</p> <p>Key Decision - No Public Access - Open</p>	Decision Maker Cabinet	Decision Date 26 Jul 2022		Portfolio Holder for Planning	<i>Executive Director, Place (John Sellgren)</i>
<p>Adult Social Care - Future Services</p> <p>Key Decision - Yes Public Access - Fully exempt</p> <p>Options for future Adult Social Care Services</p>	Decision Maker Cabinet	Decision Date 26 Jul 2022		Deputy Leader and Portfolio Holder for Adult Social Care and Health	<i>Jonathan Price, Interim Corporate Director for Commissioning jonathan.price@dorsetcouncil.gov.uk Executive Director, People - Adults</i>
September					

<p>Additional Procurement Forward Plan Report - over £500k (2022 - 2023)</p> <p>Key Decision - Yes Public Access - Open</p> <p>The Cabinet is asked to consider the contents of this report in respect of proposed contracts to be procured 2022-2023 which are in addition to those on the procurement forward plan approved by Cabinet on 1 March 2022.</p>	Decision Maker Cabinet	Decision Date 6 Sep 2022		Portfolio Holder for Finance, Commercial and Capital Strategy	<i>Dawn Adams, Service Manager for Commercial and Procurement dawn.adams@dorsetcouncil.gov.uk Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i>
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<p>Amateur Archaeological Fieldwork and Metal Detecting on Dorset Council Land Policy</p> <p>Key Decision - Yes Public Access - Open</p> <p>Seeking adoption of a new policy as an update to an earlier policy (1996) which relates to permissions required for metal detecting on DC county farms.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 6 Sep 2022</p>	<p>Place and Resources Overview Committee 28 Jul 2022</p>	<p>Portfolio Holder for Economic Growth, Assets and Property, Portfolio Holder for Culture, Communities and Customer Services</p>	<p><i>Jacqueline Halewood, Principal Archivist Jacqueline.halewood@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren)</i></p>
<p>Pan-Dorset Safeguarding Children Partnership</p> <p>Key Decision - Yes Public Access - Open</p> <p>To receive the annual safeguarding report from James Vaughan as Independent Chair of the Partnership.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 6 Sep 2022</p>		<p>Portfolio Holder for Children, Education, Skills and Early Help</p>	<p><i>Executive Director, People - Children (Theresa Leavy)</i></p>
<p>Redlands Community Sports Hub Lease and Management Arrangements</p> <p>Key Decision - Yes Public Access - Part exempt</p> <p>The report will set out the ongoing management arrangements at Redlands.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 6 Sep 2022</p>	<p>Place and Resources Overview Committee 28 Jul 2022</p>	<p>Portfolio Holder for Economic Growth, Assets and Property</p>	<p><i>Peter Hopkins, Corporate Director - Assets and Property peter.hopkins@dorsetcouncil.gov.uk, Paul Rutter, Service Manager for Leisure Services paul.rutter@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p>Dorset Council Plan Priorities Update: Libraries Review</p> <p>Key Decision - No Public Access - Open</p> <p>To receive an update on the Libraries Review.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 6 Sep 2022</p>		<p>Portfolio Holder for Culture, Communities and Customer Services</p>	<p><i>Lisa Cotton, Head of Customer Services, Libraries & Archives</i> <i>lisa.cotton@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<p>October</p>					
<p>Medium Term Financial Plan (MTFP) and budget strategy</p> <p>Key Decision - Yes Public Access - Open</p> <p>To receive a budget update for 2023/24.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 4 Oct 2022</p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p>Dorset Council Plan Priorities Update: Children's Services</p> <p>Key Decision - No Public Access - Open</p> <p>To receive an update from the Portfolio Holder for Children, education, Skills and Early Help.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 4 Oct 2022</p>		<p>Portfolio Holder for Children, Education, Skills and Early Help</p>	<p><i>Executive Director, People - Children (Theresa Leavy)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
November					
<p>Quarter 2 2022/23 Financial Monitoring Report</p> <p>Key Decision - No Public Access - Open</p> <p>To consider the Quarter 2 Financial Monitoring Report for 2022/23.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 1 Nov 2022</p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p>Dorset Council 20mph speed limit Process and Guidance</p> <p>Key Decision - Yes Public Access - Open</p> <p>A report setting out the council's approach to 20mph speed limits.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 1 Nov 2022</p>	<p>Place and Resources Overview Committee 6 Oct 2022</p>	<p>Portfolio Holder for Highways, Travel and Environment</p>	<p><i>Wayne Sayers, Transport Planning Manager</i> <i>wayne.sayers@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<p>New Household Recycling Centre for the Eastern Area of Dorset</p> <p>Key Decision - Yes Public Access - Fully exempt</p> <p>Selection of the preferred location for the new Household recycling Centre to serve the eastern area of Dorset.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 1 Nov 2022</p>	<p>Place and Resources Overview Committee 6 Oct 2022</p>	<p>Portfolio Holder for Culture, Communities and Customer Services</p>	<p><i>Gemma Clinton, Head of Commercial Waste and Strategy</i> <i>gemma.clinton@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p>Dorset Council Plan Priorities Update: Adult Social Care</p> <p>Key Decision - No Public Access - Open</p> <p>To receive a report from the Portfolio Holder for Adult Social Care & Health.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 1 Nov 2022</p>		<p>Deputy Leader and Portfolio Holder for Adult Social Care and Health</p>	<p><i>Executive Director, People - Adults</i></p>
<p>December</p>					
<p>Dorset Council Plan Priorities Update: Climate and Ecology, Assets and Property</p> <p>Key Decision - No Public Access - Open</p> <p>To receive an update from the Portfolio Holders for Highways, Travel and Environment and Economic Growth, Assets and Property.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 6 Dec 2022</p>		<p>Portfolio Holder for Highways, Travel and Environment, Portfolio Holder for Economic Growth, Assets and Property</p>	<p><i>Executive Director, Place (John Sellgren)</i></p>
<p>January 2023</p>					
<p>Quarter 3 2022/23 Financial Monitoring Report</p> <p>Key Decision - Yes Public Access - Open</p> <p>To consider the Quarter 3 Financial Monitoring Report for 2022/23.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 17 Jan 2023</p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial J.McManus@dorsetcc.gov.uk Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p>Medium Term Financial (MTFP) and Budget Strategy Report</p> <p>Key Decision - Yes Public Access - Open</p> <p>The Council is required to set a balanced revenue budget, and to approve a level of council tax as an integral part of this.</p>	<p>Decision Maker Dorset Council</p>	<p>Decision Date 14 Feb 2023</p>	<p>Cabinet 17 Jan 2023</p> <p>People and Health Scrutiny Committee 9 Dec 2022</p> <p>Place and Resources Scrutiny Committee 12 Dec 2022</p>	<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p>Dorset Council Plan Priorities: One Customer Account and Digital Innovation</p> <p>Key Decision - Yes Public Access - Open</p> <p>To receive a report from the Portfolio Holders for Corporate Development and Transformation and for Culture, Communities and Customer Services.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 17 Jan 2023</p>		<p>Portfolio Holder for Corporate Development and Transformation, Portfolio Holder for Culture, Communities and Customer Services</p>	<p><i>Executive Director, Place (John Sellgren)</i></p>
<p>February</p>					
<p>Dorset Council Plan Priorities: Update: County Deals/Community Safety</p> <p>Key Decision - No Public Access - Open</p> <p>To receive a report from the Portfolio Holders for Economic Growth, Assets and Property and Housing and Community Safety.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 28 Feb 2023</p>		<p>Portfolio Holder for Economic Growth, Assets and Property, Portfolio Holder for Housing and Community Safety</p>	<p><i>Andrew Billany, Corporate Director of Housing, Dorset Council</i> <i>andrew.billany@dorsetcouncil.gov.uk</i> <i>Executive Director, People - Adults</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
March					
<p>Dorset Council Plan Priorities Update: Housing for Local People</p> <p>Key Decision - No Public Access - Open</p> <p>To receive a report of the Portfolio Holder for Housing and Community Safety.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 28 Mar 2023</p>		<p>Portfolio Holder for Housing and Community Safety</p>	<p><i>Andrew Billany, Corporate Director of Housing, Dorset Council</i> <i>andrew.billany@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
April					
<p>Dorset Council Plan Priorities Update: Working with the Integrated Care System</p> <p>Key Decision - No Public Access - Open</p> <p>To receive a report of the Portfolio Holder for Social Care and Health.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 25 Apr 2023</p>		<p>Deputy Leader and Portfolio Holder for Adult Social Care and Health</p>	<p><i>Executive Director, People - Adults</i></p>
May					
<p>Dorset Council Plan Priorities Update: Value for Money (Unitary Council Benefits)</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date</p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Executive Director, Corporate Development - Section 151 Officer (Aidan)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p>Key Decision - No Public Access - Open</p> <p>To receive a report of the Portfolio Holder for Finance, Commercial and Capital Strategy.</p>					Dunn)

Private/Exempt Items for Decision

Each item in the plan above marked as 'private' will refer to one of the following paragraphs.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the shadow council proposes:-
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.