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Great Western Ambulance Joint Health Scrutiny Committee

**Review of the Operation of the Great Western Ambulance
Joint Health Scrutiny Committee February – October 2008**

October 2008

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1. Foreword

The formation of the Great Western Ambulance Joint Health Scrutiny Committee represents a significant achievement for everyone involved.

Never before in this part of the South West region has such a Committee been established on a voluntary basis to scrutinise the delivery of services by a specific NHS Trust.

The practicalities of bringing together elected members from six different local authorities with six different Constitutions and ways of working was not an easy task. However, the significant benefits of sharing our knowledge, expertise and different perspectives has more than made up for the exceptional amount of work that was required from officers and members to get the Committee off the ground.

This report is timely because the Committee has also reached the end of the first phase of its review into the operation of the Great Western Ambulance NHS Trust (GWAS). The Committee was formed due to concerns regarding the performance of the Trust and its engagements with stakeholders, including Health Overview and Scrutiny Committees (HOSCs). By working in partnership, all of the members of the Committee now have a considerably improved understanding of the challenges facing the Trust and we can now be much more effective in holding both the Trust and its commissioners to account in how they deliver vital services to our local communities.

I doubt whether we would have made such progress acting independently and I would commend the commitment of all of the individuals involved in making the Committee a success.

We must now look to the future and agree the best way to build on these solid foundations. This report reflects on what has worked well and areas for development that have been identified over the last 7 months. It also makes recommendations regarding the future role of the Committee.

I hope this report not only helps to shape the future role of the Great Western Ambulance Joint Health Scrutiny Committee but is also a valuable resource to other local authorities embarking on joint working with their neighbouring HOSCs.



Councillor Andrew Gravells
Chairman, Great Western Ambulance Joint Health Scrutiny Committee

2. Executive Summary

An Introduction to the Joint Committee

The Great Western Ambulance Joint Committee was formed in February 2008 under powers provided by the Health and Social Care Act 2001.

The Committee involves members from six out of the seven local authority Health Overview and Scrutiny Committees (HOSCs) that have powers to scrutinise the planning, design and delivery of services provided by the Great Western Ambulance NHS Trust (GWAS).

GWAS provides an emergency healthcare response across the old Avon area, Gloucestershire and Wiltshire. Gloucestershire Primary Care Trust (PCT) is the lead commissioner of services on behalf of the seven PCTs in the GWAS region.

The aim of the Committee is to scrutinise the services provided by GWAS in order to understand the challenges facing the Trust and to facilitate improvements.

A copy of the Joint Committee's Terms of Reference is attached at Appendix 1.

Outcomes of the Establishment of the Committee

The main outcomes of the establishment of the Joint Committee are as follows:

- Improved joint working between elected members and scrutiny officers from the local authorities involved in the Joint Committee
- Improved engagement with the Great Western Ambulance NHS Trust and Gloucestershire Primary Care Trust (PCT) as lead commissioner
- Provision of a clear process for GWAS to advise HOSCs of strategic developments/ issues and to consult on any service changes
- The Joint Committee understands and supports GWAS' plans for performance improvement, which has led to more effective scrutiny
- Identification of opportunities for increased joint working between local authorities and GWAS
- Reduced duplication amongst HOSCs
- Engagement with a wide range of stakeholders and improving the range of evidence available to Members
- Increased sharing of good practice
- Making effective use of resources

Recommendations

That the Joint Committee works with individual HOSCs and GWAS to agree a process for responding to proposals to significantly vary or develop services.

That the Joint Committee regularly monitors any costs incurred by individual local authorities in supporting the work of the Committee to determine whether participating local authorities should be requested to make a small contribution to meet these costs in the future.

Areas for Development

Several areas for development have also been identified as a result of the operation of the Joint Committee over the last 7 months:

- Clarification of the remit of the Joint Committee and individual HOSCs
- Improved reporting between the Joint Committee and local HOSCs
- Encouraging GWAS to be more proactive in consulting with the Joint Committee and local HOSCs
- Participation of all local authorities in the Joint Committee
- Exploring how best to provide officer support for the Joint Committee
- Exploring the use of Task Groups
- Reviewing the frequency of meetings
- The need to improve partnership working with Local Involvement Networks (LINKs) and the Great Western Ambulance External Reference Group

Recommendations

That the Joint Committee reviews its Terms of Reference to clarify its remit and that of individual HOSCs to scrutinise matters relating to GWAS and the obligations of GWAS to meet requests for information and to attend Joint Committee or individual HOSC meetings.

That Members of the Joint Committee agree a process with their own HOSC to provide regular updates regarding the work of the Joint Committee.

That there is a Standing Agenda Item at every meeting of the Joint Committee to enable individual HOSCs to advise the Joint Committee of any work they are undertaking in relation to ambulance services and the outcomes of such work.

That GWAS is requested to identify any issues that would benefit from the involvement of the Joint Committee and feed this into the Joint Committee's work programming process.

That the Chairman writes to the Chair of the Bath and North East Somerset Council HOSC, inviting the HOSC to reconsider its previous decision not to participate in the Great Western Ambulance Joint Health Scrutiny Committee

Recommendations

That the Joint Committee monitors the provision of officer support on a continuous basis to ensure that the officers supporting the Joint Committee have the capacity to fulfil this role.

That the Joint Committee considers the merits of establishing time specific Task Groups to carry out an in-depth review into a specific issue as part of the review of its Terms of Reference.

That Joint Committee meetings take place on a quarterly basis with effect from January 2009. The Joint Committee would retain the right to call additional meetings if required.

That the Chairman of the Joint Committee writes to each of the LINKs in the GWAS region and members of the Great Western Ambulance External Reference Group, inviting them to attend all future meetings of the Joint Committee as observers.

That the Joint Committee considers the feasibility of co-opting a representative from each of the LINKs within the GWAS region onto the Joint Committee.

Conclusions, Recommendations and Next Steps

The Joint Committee has largely achieved all of its objectives and overcome significant practical and logistical difficulties in order to achieve them.

It is hoped that all of the participating local authorities agree that the Joint Committee has added value to the scrutiny of ambulance services across the region.

There does appear to be an ongoing role for the Joint Committee and all local authorities in the GWAS region are asked to confirm their continued commitment to participating in the joint working arrangements.

Recommendations:

That there remains a need for the Great Western Ambulance Joint Health Scrutiny Committee and that all participating local authorities are requested to confirm their continued commitment to participating in the Joint Committee.

The Chairman has worked with the Scrutiny Officers that support the Joint Committee to develop draft revised Terms of Reference that aim to address many of the areas for development that are identified in this report. Please see Appendix 2.

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Members of the Joint Committee are asked to review the draft Terms of Reference prior to requesting that individual local authority HOSCs to sign up to them.

Recommendations:

That the Joint Committee reviews the proposed revised Terms of Reference to determine if they meet the needs of the Joint Committee, individual HOSCs, GWAS and its commissioners.

That, subject to the approval of the above recommendation, the Chairman of the Joint Committee writes to the Chairs of all HOSCs within the GWAS region seeking their approval of the revised Terms of Reference.

3. Introduction to the Great Western Ambulance Joint Health Scrutiny Committee

Joint Health Overview & Scrutiny Committees

The Health and Social Care Act 2001 required local authorities to put arrangements in place to scrutinise the planning, design and delivery of healthcare services in their area. Under the legislation and accompanying Regulations, local authority Health Overview & Scrutiny Committees (HOSCs) may form discretionary Joint Committees with other local authorities to scrutinise healthcare issues that cross boundaries.

The Role of the Great Western Ambulance NHS Trust

GWAS provides an emergency healthcare response across the old Avon area, Gloucestershire and Wiltshire. Gloucestershire Primary Care Trust (PCT) is the lead commissioner of services on behalf of the seven PCTs in the GWAS region.

The Great Western Ambulance Joint Health Overview & Scrutiny Committee

The Great Western Ambulance Joint Health Scrutiny Committee was established in February 2008 following a series of informal discussions that had taken place between the Chairs of HOSC Chairs within GWAS region about how to improve the effectiveness of the scrutiny of the Trust and to improve engagement with the Trust.

The aims and objectives of the Committee are:

“To scrutinise the services provided by the Great Western Ambulance Service NHS Trust (the Trust) in the locations covered by the Joint Scrutiny Committee in order to understand the challenges facing the Trust and facilitate improvements. To provide a single scrutiny function to deal with strategic developments and consultations on service change.”¹

The desired outcomes of establishing the Joint Committee were²:

- The Joint Scrutiny Committee understands and agrees the Great Western Ambulance NHS Trust’s plans for performance improvement.
- The Joint Scrutiny Committee is able to satisfy itself that the GWAS is signed up to the commissioning PCTs plans and timetables for strategic change.
- Improvements to services are delivered.
- A procedure for public consultation on any service changes is agreed.

A copy of the Committee’s Terms of Reference is attached at Appendix 1.

¹ Great Western Ambulance Joint Health Scrutiny Committee Terms of Reference, February 2008

² Great Western Ambulance Joint Health Scrutiny Committee Terms of Reference, February 2008

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The Committee has the same statutory powers as an individual local authority HOSC to require information from NHS organisations, including attendance at meetings, and to make recommendations.

Membership of the Committee comprises of three elected members from six out of the seven local authorities within the area served by GWAS. These are:

- Bristol City Council
- Gloucestershire County Council
- North Somerset Council
- South Gloucestershire Council
- Swindon Borough Council
- Wiltshire County Council

Bath & North East Somerset Council chose not to be formal members of the Committee but have been kept informed of the work of the Committee and invited to attend meetings as observers.

The Committee was formed for the following reasons:

- To establish a single body to scrutinise the performance of the Great Western Ambulance NHS Trust and its partners
- To reduce duplication between individual local authority HOSCs and to maximise the use of resources
- To facilitate an in-depth review of ambulance services and to improve the understanding of elected members of the planning, design and delivery of urgent care services
- To provide a single forum for the discussion and review of issues affecting all local authorities within the GWAS region
- To increase the influence of local authority health overview and scrutiny committees in the development of ambulance services

The Committee has been supported by Scrutiny Officers from Gloucestershire County Council, Swindon Borough Council and Wiltshire County Council. This includes preparing agendas and reports, taking the minutes of meetings, liaising with the host local authority to make arrangements for Committee meetings, undertaking research and accompanying the Chairman to informal meetings with key stakeholders.

The Chairman of Gloucestershire County Council's HOSC was appointed as Chairman of the Committee at its first meeting. It was agreed that the Chairman would serve for a period of 12 months.

The venue for meetings is rotated amongst the participating local authorities. The Committee does not have any funding. Instead, the host local authority meets the costs for hosting Committee meetings. Each local authority is also responsible for printing Committee papers for its own members. Swindon Borough Council and Gloucestershire County Council have met additional costs such as printing and designing the Committee's 'Phase One' report.

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The Committee has met five times since it was established and has heard evidence from a wide range of stakeholders including:

- Senior officers from the Great Western Ambulance NHS Trust
- Senior officers from Gloucestershire Primary Care Trust (lead commissioner)
- Senior officers from other commissioning PCTs
- Trade Union representatives
- Members of the public through an informal workshop session

In addition, members visited the GWAS Control Room.

The findings and recommendations of the first phase of the Committee's review, which took place between February to October 2008 are contained within a separate report.

This report has been produced following consultation with members of the Joint Committee, local authority Scrutiny Officers, the Great Western Ambulance NHS Trust and Gloucestershire NHS Trust.

4. Outcomes of the Establishment of the Committee

Below is a summary of the key outcomes as a result of the formation of the Great Western Ambulance Joint Health Scrutiny Committee.

Improved joint working between elected members and scrutiny officers from the local authorities involved in the Joint Committee – Prior to the establishment of the Joint Committee, there was limited engagement between many of the local authority HOSCs within the GWAS region with the exception of those within the old ‘Avon’ area.

The formation of the Joint Committee has led to closer collaboration in relation to other issues, such as specialised commissioning and mental health services.

Improved engagement with the Great Western Ambulance NHS Trust and Gloucestershire Primary Care Trust (PCT) as lead commissioner – One of the main drivers for the establishment of the Joint Committee was to address concerns raised by several HOSCs regarding the lack of positive engagement with GWAS.

The creation of the Joint Committee has resulted in significant improvements in engagement with GWAS including:

- Identification of a single point of contact for all requests for information and to co-ordinate appropriate officer attendance at meetings
- Appropriate senior officer attendance at Committee meetings
- Although there were initially problems in obtaining information from the Trust, this is much improved and requests for information are now met in a timely manner
- Ongoing dialogue between the officers that support the Joint Committee and the single point of contact at GWAS takes place to discuss issues and agree solutions to problems in a productive manner

The Joint Committee has also enabled engagement with Gloucestershire Primary Care Trust that never previously took place within individual HOSCs, with the exception of Gloucestershire County Council’s HOSC. Through the Joint Committee, members have developed a significantly improved knowledge of the commissioning process for ambulance services across the whole region, as well as within their local area. This would have been difficult to achieve without joint working or Gloucestershire PCT meeting with all HOSCs individually.

Provision of a clear process for GWAS to advise HOSCs of strategic developments/ issues and to consult on any service changes – The Joint Committee has provided a single forum for GWAS to advise all HOSCs of any strategic issues of which they should be aware. The Joint Committee can then determine whether it wishes to consider the issue further or whether the issue should be referred to individual HOSCs.

In addition, all members of the Committee should report back to their own Committees to ensure that all HOSC members are aware of relevant issues.

It was originally intended that GWAS/ Gloucestershire PCT would present any proposals to significantly vary or develop services to the Joint Committee in the first instance. This would enable a region wide discussion as to whether the proposal is likely to be a 'substantial variation' as outlined in the Health and Social Care Act 2001. The proposal could then be considered in more detail by individual HOSCs, if necessary. No proposals to change services have been presented to the Joint Committee to date and as a result a process to respond to such consultations has not been agreed between HOSCs, the Joint Committee and GWAS. This issue needs to be addressed in the Joint Committee's revised Terms of Reference following discussion with all HOSCs in the GWAS region.

Recommendation:

That the Joint Committee works with individual HOSCs and GWAS to agree a process for responding to proposals to significantly vary or develop services.

The Joint Committee understands and supports GWAS' plans for performance improvement, which has led to more effective scrutiny – At the first meeting of the Joint Committee it was clear that due to limited engagement with GWAS at a local level, there was a varying degree of knowledge amongst members regarding the role and responsibilities of GWAS, plans for performance improvement and commissioning and governance arrangements.

Members have been on a steep learning curve over the last 7 months and now have an in-depth knowledge of these issues. Officers from GWAS have spent a large amount of time explaining key issues to members and providing relevant information.

This in turn has led to more challenging scrutiny and has enabled members to hold GWAS and PCTs to account much more effectively on behalf of local communities.

Identification of opportunities for increased joint working between local authorities and GWAS – The Joint Committee has highlighted the important role of local authorities in promoting the health and welfare of their local communities and the potential benefits of better utilising their communication channels to raise awareness of the role of the ambulance service and other unplanned care services.

By agreeing a common approach across all local authorities in the GWAS region, key messages can be communicated much more effectively and resources and expertise can be combined. For example, raising awareness of the Community First Responder Scheme.

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Such initiatives demonstrate the important role of the Joint Committee in supporting the Trust and its partners to drive improvements in services.

Reduced duplication amongst HOSCs – Due to the limited communication between HOSCs regarding their work programmes, several HOSCs were looking at the same issues in relation to ambulance services at the same time and in isolation. This not only placed a burden on GWAS officers to attend numerous meetings across a large geographical area but also resulted in a lack of co-ordination in the conclusions that were being reached by HOSCs.

Since the Joint Committee has been formed, the review of ambulance services by individual HOSCs has significantly reduced and the majority of scrutiny takes place via the Joint Committee.

The Terms of Reference of the Joint Committee state that individual HOSCs retained the right to review issues that affected their local area. North Somerset and Wiltshire HOSCs have investigated issues that have caused concern in their local communities.

However, by leading on the scrutiny on GWAS the Joint Committee has reduced the number of meetings that GWAS officer have to attend and the number of requests for information. Members of the Joint Committee can also ensure that the needs of their local communities can be championed whilst taking into account issues that affect the whole region.

Engagement with a wide range of stakeholders and improving the range of evidence available to Members – The Joint Committee has heard evidence from a wide range of stakeholders including trade union representatives, MPs, all seven of the PCTs that commission services from GWAS and members of the public.

It is questionable as to whether individual HOSCs would have been in a position to obtain evidence from such a wide range of sources. The outcome of this extensive engagement is that Members have considered detailed and varied evidence from a range of perspectives, which has undoubtedly informed the quality of the recommendations that they have made as a result of their review.

The Committee has also been able to more effectively challenge the evidence provided by GWAS.

Increased sharing of good practice – Bringing together six local authorities has resulted in a rare opportunity to share ideas, good practice and learning through 'doing'. Members and officers have been able to suggest potential solutions to problems that have worked well in their own local authorities. Such examples include holding pre-meetings before each Committee meeting to ensure that all members are fully briefed and holding an informal workshop for members of the public.

Members and officers have been able to take new ideas and approaches to scrutiny back to their own local authorities, hopefully increasingly the effectiveness of the scrutiny function as a whole across all of the local authorities involved in the Joint Committee.

Making effective use of resources – When the Joint Committee was formed, it was agreed that it would not have a budget and that local authorities would not be required to contribute funding for its operation.

This has generally worked well, with the venue for Joint Committee meetings being rotated amongst the participating local authorities to share travelling costs and the host meeting hospitality costs. In addition, each local authority is responsible for printing papers for their own members.

The Joint Committee has incurred some additional 'one off' costs that have been met by Gloucestershire County Council and Swindon Borough Council. These include printing and design costs for the Committee's 'Phase One Report and Recommendations'. It is suggested that the Committee monitors spending by individual local authorities in support of the Joint Committee to determine whether a small contribution is required from all participating local authorities in the future to meet such costs.

There have also been intangible costs in terms of officer and member time but it is suggested that the benefits of establishing the Joint Committee have far outweighed the costs.

Recommendation:

That the Joint Committee regularly monitors any costs incurred by individual local authorities in supporting the work of the Committee to determine whether participating local authorities should be requested to make a small contribution to meet these costs in the future.

The Joint Committee has overseen improvements to services – One of the reasons for the establishment of the Joint Committee was to obtain a better understanding of how the Trust was planning to improve performance in relation to response times.

Performance has improved over the last 7 months, although there is still much to do to ensure that the Trust can meet all national performance targets on a sustained basis. In addition, the Joint Committee has raised concerns regarding the variations in performance between urban and more rural areas.

By closely monitoring performance on a regular basis and determining what action is being taken by GWAS, commissioners and the Strategic Health Authority to drive improvements to services, the Joint Committee has been able to satisfy itself that performance is moving in the right direction and that this is a high priority for all stakeholders. It is important that the Joint

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Committee continues to hold GWAS and PCTs to account in delivering performance improvement plans to ensure that improvements to services are delivered across the GWAS region.

5. Areas for Development

Although the formation of the Joint Committee has generally be a success, some issues have been identified that would benefit from further consideration by Members to improve the operation of the Committee in the future.

Clarification of the remit of the Joint Committee and individual HOSCs –

The Joint Committee's Terms of Reference state that:

“All participating local authorities retain the right to refer specific issues to their HOSC for scrutiny. Similarly, all participating HOSCs may scrutinise an issue relating to the Great Western Ambulance Trust without referring it to the Joint Committee but it is good practice to notify the Chair of the Joint Committee or the supporting officers of the issue under review.”³

Several individual HOSCs have chosen to scrutinise issues relating to ambulance services in their area, for example delays in patient handovers at an acute trust and the future provision of air ambulance support.

It is clearly important to ensure that both local HOSCs and members of the Joint Committee are aware of their respective remit to scrutinise matters relating to GWAS to reduce the likelihood of duplication. In addition, GWAS and relevant PCTs need to be clear about their responsibilities to attend meetings of both the Joint Committee and local HOSCs and to provide information.

Gloucestershire County Council's Health Overview and Scrutiny Committee had also commissioned a Task Group review into rural ambulance services immediately prior to the establishment of the Joint Committee. GWAS co-operated fully with this review and the Task Group presented its findings to both its parent Committee and the Joint Committee in September 2008. The Task Group recommended:

“1. That the Great Western Ambulance Joint Health Scrutiny Committee review its Terms of Reference to ensure that there is clarity with regard to how much power participating local authorities are delegating to the Joint Committee, clarify about the extent to which individual HOSCs can still engage with GWAS and clarify about the requirements for GWAS to engage with the Joint HOSC and local HOSCs.

2. That following the review referred to in Recommendation 1 the Joint HOSC should ensure that the agreed position is clearly articulated to all HOSCs, GWAS and the relevant Primary Care Trusts so that all parties have an understanding of their responsibilities. This is particularly important in the case of HOSCs and members need to be clear on what their participation in the Joint Committee means in terms of their ability to scrutinise issues relating to GWAS through their local HOSC.”⁴

³ Great Western Ambulance Joint Health Scrutiny Committee Terms of Reference, February 2008

⁴ Ambulance Services in Rural Districts Task Group Report, Health Overview and Scrutiny Committee, Gloucestershire County Council, September 2008

This is a significant issue that the Joint Committee must address in conjunction with local HOSCs in order to enable a clear and co-ordinated approach to the scrutiny of ambulance services in the future.

Recommendation:

That the Joint Committee reviews its Terms of Reference to clarify its remit and that of individual HOSCs to scrutinise matters relating to GWAS and the obligations of GWAS to meet requests for information and to attend Joint Committee or individual HOSC meetings.

Improved reporting between the Joint Committee and local HOSCs –It is also important that there is a clear mechanism for reporting the outcomes of reviews amongst all HOSCs.

One of the benefits of the Joint HOSC is that members of the Committee have developed an in-depth knowledge of GWAS. However, all members of individual HOSCs should be made aware of:

- The issues being investigated by the Committee
- The information that has been presented to the Committee
- The outcome of Committee meetings
- Any issues arising from Joint Committee meetings that impact on individual local authority areas

Keeping all HOSC members up to date will:

- Prevent duplication in work carried out by the Joint Committee and local HOSCs
- Ensure that individual HOSCs continue to support and benefit from the work of the Joint Committee
- Ensure that local issues are being appropriately addressed
- Ensure that the knowledge and awareness of all members regarding ambulance services continues to improve, not just those who sit on the Joint Committee

To date there has been a reliance on members of the Joint Committee reporting back to their respective Committees. In addition, copies of the agenda and minutes for Joint Committees are sent to all Scrutiny Officers so that they can be circulated more widely if appropriate. Some local authorities have included a standing agenda item at their HOSC meetings to provide an update on the Joint Committee.

It is for individual HOSCs to decide how they want to be kept informed of the work of the Joint Committee but it is important that HOSCs acknowledge the importance of receiving these updates.

In addition, there does need to be a clear mechanism for advising the Joint Committee of any work in relation to GWAS being progressed at a local level so that the outcomes can be shared amongst all local authorities.

Recommendation

That Members of the Joint Committee agree a process with their own HOSC to provide regular updates regarding the work of the Joint Committee.

That there is a Standing Agenda Item at every meeting of the Joint Committee to enable individual HOSCs to advise the Joint Committee of any work they are undertaking in relation to ambulance services and the outcomes of such work.

Encouraging GWAS to be more proactive in consulting with the Joint Committee and local HOSCs – The priorities of the Joint Committee have largely been determined by members. This has resulted in GWAS reacting to requests for information and answering questions about issues that members have identified as important.

Scrutiny must be member-led and the Joint Committee is a good example of members taking an active role in driving the scrutiny process. However, the Joint Committee would welcome GWAS being more proactive in bringing issues to the Committee at an early stage so that it can better support the Trust to implement changes. By developing the consultative role of the Committee, members can be more effective as a ‘critical friend’.

In addition, the Joint Committee can advise GWAS on whether issues should be brought to the attention of local HOSCs.

Recommendation

That GWAS is requested to identify any issues that would benefit from the involvement of the Joint Committee and feed this into the Joint Committee’s work programming process.

Participation of all local authorities in the Joint Committee – Currently six out of the seven local authorities within the GWAS region are members of the Joint Committee. Bath and North East Somerset Council decided to not participate in the Joint Committee due to concerns regarding the additional burden this would place on members and the potential to deflect time and resources away from local scrutiny.

Bath and North East Somerset have been kept fully up to date regarding progress made by the Joint Committee and their members are invited to attend all meetings as observers.

The Joint Committee would strongly urge Bath and North East Somerset Council to reconsider its previous decision to ensure that the views of its local communities can be championed at a regional level and its members can

influence the scrutiny process. In addition, its members would have access to a significant amount of detailed information and be able to hold senior officers from GWAS to account in a way that is difficult to achieve in isolation.

Recommendation

That the Chairman writes to the Chair of the Bath and North East Somerset Council HOSC, inviting the HOSC to reconsider its previous decision not to participate in the Great Western Ambulance Joint Health Scrutiny Committee.

Exploring how best to provide officer support for the Joint Committee –

The Joint Committee has been supported by officers from Gloucestershire, Swindon and Wiltshire, with Swindon taking the lead.

Establishing and supporting the Joint Committee has resulted in a significant time commitment from the officers involved. As well as planning and supporting Committee meetings in conjunction with the Chairman, the officers have carried out research and attended numerous informal meetings with the Chairman and other stakeholders. The officers also act as a single point of contact for all parties involved in the Joint Committee.

It is recognised that the first phase of the Committee's review has been time and resource intensive for both officers and members. In addition, it was originally intended that the Committee would review the frequency of meetings once the first phase of the review was complete.

However, should the Committee continue to meet with such frequency or require such intensive support from officers, it will be necessary to review the current support arrangements as they are unlikely to be sustainable in the long term. There is also a need to ensure that all Scrutiny Officers in the GWAS region have a good understanding of issues relating to GWAS to ensure that they can effectively support their relevant Committees.

Recommendation

That the Joint Committee monitors the provision of officer support on a continuous basis to ensure that the officers supporting the Joint Committee have the capacity to fulfil this role.

Exploring the use of Task Groups – To date the Committee has carried out its review via formal Committee meetings to which witnesses have been invited to present evidence and be questioned by members.

There may be scope in exploring whether it would be appropriate to form Task Groups involving members from two or more local authorities to carry out an

in-depth review on behalf of the Committee regarding specific issues. An example would be in relation to ambulance services in rural areas, which is an issue that particularly affects several of the local authorities that participate in the Joint Committee.

Members from the affected local authorities could form a joint Task Group, supported by officers from their relevant local authorities and then report their findings to the Joint Committee as well as their individual HOSCs. This would enable the extension of joint working to identify solutions to problems that impact on several local authorities and enable the in-depth review of issues that is currently not possible through formal Committee meetings alone.

Recommendation

That the Joint Committee considers the merits of establishing time specific Task Groups to carry out an in-depth review into a specific issue as part of the review of its Terms of Reference.

Reviewing the frequency of meetings – The Terms of Reference of the Joint Committee state:

“It is intended that in the first instance the Joint Scrutiny Committee will meet as often as necessary in order to understand the problems and constraints which have led to the Trust’s inability to meet target response times in some areas. This is likely to require meetings every 6 weeks.

However, Members are agreed that when the current pressures on services are resolved the Committee will meet quarterly with the provision to call extra meetings if required.”

The Joint Committee has now completed the first phase of its review and it is suggested that the frequency of meetings should now be reviewed.

Recommendation

That Joint Committee meetings take place on a quarterly basis with effect from January 2009. The Joint Committee would retain the right to call additional meetings if required.

Improving partnership working with Local Involvement Networks (LINKs) and the Great Western Ambulance External Reference Group – The Joint Committee held a workshop for members of all LINKs within the GWAS region and the Great Western Ambulance External Reference Group to discuss their views regarding ambulance services in their area.

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One of the key issues arising from the workshop was the need to establish closer engagement with LINKs and the External Reference Group and the Joint Committee.

There are several options to address this issue, such as:

- Ensuring that LINKs and the External Reference Group receive all agendas and papers for the Joint Committee
- Asking that all LINKs and the External Reference Group provide copies of minutes of their meetings and their work programme to the Joint Committee
- Formally inviting LINK and External Reference Groups to attend all Joint Committee meetings as observers
- Co-opting LINK and External Reference Group members onto the Joint Committee

The Joint Committee will have to consider how it wishes to progress this issue.

Recommendation

That the Chairman of the Joint Committee writes to each of the LINKs in the GWAS region and members of the Great Western Ambulance External Reference Group, inviting them to attend all future meetings of the Joint Committee as observers.

That the Joint Committee considers the feasibility of co-opting a representative from each of the LINKs within the GWAS region onto the Joint Committee.

6. Conclusions and Next Steps

In conclusion, the Joint Committee has largely achieved all of its objectives and overcome significant practical and logistical difficulties in order to achieve them.

It is hoped that all of the local authorities that have participated in the Joint Committee have found it to be a worthwhile exercise that has resulted in positive outcomes both in relation to the effective scrutiny of GWAS and its commissioners and in developing effective partnership working between local authorities.

Recommendations:

That there remains a need for the Great Western Ambulance Joint Health Scrutiny Committee and that all participating local authorities are requested to confirm their continued commitment to participating in the Joint Committee.

However, there have been issues identified over the last seven months, which must be addressed in order for the Committee to move forward. These include:

- Clarifying the role and remit of the Joint Committee and individual HOSCs to scrutinise matters relating to GWAS
- Clarifying the process for communication between the Joint Committee and individual HOSCs
- Exploring the development of an agreed process for GWAS to present proposals to vary or change services amongst all local authorities in the GWAS region, including the role of the Joint Committee (if any)
- Encouraging GWAS to be more proactive in consulting with the Joint Committee and local HOSCs
- Exploring the use of Task Groups
- Reviewing the frequency of meetings
- Exploring how best to provide officer support for the Joint Committee
- Considering how to improve partnership working with LINKs and the GWAS External Reference Group

The Chairman has worked with the Scrutiny Officers that support the Committee to develop draft revised Terms of Reference that attempt to address many of these issues.

It is suggested that the Joint Committee carefully reviews the proposed revised Terms of Reference to determine if they meet the needs of the Joint Committee, of individual HOSCs and of GWAS and commissioners.

If the Joint Committee does agree to continue to exist and it reaches agreement regarding the revised Terms of Reference, it is proposed that all HOSCs in the GWAS region are invited to comment on them and requested to confirm whether they are happy to sign up to them.

Recommendations:

That the Joint Committee reviews the proposed revised Terms of Reference to determine if they meet the needs of the Joint Committee, individual HOSCs, GWAS and its commissioners.

That, subject to the approval of the above recommendation, the Chairman of the Joint Committee writes to the Chairs of all HOSCs within the GWAS region seeking their approval of the revised Terms of Reference.

Appendix 1

Joint Great Western Ambulance Overview and Scrutiny Committee

Terms of Reference [Agreed 29th February 2008]

Mission Statement:

To scrutinise the services provided by the Great Western Ambulance Service NHS Trust (the Trust) in the locations covered by the Joint Scrutiny Committee in order to understand the challenges facing the Trust and bring facilitate improvements. To provide a single scrutiny function to deal with strategic developments and consultations on service change.

Problem Statement:

Following the merger of three Trusts covering Avon, Gloucestershire and Wiltshire eighteen months ago, the Great Western Ambulance Service NHS Trust has struggled to achieve target response times in a number of the geographical areas it covers. The individual committees that make up the Joint Scrutiny Committee have all expressed concern that patients are not receiving the level of service they should expect and that too high a percentage of emergency calls are not attended within the national target time, thus potentially affecting patient's chances of survival and recovery.

The performance ratings for the Trust reflect these problems, but the Joint Scrutiny Committee is also concerned that the performance ratings for the commissioning Primary Care Trusts have also suffered.

Legal Framework:

The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 state in paragraph 7:

"(1) Two or more local authorities may appoint a joint committee (a "joint overview and scrutiny committee") of those authorities and arrange for relevant functions in relation to any (or all) of those authorities to be exercised by the joint committee subject to such terms and conditions as the authorities may consider appropriate."

Centre for Public Scrutiny guidance states that two or more HOSCs may choose to form a discretionary joint committee under s.7 and s.8 of the Health and Social Care Act 2001 as part of the power to review and scrutinise issues around the planning and delivery of health services in their area.

Scope:

The joint scrutiny committee, during the course of its review, will:

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- Scrutinise the Trusts response at a strategic level to the recent Department of Health report that highlighted a number of areas for concern.
- Scrutinise the action plan drawn up by the Trust to address the concerns raised in the report.
- Monitor target response times on a Trust wide monthly basis. Performance management information will be circulated to members outside of Joint Committee meetings
- Hear evidence from the Primary Care Trusts, in particular Gloucestershire Primary Care Trust as lead commissioner in order to understand how they set commissioning plans and how they are helping the Trust to improve target times.
- Scrutinise the capacity of the Trust to achieve improvements with existing resources and establish a timeframe for improvement.
- Scrutinise the Trust's engagement with stakeholders, partners and the public in developing proposals for future service provision.
- Make recommendations to the Great Western Ambulance Service NHS Trust and the commissioning Primary Care Trusts accordingly at any point during the scrutiny process.
- Seek the views of the Patient & Public Involvement Forum for Great Western Ambulance Trust, and relevant Local Involvement Networks after 1st April 2008, in relation to its overall performance and service delivery
- Evaluate the effectiveness of the Joint Committee on an annual basis in January to identify key outcomes, points of learning, to review the relevance of the Terms of Reference and to determine the future of the Committee. The first review to take place in January 2009.
- All participating local authorities retain the right to refer specific issues to their HOSC for scrutiny. Similarly, all participating HOSCs may scrutinise an issue relating to the Great Western Ambulance Trust without referring it to the Joint Committee but it is good practice to notify the Chair of the Joint Committee or the supporting officers of the issue under review.
- Individual HOSCs may refer an issue to the Joint Committee. The Chair, will determine whether the issue should be presented to the Joint Committee for consideration. The Joint Committee will advise the referring HOSC in writing of action taken in response to the referral, or the reasons why action has not been taken

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- If necessary, form the basis of a Statutory Committee, as outlined in the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, to consider any proposed cross-boundary substantial variations in service proposed by the Great Western Ambulance Trust or its commissioners

The joint scrutiny committee will not:

- Scrutinise processes for the management of staff.
- Scrutinise individual patient cases.
- Scrutinise concerns that are area specific, although PCTs will be expected to inform each OSC about performance in their area.
- Scrutinise issues affecting only one local authority area without seeking approval of the relevant HOSC
- Carry out any scrutiny without informing the Chief Executive of the Trust about its intentions.

Specific issues to be addressed:

The mechanisms for improvement, in particular the actions to be taken by the Trust in response to the Department of Health report and monitoring of progress.

Development and consultation on plans to implement new services in order to improve response times and provide modern services to the population.

Timescales for service improvement and resource allocation to enable the Trust to achieve this.

Understanding how the Trust is monitored by the South West Strategic Health Authority and the Healthcare Commission and how it contributes to the process of service improvement.

Desired Outcomes:

The Joint Scrutiny Committee understands and agrees the Great Western Ambulance Trust's plans for performance improvement.

The Joint Scrutiny Committee is able to satisfy itself that the Ambulance Trust is signed up to the commissioning PCTs plans and timetables for strategic change.

Improvements to services are delivered.

A procedure for public consultation on any service changes is agreed.

People Involved:

Each participating local authority will nominate 3 members of their HOSC to sit on the Joint Committee. Substitutes may attend if required.

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Further to the agreement of ALL of the participating local authorities, it is proposed that political proportionality is waived.
The Chair will be appointed at the first meeting of the Joint Committee for a period of 12 months. In the absence of the Chair, a member of the Joint Committee will be appointed to act as Chair. The Chair will not receive a Chair's allowance.

Members of the Joint Scrutiny Committee:

Bristol City Council

Gloucestershire County Council

Swindon Borough Council

Members of the Committees in South Gloucestershire and North Somerset Councils if they agree to participate in the process

A 15 minute public forum will be held at the start of every Joint Committee meeting.

Administrative Support:

Officers supporting the Joint Scrutiny Committee:

Emma Powell – Swindon Borough Council

The support that will be provided to the Committee includes:

- Production of agendas and papers for Joint Committee meetings and briefings
- Circulating Committee paperwork by email to Scrutiny Officers
- Liaison with witnesses providing evidence to the Committee
- Producing minutes for Joint Committee meetings and briefings
- Liaising with host councils regarding the venue and requirements for Joint Committee meetings
- Updating the Chairs of HOSCs not participating in the Joint Committee regarding outcomes of Committee meetings
- Providing a single point of contact for the Trust, PCTs and NHS South West regarding issues within the Terms of Reference of the Committee

This support does NOT include:

- Printing and posting Committee papers and other information to Committee Members. Papers will be sent by email to Scrutiny Officers within participating local authorities and printing and postage costs met by each individual council
- Posting Committee papers on individual local authority websites. This will be the responsibility of each Scrutiny Officer

Swindon Borough Council will meet the cost of supporting the Joint Committee, in terms of officer time.

Timeframe:

It is intended that in the first instance the Joint Scrutiny Committee will meet as often as necessary in order to understand the problems and constraints

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which have led to the Trust's inability to meet target response times in some areas. This is likely to require meetings every 6 weeks.

However, Members are agreed that when the current pressures on services are resolved the Committee will meet quarterly with the provision to call extra meetings if required.

Meetings will be rotated across participating councils, with the host council providing a venue for the meeting and providing refreshments. The host will meet the costs of holding the meeting.

Appendix 2

Great Western Ambulance Joint Health Scrutiny Committee

Draft Terms of Reference (Revised October 2008)

Mission Statement

To collectively scrutinise the planning, design and delivery of services provided by the Great Western Ambulance NHS Trust (GWAS) to:

- Hold GWAS to account for its performance on a Trust-wide basis
- To review and develop policy that affects all local authority areas served by GWAS
- To scrutinise the impact of the services provided by GWAS on all local communities served by the Trust

Rationale

Local authority Health Overview and Scrutiny Committees (HOSCs) have statutory powers to scrutinise the provision of healthcare services to their local communities. HOSCs have an important role in:

- Involving local people and community organisations in scrutiny activity
- Developing a dialogue with service providers and other stakeholders outside the council
- Taking up issues of concern to local people
- Reviewing whether goals are being achieved
- Examining what can be done to solve problems and enhance performance and achievement

Where health services are delivered by a single provider across a number of local authority areas, as is the case with ambulance services provided by the Great Western Ambulance NHS Trust, it is recognised that there are benefits of the relevant local authorities coming together to scrutinise the planning, design and delivery of these services in partnership.

This will ensure:

- A co-ordinated approach to the scrutiny process
- A common understanding of issues affecting all local authorities within the GWAS region
- A single forum for the discussion and review of issues affecting all local authorities within the GWAS region
- An identified body to respond to proposals to vary or develop services that have been determined to be a “substantial variation” by two or more local authority HOSCs

Legal Framework

The Health and Social Care Act 2001 provides local authority Health Overview and Scrutiny Committees to scrutinise the planning, design and development of local health services.

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The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 state in Paragraph 7:

“(1) Two or more local authorities may appoint a joint committee (a "joint overview and scrutiny committee") of those authorities and arrange for relevant functions in relation to any (or all) of those authorities to be exercised by the joint committee subject to such terms and conditions as the authorities may consider appropriate.”

Aims and Objectives

The Great Western Ambulance Joint Health Scrutiny Committee will meet to scrutinise matters relating to:

- The performance of the Great Western Ambulance NHS Trust against national and local performance indicators
- Any issue in relation to the planning, design or deliver of healthcare services by the Great Western Ambulance NHS Trust that impacts on two or more local authorities within the area served by the Trust
- Proposals by the Great Western Ambulance NHS Trust or Gloucestershire Primary Care Trust as lead commissioner to vary or develop ambulance services where two or more local authority Health Overview and Scrutiny Committees have found the proposal to constitute a “substantial variation”. *[A separate protocol will be agreed with local authority Health Overview and Scrutiny Committees, the Great Western Ambulance NHS Trust and Gloucestershire Primary Care Trust in relation to the process for responding to proposals to vary or develop services].*

To have specific responsibility (but not limited to):

- The scrutiny of performance against national and local response time targets
- The scrutiny of performance against other national and local targets
- The scrutiny of the strategic direction of the planning, design and delivery of healthcare services provided by the Great Western Ambulance NHS Trust
- The scrutiny of the commissioning of ambulance services within the area served by the Great Western Ambulance NHS Trust

The remit of the Great Western Ambulance Joint Health Scrutiny Committee excludes:

- The scrutiny of any matters relating to the planning, design and delivery of healthcare services provided by the Great Western Ambulance NHS Trust that impacts on a single local authority, without first seeking the approval of the relevant local authority
- The scrutiny of individual cases
- The scrutiny of the management of staff

Scrutiny by Individual HOSCs

Individual HOSCs retain the right to scrutinise any matter relating to the planning, design or delivery of ambulance services within their area.

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It is requested that individual HOSCs advise the Joint Committee of their intention to carry out such a review in order to:

- Prevent duplication
- Identify whether the issue also impacts on other local authorities
- Identify any support that could be provided by the Joint Committee

The final decision to scrutinise an issue remains with the individual HOSC.

The Joint Committee will ensure that copies of its agenda, minutes and work programme are sent to the Chairs of all individual HOSCs.

Membership

Each participating local authority will nominate 3 members of their HOSC to sit on the Joint Committee. Substitutes may attend if required. The following local authorities are members of the Joint Committee:

- Bristol City Council
- Gloucestershire County Council
- North Somerset Council
- South Gloucestershire Council
- Swindon Borough Council
- Wiltshire County Council

The Joint Committee shall be entitled to appoint a number of non-voting co-optees.

The Chair will be appointed for a period of 12 months and will be reviewed in February 2009. In the absence of the Chair, a member of the Joint Committee will be appointed to act as Chair. The Chair will not receive a Chair's allowance.

A 15 minute public forum will be held at the start of every Joint Committee meeting.

Administrative Support

Scrutiny Officers from Gloucestershire County Council, Swindon Borough Council and Wiltshire County Council will support the Joint Committee.

The capacity of officers to support the Joint Committee will be reviewed on a quarterly basis.

Funding

Participating local authorities are not required to make a financial contribution for the support of the Joint Committee.

Individual local authority Scrutiny Officers will be responsible for printing papers for their members.

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The venue of meetings of the Joint Committee will be rotated amongst the participating local authorities. The host local authority will meet the costs of providing hospitality.

The Joint Committee will monitor on a quarterly basis, whether any local authority in supporting the Joint Committee has incurred any additional costs.

Frequency of Meetings

The Joint Committee will meet on a quarterly basis. Additional meetings may be arranged if required.

Attendance at Meetings and Provision of Information

As outlined in the Health and Social Care Act 2001, NHS organisations are obliged to respond to requests for information made by the Joint Committee and to attend meetings of the Joint Committee if required.

This duty also extends to scrutiny reviews being carried out by individual HOSCs.

Review of Terms of Reference

The effectiveness of the Joint Committee and its Terms of Reference will be reviewed on an annual basis. The next review will place in October 2009.