

30th June 2013

Dear Colleague

I am writing to you in my role as Chairman of the Joint Health O&S Committee (JHOSC) for the Great Western Ambulance Trust (GWAS). As you are aware, GWAS was acquired by the South West Ambulance Foundation NHS Trust (SWASFT) and GWAS ceased to exist on 1st February of this year. Strictly, therefore, the JHOSC has no legitimacy, and therefore its future needs to be decided.

I have had discussions with the Chief Executive of SWASFT and the JHOSC met on Friday 28th June to discuss the way forward. It may be recalled that the JHOSC came into being some years ago because of concern by Local Authorities in the GWAS area following very poor performance figures and general disquiet that the newly amalgamated authority was producing a much less locally sensitive than the previous smaller county services. This joint approach allowed experiences to be shared by the various Councils and enabled significant public scrutiny to be applied to GWAS. The result has been a remarkable turn round in the way the service is operated.

GWAS, however, was the smallest of the English ambulance services and when it was announced that all NHS Trusts were expected to become Foundation Trusts, the GWAS Board came to the conclusion that the business risk of becoming a Foundation Trust was too great and looked to a larger Trust to acquire it. During the transition process SWASFT officers and Board members started to attend JHOSC. During most of this time JHOSC continued to push for quality improvements across the GWAS area, but also became much involved in the thorny issue of the turn round times for emergency ambulances at the Accident and Emergency departments of the various district hospitals. There was huge disparity between the best and worst performers. Thus at Frenchay Hospital four hour turn round was happening almost daily, while at the Royal United Hospital, Bath, virtually all ambulances were being cleared within an hour and usually in half that time.

JHOSC called in the various hospitals to see what was happening and we were able to pass on best practice throughout the area. Not surprisingly, SWASFT were impressed with the way JHOSC acted as a critical friend to GWAS and appeared to have the teeth to get things done. SWASFT would very much like to maintain the structure on a regional basis. For operational reasons, the GWAS area will remain self-contained (North region), Somerset and Dorset will be South region and Devon and Cornwall West region. SWASFT will be seeking a JHOSC structure within each of the three regions. The main advantage to them is the ability to concentrate their interface with the 14 local authorities with their geographical

area with three main committees. The second advantage is that there are significant cross-boundary issues which are best dealt with by a joint committee.

At the meeting on 28th June two separate views emerged. The first was that the initial purpose of the JHOSC, to improve service levels had been achieved, that there was the risk that JHOSC would be a soft option for ticking the box for public consultation, and that many of the issues were quite parochial and better dealt with by the individual Health O & S committees. It was pointed out that if a significant issue arose in the future, then the JHOSC could be reconstituted or ad hoc groups formed.

The alternative view was that JHOSC continued to do good work, with sharing of experience, having political clout and dealing with cross boundary issues. There was nothing to stop individual Health O & S committees calling in SWASFT for a particular local issue, nor was there anything to stop (other than resources!) two or three Councils getting together with a working party over a specific local issue.

Recourses are a specific issue. Officers reminded us that a significant amount of officer time was employed on JHOSC, and there was the issue of Councillor time and, of course, expenses. As SWASFT intends to be regionalised, there is no likelihood of a Pan-SWASFT JHOSC, but there might be mileage in information and workshop days. It was suggested that this model might supersede JHOSC, but Councillors present saw this as lacking the political teeth that the present has. This was emphasised by the presentation at our meeting about the present shortcomings in the 111 service by Harmoni.

SWASFT have said that they would be prepared to provide support to JHOSC, while ensuring that full independence of our organisation was preserved.

It was pointed out that there was considerable flux in the NHS at present and also specific difficulties relating to emergency and urgent care. There is also the existence of the new Clinical Commissioning Groups, with the GWAS area commissioner being based in Gloucester. It is far from clear how Health Watch, the Health and Wellbeing Boards, and all the other monitors and regulators are going to operate and how the political accountability will be enhanced. There is therefore an argument for JHOSC to continue until such time as the new NHS beds in. Personally as someone who was a medical manager for over twenty years in the NHS, I continue to have doubts about true democratic accountability in the NHS, a view which has only been strengthened over the past year.

If JHOSC is to continue, then the various Councils will need to support this. We also agreed that if that support was forthcoming, then the Terms of Reference would need to be re-visited and that there should be formal reporting back to the local Health O & S Committees.

The final point I would make is that Bristol City Council have already voted to continue supporting JHOSC. This is of some importance, as the lead officers are employed by that Council.

I was asked by JHOSC to write to all Chairmen of Health O & S Committees in the old GWAS area and to ask the following questions –

1. Does your Council support the continuation of the JHOSC for the old GWAS area?
2. Would you be prepared to do this if officer support was required?
3. Would you be prepared to do this if SWASFT were to offer assistance with the costs of running the JHOSC?
4. If your Council would not support the long-term existence of JHOSC, would you be prepared to offer support for a fixed term, with review, as the new arrangements for the NHS roll out?

I am sorry that this is such a long letter but the issues are complex. I am not keen to have any committee that meets just for the sake of it and would personally only support it if it continued to provide a real opportunity to improve emergency services for our residents. If you would like to talk to me about this further, please do not hesitate to contact me.

Best wishes

Yours sincerely

Tony Clarke

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