

Monmouthshire Select Committee Minutes

Meeting of People Scrutiny Committee held at County Hall, Usk - Remote Attendance on Tuesday, 27th September, 2022 at 10.00 am

Councillors Present

County Councillor Angela Sandles, (In the Chair)

County Councillors: Sue Riley, Fay Bromfield, Jayne McKenna, Maureen Powell, Maria Stevens and Jackie Strong

Also in attendance County Councillors: Jan Butler (substituting for County Councillor Christopher Edwards)

Officers in Attendance

Hazel Ilett, Scrutiny Manager
Robert McGowan, Policy and Scrutiny Officer
Deb Hill-Howells, Head of Commercial, Property, Fleet and Facilities
Estelle Hitchon, Director of Partnerships and Engagement, Wales Ambulance Trust
Becky Pritchard, Transport Officer
Jason Killens, Chief Executive, Wales Ambulance Trust

APOLOGIES: County Councillors David Jones, Christopher Edwards and Richard John

1. Declarations of Interest.

None.

2. Public Open Forum.

No public submissions were received.

3. Home to School Transport Policy: To conduct pre-decision scrutiny on the policy.

Cabinet Member Martyn Groucott presented the report and answered the members' questions with Debra Hill-Howells and Becky Pritchard.

Challenge:

Spare places are sometimes taken up by people choosing to send their children outside their catchment area. Is there a charge for doing so? How is it determined who will take the spare places?

The policy is clear that children are taken to their nearest or catchment school, so parents don't have the right to choose which school the transport will take them to. But if there are empty spaces on a bus, we can release those to offset some of the cost of transport. Post-16 applications would get priority because there is no statutory requirement to transport them, and we would want to support them continuing their education. For vacant seats above that, there is a concessionary policy to which parents can apply, currently done on a first come-first served basis; in the new policy we suggest dealing with those policies based on who lives furthest from the school.

Is the safety threshold in the learner travel measurement not too high? Could the walking assessment be modified to state that there is an appeal process in which local members can put forward their local knowledge to the chief officer?

There is no change to the distance that a pupil would be expected to walk before qualifying for transport. The decision on whether a route is safe to walk or not is not taken by a member of the school transport team but by an independent qualified road safety officer. We have merely expanded and extended the explanation (e.g. that it is assumed that all primary age children will be accompanied by an adult) – the basic policy remains unchanged.

Under resource implications, the cost for 22/23 is c.£5.4m. Has this been stress-tested against the increased cost of living and fuel etc., and if so, how?

We go out to tender for all contracts, so they are awarded after a blind bidding process. We also ask our internal team to submit a tender cost so that we can compare internal provision with external. We aren't currently receiving any tenders for some contracts, so our internal team has no choice but to take on the contract. Latterly, this has included having to acquire new vehicles to undertake them, increasing the cost of the provision to the authority. We have to take on annual uplifts based on the national picture, working with Torfaen and Newport colleagues to ensure that when we do so it doesn't create a competition market between us and neighbouring authorities. The majority of the cost is borne by the authority, not affecting service users unless they are post-16 or concessionary. The cost for those is £440 p/a, subsidised significantly by the authority: the cost of a non-ALN place is £1900 per seat per pupil. Parents can pay in instalments over the academic year. £440 is likely to be much cheaper than if they tried to make their own arrangements for those individuals.

Is there an opportunity to review those contracts with operators e.g. in light of fuel cost rises?

We uplifted all contracts by 9.7% this April to reflect the cost of living, a rate agreed nationally. An operator can return the contract.

Across the county different primary and secondary schools have different catchment areas. Will transport still be provided for different locations from the same area? What are the cost implications?

This has come about from the change in catchment to Caerleon Comprehensive from some of the primary schools in the Usk/Llangybi area. Because Caerleon was previously the nearest available school, the average journey was 3 miles. But they now go to Monmouth Comprehensive, with an average journey is now 18 miles, and therefore a huge increase in cost. We have agreed to undertake a limited review of catchment areas. There are difficulties in some areas, such as the aforementioned, which the review will therefore include. As long as the requirements for distance are met, pupils will have a statutory entitlement to transport.

For children looked after by the authority, placements sometimes break down and they might be with a different family. Is there anything in the policy to consider them, and their continuity of schooling?

The right to appeal underpins the whole policy, to take into account special circumstances. Because they relate to individual cases, it would be very difficult to fold all possible outcomes

into one policy. We therefore emphasise that right to appeal so that special circumstances can be taken into account.

Relating to the A40/42, many residents raise safety issues about crossing the road to get on the bus. Are safe routes assessed for secondary school pupils?

The route assessment takes into account the traveller's age, as it is assumed in the policy that primary school age children will be accompanied. We are not aware of this particular issue – we can ask the Road Safety Officer to look at it, but we can't ever completely eliminate risk. They will look at whether there is sufficient visibility etc., a safe route to cross doesn't necessarily mean a designated crossing point.

None of the bus stops except one on the A40/42 has a drop kerb for wheelchair access.

For a specific pupil with specific needs, we would evaluate the provision, but all the transport that we provide is accessible anyway.

The Zebra crossing in Goytre needs to be finished, as part of the safe walking route to the primary school.

Safe routes are the responsibility of MonLife – email the cabinet member and it will be raised with the team.

Is notification of whether a post-16 learner has been awarded a seat to an out-of-county school prior to term commencement a change to the policy?

Yes, this is a proposed change because we recognise the difficulty of pupils accessing Welsh medium or faith-based education, as we don't offer those in county, having listened to the consultation feedback. From next year they will be prioritised when we consider post-16 applications.

The Road Safety Officer assessing routes constitutes a change in policy. It would be useful if there was an appeal mechanism to chief officers so that members' views could be taken into account, as otherwise the member is powerless if local knowledge were to contradict the RSO. I recommend that discretionary hazardous routes be added to the policy, so that a member could ask the senior officer for review of a decision.

Assessment of the route is handled by a trained officer separate from the school transport team, operating from clear guidelines, so the same rules are applied objectively to every application. That is fair because the assessment isn't made by the officer who makes the final decision. Relating to the right of appeal against a judgement that a route is safe to walk along, currently, there is a clear policy for making an objection. Our Transport Officer makes the initial judgement as to whether to accept a safe walking route recommendation; if parents were to appeal, it would go to the Head of Transport for further consideration. The views of the local member would be taken into account, as they have been in previous instances this year. The two-stage process is therefore fair and objective, and in no need of further refinement.

It would still be helpful if the policy itself allowed the local member to ask the Chief Officer to review a discretionary decision.

We would not want to interfere with a policy such that the initial RSO analysis could be in any way compromised. It is right that it is independent. What we could do is add a few words where it says that 'parents have the right', to the effect of 'in conjunction with a local member' – the Cabinet Member will look at that immediately after today's meeting.

Is there any means via our legal department to strengthen contracts with operators? If a contractor drops out when it becomes 'too expensive' surely it's not really a contract?

We could raise that with Matt Phillips, the Chief legal officer.

For Welsh-medium pupils there is no in-county choice in their secondary provision, meaning long journeys for many, and this will also be the case once children attending the new primary school in Monmouth need to get to Welsh-medium secondary – we need to look at that in the future.

The policy concerning provision for Welsh-medium transport has been strengthened this year: "we will provide transport to the nearest Welsh-medium or faith school." But we take the point that there is more than one phase to education and secondary Welsh-medium phase isn't currently provided by Monmouthshire. That is an argument for a different committee, however, and as an authority we are committed to the expansion of Welsh-medium education.

If a child is moved overnight to a foster family, how are we going to support them as corporate parents to not have disruption in their education? Is the appeals process good enough in that instance?

If a young person were being relocated, we would automatically work with our social service colleagues to ensure that transport was provided, probably on a discretionary basis, as they wouldn't meet the statutory requirements. We would certainly look to ensure that a child wasn't disadvantaged as a result of being moved.

Some families are now paying £400 for transport due to the catchment area changing while their children were in primary school – can consideration be given to them? They currently feel penalised by the council. Can a case-by-case ruling be made?

We are aware of these families through the councillor's intervention, so will look into the matter. The catchment change in question (for Caerleon school) was made by Newport City Council unilaterally – MCC wasn't consulted. Unfortunately, we can't take into account a child's wish to stay with their friends, but we have already pledged to undertake a limited review of catchment areas during the current academic year.

Chair's summary:

The policy is required to be reviewed annually and it has been through a public consultation process. The feedback has been considered in amending the policy. The Scrutiny Committee has been asked to endorse the policy for 2023-2024. We've been able to discuss this in detail this morning with helpful contributions from the cabinet member and officers. Does the committee feel satisfied with the responses to their questions and is it the committee's

conclusion to endorse this policy, subject to any amendments we have suggested that the Cabinet Member has agreed to take on board? Any outstanding responses to questions will be provided by the Cabinet Member after the meeting. If the committee is content, we will move forward with our agenda with thanks to Councillor Groucutt, Deborah Hill-Howells and Becky Pritchard for attending today.

Councillor Brown wished to note the Cabinet Member's agreement to alter the wording concerning Member inclusion in appeals.

4. Presentation - Ambulance Stations at Monmouth and Chepstow: To discuss the changes to ambulance stations in Monmouth and at Park wall between Chepstow and Caldicot.

Jason Killens and Estelle Hitchon from the Welsh Ambulance Service delivered the presentation and answered the members' questions.

Challenge:

The key concern is the removal of emergency response cars in Monmouth and Chepstow, and therefore the response time to something like a heart attack or serious farm accident in those areas.

We recognise those concerns. We are setting out to use our available resources in the most efficient way, to get the best service for patients. It is true that the data used is from 2019, and much has changed since then; in May, we did modelling with a different company to test whether what we were doing still gives us an improvement in response times and the answer to that is yes. While the scale of the benefit is reduced, due to the disruptions and losses in emergency departments, we still see an improvement in red and amber performance. The roster changes won't entirely fix the problems that we have in the timeliness of our responses, but they will help.

The models are reassuring but what is the plan if the response times fall?

We monitor performance on an hourly basis. If performance deteriorates, we would first consider what is happening around that e.g. there is more activity, more lost capacity at emergency departments, etc., but otherwise we would respond either with changes to the local cover profile, additional people, tweaks in the hours of production, or other measures. It should be remembered that we are putting in extra ambulances and extra urgent care resources in response to the change in ambulance rosters.

With fewer ambulances in these areas, will the air ambulances be used more?

We aren't taking ambulances away but putting more in. There'll be more ambulances nationally and locally – in excess of 30 additional nationally, with 40 additional hours across the fleet in Monmouthshire per week. We are not responsible for Welsh Air Ambulance but are aware that with their modelling on the proposed changes to their operational basis, there is no detriment in access for those patients who need Air Ambulances or their road responses – there is no connection between what they're doing and what we're doing, except that both are about making best use of available resources.

With a hub-based situation, the problem is the 8-minute time – physically, an ambulance can't get from a central location to areas in Monmouthshire in that time period. The software model might result in improved overall average response time, but it won't be applicable to outlying areas that will get a worse response time?

We are not closing stations. We plan to invest in and maintain a physical presence in Monmouth. There are no plans to close either Monmouth or Chepstow stations as a result of this roster change.

The average red times are for ABHB but that's largely urban – it would be helpful to see red times for Monmouthshire. Is there going to be another full emergency response ambulance in Monmouth, replacing the rapid response vehicle? With emergency services, is over capacity not better than meeting capacity?

We agree about over capacity. Our fleet's utilisation rate is currently much too high, which leads to the long waits for patients. A lot of our work is to bring down that utilisation rate. We are commissioned to deliver a service on a health board level, which is why we have used data at that level. We aren't resourced to deliver those targets in every locality every day. We work with averages, as a result. Not every ambulance works every hour of the week – some will be staffed, 12, 16, 18 hours a day. In some cases where we have additional capacity, we will operate the vehicle for a longer period of time. In some cases, there are additional vehicles going in. We can supply the committee with specific data for Monmouth.

How do you link with ambulance services in England?

On a day-to-day operational level with England, we take calls for each other and pass them back and forth, with us occasionally responding into another patch e.g. Herefordshire, and they will respond to some of ours, especially for Red calls.

Regarding "safely closing episodes of care", what impact is treating people where an episode happens going to have on the primary health care team?

As a hypothetical example: an elderly person with COPD is short of breath and can't access primary care for some reason, so calls 999 – at the moment, we would respond and probably convey the patient to the emergency department. It is likely that they just need antibiotics. Now, we can send a paramedic practitioner to the scene who will assess the patient, write a prescription for the antibiotics, arrange for the pharmacy to deliver them, and inform the GP. The patient can therefore stay at home instead of being taken by ambulance to an emergency department, waiting outside for a long time, then potentially be exposed to additional risk once inside – and while waiting outside, the ambulance is not available for anyone else in the community. So, if we can close the episode of care safely and appropriately in the community, it will be better for the patient and the overall health system. It has to be part of how we improve the service and our patients' experiences.

Treating at home needs to be more holistic – another bit of the NHS needs to complement what you're trying to do.

We completely agree, and therefore continue to work with partners across the NHS to create opportunities for our clinicians to refer to other parts of the system. We can't continue to convey the same number of patients to emergency departments – there are better ways. But we need support from health boards to achieve that aspiration.

Can you confirm that when 999 is called, it goes to a call centre, then they make the decision about a road or air ambulance – how is that determined?

On dialling 999 the person is connected to a BT operator who will ask which emergency service is needed. If the answer is ambulance, the call goes to the north or south Wales control room. The call handler asks a series of questions, at which point an ambulance is dispatched. Further questions are then asked about the patient to determine if further help is needed, including the air ambulance, based on 'dispatch criteria'. So, the type of patient and problem is the critical aspect, not the location.

The Monmouth station plans are good. Where will more local ambulances be located? Residents will be concerned about the red response times; given the time to get across rural areas, I fail to understand the rationale of downgrading the stations in Monmouth and Chepstow.

We are adding in more ambulance capacity as a result of this change. But the rurality point is a good one: no matter how many vehicles were available, it simply isn't possible to service every location in 8 minutes, due to geography and the road network. To improve our chances of getting to more calls more quickly, we have the community first responder scheme: 6-700 individuals across Wales responding to calls in their community to provide life-saving intervention while awaiting the ambulance. We are investing in this group, adding capacity, training, and advertising new recruits, particularly in rural patches. We recognise there is more to do to support rural communities and believe that the CFR scheme is the way to do that.

Chepstow ambulance station closed a long time ago but there is a rest area for emergency response vehicles. How does that manage the large, combined population of Caldicot and Chepstow, and with such a distance from Royal Gwent and The Grange?

It is a Community Response bay – it is not a full station but there are resources that work from there. There is no intention to change or reduce the locations that we work from as a result of the roster changes. We are happy to write a full response separately about the operation of Chepstow Response bay.

Chair's summary:

We have discussed the proposals in detail and have explained our concerns on behalf of our residents in terms of the capacity and timeliness to attend critical incidences in a rural county. We understand that the Trust has undertaken detailed modelling to predict demand patterns and to evidence the changes they are proposing. Whilst the committee recognises that the Trust is making these changes with the aim of utilising its resources to give the best possible service to communities, I'm sure the Trust appreciates that we have concerns and that we are championing on behalf of our residents. The Committee is reassured that there are no plans as a result of the roster changes to close any of the stations in Monmouthshire and that the Trust

intends in its Business Plan to invest in its physical presence. Equally, the Committee is reassured to hear that the Trust is putting in extra ambulances nationally and over additional hours in Monmouthshire as part of these proposals and the Trust will continue to monitor performance and response times. Whilst we may not fully support the Trust's proposals, we do appreciate wholeheartedly the opportunity to discuss these with the Trust, in order to better understand the decision it is taking and to reflect the concerns of our community. We would like to thank Jason for the opportunity to talk to you and understand how busy you are, so your attendance today has been very much appreciated and valued by this Council. I would like to thank all Members, including those not on the Committee for their input on this important issue.

5. People Scrutiny Committee Forward Work Programme.

Note the earlier start time of the joint meeting on 11th October.

6. Cabinet and Council Work Plan.

7. To confirm the minutes of the meeting held on the 20th July 2022.

The minutes were confirmed and signed as an accurate record.

8. To confirm the date of the next meeting as 15th November 2022.

The meeting ended at **12.09 pm**