

Overview and Scrutiny Committee



Title	Agenda											
Date	Thursday 2 September 2021											
Time	5.00 pm											
Venue	Conference Chamber West Suffolk House Western Way Bury St Edmunds, IP33											
Full Members	<p style="text-align: center;">Chair Ian Shipp</p> <p style="text-align: center;">Vice Chair Stephen Frost</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;">Conservative Group (9)</td> <td style="vertical-align: top;"> Simon Brown Mike Chester Patrick Chung Terry Clements Stephen Frost </td> <td style="vertical-align: top;"> Margaret Marks Joe Mason Sarah Pugh Marion Rushbrook </td> </tr> <tr> <td style="vertical-align: top;">The Independent Group (6)</td> <td style="vertical-align: top;"> Michael Anderson Trevor Beckwith Tony Brown </td> <td style="vertical-align: top;"> Paul Hopfensperger Ian Shipp Julia Wakelam </td> </tr> <tr> <td style="vertical-align: top;">Labour Group (1)</td> <td style="vertical-align: top;">Diane Hind</td> <td></td> </tr> </table>			Conservative Group (9)	Simon Brown Mike Chester Patrick Chung Terry Clements Stephen Frost	Margaret Marks Joe Mason Sarah Pugh Marion Rushbrook	The Independent Group (6)	Michael Anderson Trevor Beckwith Tony Brown	Paul Hopfensperger Ian Shipp Julia Wakelam	Labour Group (1)	Diane Hind	
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Substitutes	<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;">Conservative Group (5)</td> <td style="vertical-align: top;"> John Augustine Sarah Stamp Clive Springett </td> <td style="vertical-align: top;"> Jim Thorndyke Vacancy </td> </tr> <tr> <td style="vertical-align: top;">The Independent Group (2)</td> <td style="vertical-align: top;">Dawn Dicker</td> <td style="vertical-align: top;">Vacancy</td> </tr> <tr> <td style="vertical-align: top;">Labour Group (1)</td> <td style="vertical-align: top;">Cliff Waterman</td> <td></td> </tr> </table>			Conservative Group (5)	John Augustine Sarah Stamp Clive Springett	Jim Thorndyke Vacancy	The Independent Group (2)	Dawn Dicker	Vacancy	Labour Group (1)	Cliff Waterman	
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Interests – declaration and restriction on participation	<p>Members are reminded of their responsibility to declare any disclosable pecuniary interest not entered in the Authority's register or local non-pecuniary interest which they have in any item of business on the agenda (subject to the exception for sensitive information) and to leave the meeting prior to discussion and voting on an item in which they have a disclosable pecuniary interest.</p>											
Quorum	Six Members											
Committee administrator	Christine Brain Democratic Services Officer (Scrutiny) Telephone 01638 719729 Email christine.brain@westsuffolk.gov.uk											

Public information

Venue	Conference Chamber West Suffolk House Western Way Bury St Edmunds, IP33 3YU
Contact information	Telephone: 01638 719729 Email: democratic.services@westsuffolk.gov.uk Website: www.westsuffolk.gov.uk
Access to agenda and reports before the meeting	The agenda and reports will be available to view at least five clear days before the meeting on our website.
Attendance at meetings	<p>This meeting is being held in person in order to comply with the Local Government Act 1972.</p> <p>Measures have been applied to ensure the health and safety for all persons present at meetings.</p> <p>We may also be required to restrict the number of members of the public able to attend in accordance with the room capacity.</p> <p>If you consider it is necessary for you to attend, please let Democratic Services know in advance of the meeting so they can endeavour to accommodate you and advise you of the necessary health and safety precautions that apply to the meeting. For further information about the venue, please visit https://www.westsuffolk.gov.uk/contact-us.cfm</p> <p>The Council will endeavour to livestream this meeting and where this is possible, will provide links to the livestream on its website.</p>
Public participation	<p>Members of the public who live or work in the district are welcome to speak and may ask one question or make a statement of not more than three minutes duration relating to items to be discussed in Part 1 of the agenda only.</p> <p>If a question is asked and answered within three minutes, the person who asked the question may ask a supplementary question that arises from the reply.</p> <p>The Constitution allows that a person who wishes to speak must register at least 15 minutes before the time the meeting is scheduled to start.</p> <p>In accordance with government guidance, the Council has developed general protocols on operating buildings safely in order to reduce the risk of the spread of coronavirus.</p>

	<p>We would therefore strongly urge anyone who wishes to register to speak to notify Democratic Services by 9am on the day of the meeting so that advice can be given on the arrangements in place.</p> <p>There is an overall time limit of 15 minutes for public speaking, which may be extended at the Chair’s discretion.</p>
Accessibility	<p>If you have any difficulties in accessing the meeting, the agenda and accompanying reports, including for reasons of a disability or a protected characteristic, please contact Democratic Services at the earliest opportunity using the contact details provided above in order that we may assist you.</p>
Recording of meetings	<p>The Council may record this meeting and permits members of the public and media to record or broadcast it as well (when the media and public are not lawfully excluded).</p> <p>Any member of the public who attends a meeting and objects to being filmed should advise the Committee Administrator who will instruct that they are not included in the filming.</p>
Personal information	<p>Any personal information processed by West Suffolk Council arising from a request to speak at a public meeting under the Localism Act 2011, will be protected in accordance with the Data Protection Act 2018. For more information on how we do this and your rights in regards to your personal information and how to access it, visit our website: https://www.westsuffolk.gov.uk/Council/Data_and_information/howweuseinformation.cfm or call Customer Services: 01284 763233 and ask to speak to the Information Governance Officer.</p>

Agenda

Procedural matters

1. Substitutes

Any member who is substituting for another member should so indicate, together with the name of the relevant absent member.

2. Apologies for absence

3. Minutes

1 - 16

To confirm the minutes of the meetings held on 10 June 2021 and 8 July 2021 (copies attached).

4. Formal decision making on 'minded to' decisions

Taking into account the 'minded to' decisions made during the non-decision making virtual meeting of the Overview and Scrutiny Committee held on 10 June 2021, the Committee is required to formally resolve the following matters:

1. Minutes of the meeting held on 18 March 2021.
2. Review of Council Markets – Membership:
 - Councillor Ian Shipp (Mildenhall)
 - Councillor John Burns (Haverhill)
 - Councillor Marion Rushbrook (Smaller Markets/Clare)
 - Councillor Patrick Chung (Bury St Edmunds)
 - Councillor Michael Anderson (Newmarket)
 - Councillor David Palmer (Brandon)

5. Declarations of interest

Members are reminded of their responsibility to declare any pecuniary or local non-pecuniary interest which they have in any item of business on the agenda, **no later than when that item is reached** and, when appropriate, to leave the meeting prior to discussion and voting on the item.

6. Announcements from the Chair regarding responses from the Cabinet to reports of the Overview and Scrutiny Committee

Part 1 – public

7. Public participation

Members of the public who live or work in the district are welcome to speak and may ask one question or make a statement of not more than three minutes duration relating to items to be discussed in Part 1 of the agenda only.

If a question is asked and answered within three minutes, the person who asked the question may ask a supplementary question that arises from the reply.

In accordance with government guidance, the Council has developed general protocols on operating buildings safely in order to reduce the risk of the spread of coronavirus and will apply to members of the public registered to speak.

We would therefore strongly urge anyone who wishes to register to speak to notify Democratic Services by 9am on the day of the meeting so that advice can be given on the arrangements in place.

There is an overall limit of 15 minutes for public speaking, which may be extended at the Chair's discretion.

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|---|------------------|
| 8. Consideration of Councillor Call for Action | 17 - 56 |
| Report number: OAS/WS/21/016 | |
| 9. Suffolk County Council: Health Scrutiny Committee - 7 July 2021 | 57 - 112 |
| Report number: OAS/WS/21/017 | |
| 10. Cabinet Decisions Plan: 1 September 2021 to 31 May 2022 | 113 - 134 |
| Report number: OAS/WS/21/018 | |
| 11. Work programme update and suggestions for scrutiny | 135 - 158 |
| Report number: OAS/WS/21/019 | |

Part 2 – exempt

None

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109. Declarations of interest

Members' declarations of interest are recorded under the item to which the declaration relates.

110. Announcements from the Chair regarding responses from the Cabinet to reports of the Overview and Scrutiny Committee

The Chair informed members he attended Cabinet on 25 May 2021 and presented the Committee's report from its meeting held on 18 March 2021. As per the minutes above, the Chair updated Cabinet on the report presented on Exiting the European Union: West Suffolk Council's preparations and current status and update on the Mildenhall Hub, which was noted by Cabinet.

111. Public participation

No members of the public had registered to speak.

112. Western Suffolk Community Safety Partnership Monitoring Report (April 2020 to March 2021)

[The Chair of the Committee, Councillor Ian Shipp experienced ongoing technical IT issues during the consideration of this item. To ensure the MS TeamsLive meeting was able to continue, the Vice-Chair, Councillor Stephen Frost took over chairing the meeting, with Councillor Ian Shipp joining the remainder of the meeting via the telephone].

It was the duty of the Committee, as the Council's Crime and Disorder Committee designated under the Police and Justice Act 2006, to scrutinise the work of the Partnership.

The Committee received Report No: OAS/WS/21/006, presented by the Chair of the Western Suffolk Community Safety Partnership, Councillor Joanna Spicer, and the Council's Cabinet Member for Families and Communities, Councillor Robert Everitt.

The report set out the background to the partnership and the statutory bodies involved which Councillor Joanna Spicer expanded on. She explained that the WSCSP covered a large geographical area, which included a number of important organisations, and updated Members on the community safety activity in West Suffolk, including the work of the Western Suffolk Community Safety Partnership (WSCSP) for 2019-2022. Councillor Spicer confirmed that West Suffolk had a new Western Area Commander, Superintendent Janine Wratten who was introducing herself by making contact with councillors and other organisations.

Over the past year the WSCSP had continued to meet and discharge its statutory duties by carrying out an annual assessment of crime and disorder in the area, continuing to deliver the three-year plan and action plan to reflect the priorities of the partnership, and carrying out Domestic Homicide Reviews.

Attached at Appendix A to the report, was the WSCSP Plan 2019-2022, which was required to reflect the Suffolk Police and Crime Plan published by the Police and Crime Commissioner.

A review of the WSCSP action plan and strategic assessment was completed in June 2020 and following discussions with statutory partners the strategic assessment and action plan was formally agreed by the WSCSP Responsible Authorities in September 2020. Based on the outcomes of partnership discussions, the following priorities remained the focus of the WSCSP:

- County Lines.
- Violence against women and girls (including men and boys).
- Hate Crime.
- Prevent.
- Domestic homicide reviews.

Councillor Joanna Spicer wanted to thank Councillor Robert Everitt for his support over the past year and welcomed Councillor Trevor Beckwith who would be joining the WSCSP, representing West Suffolk Council, following the sad passing of Councillor Jim Meikle.

Finally, Councillor Joanna Spicer wished to thank Lesley-Ann Keogh (Families and Communities Team Leader) on producing the report through a challenging year, both in supporting the WSCSP and West Suffolk Council in her Covid work.

The Committee considered the report in detail and asked a number of questions to which comprehensive responses were provided by Councillor Spicer and officers.

In response to a question raised regarding paragraph 2.2 in the report "violence against women and girls including men and boys", members felt this was an unusual acronym and asked whether this could be expressed in a better way. Officers explained this worked linked to a government strategy which focused language on violence towards women and girls. However, it was agreed at the first county wide steering group to also include "men and boys", so all people affected by domestic abuse and sexual abuse were included. The strategy took into account 10 different types of offences, including sexual violence, stalking and harassment. The Community Safety Partnership took a holistic view to commissioning domestic abuse services.

In response to a question raised regarding Suffolk Rape Crisis, officers agreed to look into what type of programmes they offered for male victims and would provide a written response. Officers explained that Survivors in Transition and Fresh Start New Beginnings did support male victims.

In response to a question raised, Councillor Robert Everitt explained that the past year had been very difficult due to Covid-19 in that the WSCSP had not been able to engage as much as it would have liked too. However, this year the Crucial Crew initiative was being held virtually, and training packages went online to ensure engagement with partners continued.

Discussions were also held on Public Space Protection Orders, the different types of Orders, how they were enforced and how often they were reviewed; the need for more public engagement around community safety from all the agencies involved; how the WSCSP supported county lines and alcohol and drug user initiatives, and whether there were any statistics to show how initiatives had performed over the years, to which comprehensive responses were provided.

There being no decision required, the Committee **noted** the contents of the report.

113. **Collection of Council Tax and Business Rates**

[Councillor Simon Brown left the meeting at 6.09pm during the consideration of this item].

Prior to presenting the report, Paul Corney, Head of Anglia Revenues Partnership (ARP) explained it was a partnership of five councils being Fenland District Council, East Cambridgeshire District Council, East Suffolk Council, West Suffolk Council and Breckland District Council. ARP dealt with the collection of council tax and business rates and awarded housing benefits and council tax support for the partner councils.

Mr Corney then presented report number OAS/WS/21/007, which set out the approach to council tax and business rates debt recovery. The report informed the Committee on how the Covid-19 pandemic had impacted on business rates and council tax recovery, and how the recovery approaches have had to be flexed accordingly during the last year and into 2021 to support residents and businesses.

The report included information on its debt recovery approach; Covid-19 impact on recovery processes and collection; re-starting recovery; comparison of arrears and challenges for 2021, which was accompanied by a PowerPoint presentation.

The Committee considered the report and asked questions to which comprehensive responses were provided.

In response to a question raised as to whether there was likely to be any government intervention and support when furlough and self-employed income support ended in September 2021 to help with genuine hardship which might occur and the impact of income to the council, which might be severe, Paul Corney explained that ARP was yet to see what the impact might be. The Bank of England's most recent projections were more optimistic than they had been suggesting in that unemployment might not rise by as much as they had originally thought, and that the economy could bounce back a lot quicker. However, it would be a waiting game to understand how good the bounce back would be and on how many people become unemployed through the impact of covid on businesses.

In response to a question raised on how well West Suffolk Council compared with other areas for debt collection due to Covid-19, Paul Corney explained that the council had performed well compare to other Suffolk authorities.

However, there was a picture across the country of everyone suffering collection wise, with certain areas hit harder than others. Within the same period last year, the government was helping councils by helping to fund the loss of income, such as council tax. However, it was going to be interesting moving forward as there was potentially a number of people with more arrears than they would have had in previous years and therefore ARP needed to be especially sensitive to the position that people had been put in through no fault of their own due to Covid. ARP was only two months into the collection year and arrears from previous years were being paid, which ARP would continue to monitor.

At the conclusion of discussions, and there being no decision required, the Committee **noted** the contents of the report.

114. **Website Review Group Findings**

The Committee received report number OAS/WS/21/008, which set out the findings from the Website Working Party. The Group was set up following a work programme suggestion submitted by Councillor Terry Clements, attached as Appendix 1.

The Working Group comprised four councillors and met on three occasions to understand data on how the website was used; discuss their experience of using the website and agree an action plan. Between meetings members of the Group tested the website, including attempting to undertake the 10 most commonly used website functions and testing "Find My Nearest". At its last meeting the Group considered progress made on an Action Plan, which was developed during its second meeting (Appendix 2).

The Group had identified 15 improvements (Appendix 2) as result of its work, and subject to endorsement by the Committee, these were with officers to progress. Some of the actions had already been completed or were in progress.

Councillor Robert Everitt, Cabinet Member for Families and Communities wished to thank Councillor Terry Clements and the Overview and Scrutiny Committee for allowing the Working Group to carry out this piece of work and to officers for guiding the Working Group through the process.

The Committee considered the report and asked questions to which responses were provided.

In response to a question raised as to whether there was a requirement in law to have pages on its website in different languages, officers explained that there was no requirement by law to provide alternative languages as people mainly used their own language readers. The council did have a contract which made it cheaper, with a company called "language line" who were qualified translators, for example to translate documents when required. On its website, the council had an accessibility statement, and it tried to be as compliant as possible with accessibility requirements. Officers are able to undertake weekly reviews of accessibility compliance. A selection of officers across the council had also been trained as editors in uploading accessible documents and making sure information was up to date.

In response to a question asked as to whether the council's website had been created in-house, officers explained that the website was predominantly maintained by council staff.

In response to a question raised as to why councillors were not asked for their input, the Chair of the Work Group, Councillor Stephen Frost, referred members to the original terms of the review and to Appendix 2, recommended action 15 being proposed to "inform councillors of where they can raise website issues and improvements within the council", which would be an ongoing aspect of keeping the website up to date. This was specifically included to ensure that in future Councillors would have a clear avenue through which to raise any concerns they may hold about the website.

Discussions were also held on the planning portal, links to other organisations websites and search words (terminology used), to which responses were provided.

At the conclusion of discussions, the Committee **endorsed** the action plan developed by the Website Review Working Group, attached at Appendix 2 to the report, to be implemented with the support of the Portfolio Holder for Families and Communities.

115. **Review of Council Markets - Terms of Reference**

[Councillor Joe Mason left the meeting at 6.57pm during the consideration of this item].

The Committee received report number OAS/WS/21/009, which set out the proposed terms of reference for the markets review. It was proposed that five members be nominated to sit on the Working Group, which would be supported by officers to find out more about the current market trading environment, engagement would be held with key stakeholders and research undertaken, with a view to then forming a view on the strategic direction of the markets.

Councillor Ian Shipp explained that it was important that the Working Group looked at the markets strategically. The proposed five members would need to be committed to the review. The review was about looking at how the council could sustain markets for the future and put himself forward to sit in the Working Group.

Councillor Paul Hopfensperger suggested having market traders sitting on the Working Group as co-optees alongside members. In response, officers explained that the council needed to engage with the various stakeholders in the right way. Furthermore, Councillor Ian Shipp suggested holding a market trader specific meeting. Market traders would be able to feed information throughout the review process.

Councillor Marion Rushbrook suggested increasing the proposed membership on the Working Group from five to six, so all of the market towns were covered. In response officers explained it was useful to have that representation, but the markets review was about the whole of West Suffolk's strategic vision. Looking at the membership of the Committee, there were no Brandon

members on Overview and Scrutiny, but officers could see after the meeting if any Brandon members would be interested in sitting on the Group.

At the conclusion of the discussions, the Overview and Scrutiny Committee **endorses** the terms of reference as attached at Appendix 1, subject to increasing the membership to six members, and nominated the following members to sit on the Markets Review Group:

- 1) Ian Shipp (Mildenhall)
- 2) John Burns (Haverhill)
- 3) Marion Rushbrook (Smaller Markets/Clare)
- 4) Patrick Chung (Bury St Edmunds)

It was also advised that following the meeting, the Chair and officers would speak with Councillor Anderson to see if he wished to be on the Working Group for Newmarket (and if not, seek an alternative member representative for Newmarket), as well as Brandon members to seek a nomination.

[Councillor Sarah Pugh left the meeting at 7.11pm following the conclusion of this item.

Councillor Paul Hopfensperger left the meeting at 7.13pm following the conclusion of this item].

116. **Cabinet Decisions Plan: 1 June 2021 to 31 May 2022**

The Committee received report number: OAS/WS/21/010, which informed members on forthcoming decisions to be considered by the Cabinet for the period 1 June 2021 to 31 May 2022.

The Committee considered the Decision Plan, in particular "Public Access to West Suffolk Council Offices" being considered by Cabinet on 29 June 2021. Councillor Burns had read the proposals for staff working and asked how that would interact with public access and staff being in the office to see people, and whether that was covered in the proposed report to Cabinet. Officers explained that the council was working through the Government's rules and regulations and was looking at various options for the different offices, how people access our services and taking lessons learnt from the past year, which would tie in with the decision made about staff coming back into the offices.

There being no decision required, the Committee **noted** the contents of the 1 June 2021 to 31 May 2022 Decisions Plan.

117. **Work Programme Update and Councillor Call for Action Submission**

The Committee received report number: OAS/WS/21/011, which updated members on the current status of its rolling work programme of items for scrutiny during 2021-2022 (Appendix 1), the submission of a Councillor Call for Action (CCfA) request by Councillor Trevor Beckwith and the nomination of at least one member to the Modern-day Slavery Working Group.

Councillor Trevor Beckwith introduced the CCfA entitled "Impact of the Eastern Relief Road and A14 Junction 45 on the Moreton Hall Residential Area, attached at Appendix 2 to the report. Councillor Beckwith referred to the CCfA Protocol and explained that his submission met the requirements of the Protocol as the matter directly affected his ward; accepted that there was no guarantee of a successful resolution but was optimistic that the Committee would consider the issues and merit recommendations; and the CCfA was the last resort and had provided evidence set out in Appendices 2 – 7 that all relevant mechanisms and resources available had been exhausted.

Councillor Beckwith explained that the construction of the Eastern Relief Road was a joint venture between Suffolk County Council, the then St Edmundsbury Borough Council and the LEP, to provide access to the huge expansion at Suffolk Park/Suffolk Business Park. Additionally, Junction 45 of the A14 trunk road underwent a major upgrade to improve access to the new road. The project cost was estimated to be £15m but there was an overspend of £4.8m. Much of the overspend was to comply with Highway England requirements at Junction 45. The business parks include massive warehousing and distribution centres that generate increasing numbers of HGV journeys. Unfortunately, the HGV increase was adversely impacting on several residential areas of the Moreton Hall estate despite the junction upgrade.

Documents attached to the CCfA demonstrated that all reasonable attempts to resolve the issue had been taken over the last three years, but the responses demonstrate that the matter was not being progressed. This was not part of a personal agenda but the response by an elected member to the frustration and annoyance at the avoidable loss of amenity for a large section of the residential community.

Councillor Beckwith hoped the committee would agree to a formal hearing so it could hear from local residents, a representative from the local residents' association and representatives from the business parks, increasing reasons to be optimistic that the committee would be able to make recommendations to benefit all concerned. This was a reputational issue for everyone involved.

Councillor Cliff Waterman supported the CCfA requested and explained the issue also impacted on his ward and acknowledged there was a high level of frustration with resident's and agreed it was a reputational issue.

Other members of the Committee also indicated they supported Councillor Beckwith's CCfA submission for inclusion in its forward work programme.

The Committee then considered the request to nominate at least one new member from the Overview and Scrutiny Committee to replace Councillor Ingwall-King on the Modern-Day Slavery Working Group who resigned as a West Suffolk Councillor in March 2021. The Committee felt that Councillor Julia Wakelam who would be replacing Councillor Ingwall-King on the Committee might be interested in sitting on this Group and agreed to defer this item to its next scheduled meeting on 8 July 2021 for further consideration.

At the conclusion of discussions, the Committee:

- 1) **Noted** the current status of topics currently scheduled in its rolling work programme for 2021, attached at Appendix 1;
- 2) **Deferred** nominating a Councillor to sit on the Modern-Day Slavery Working Group until it's 8 July 2021 meeting; and
- 3) **Accepted** the CCfA for inclusion into its forward work programme.

The meeting concluded at 7.29pm

Signed by:

Chair

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Overview and Scrutiny Committee

(non-decisions making virtual meeting)

Minutes of a meeting of the **Overview and Scrutiny Committee** held on **Thursday 8 July 2021** at **5.00 pm** facilitated by MS TeamsLive virtual meetings platform.

Present **Councillors**

Chair Ian Shipp
Vice Chair Stephen Frost

Trevor Beckwith
Mike Chester
Patrick Chung
Terry Clements
Diane Hind
Paul Hofensperger

Margaret Marks
Joe Mason
Sarah Pugh
Marion Rushbrook
Julia Wakelam

In attendance
John Griffiths, Leader of the Council

118. **Remembrance**

Before commencing business, all members were asked to ensure their microphones were muted and observe a minute's silence in remembrance of Councillor John Smith who had sadly died recently. A statement of condolence was given by Councillor Ian Shipp, reflecting Councillor Smith's contribution during his time on the Council.

119. **Substitutes**

No substitutions were declared.

120. **Apologies for absence**

Apologies for absence were received from Councillors Simon Brown and Tony Brown.

121. **Declaration of interest**

Members' declarations of interest are recorded under the item to which the declaration relates.

122. **Announcements from the Chair regarding responses from the Cabinet to reports of the Overview and Scrutiny Committee**

The Chair informed members he attended Cabinet on 29 June 2021 and presented the Committee's report from its meeting held on 10 June 2021.

The Chair updated Cabinet on the report presented by Councillor Joanna Spicer, Chair of the Western Suffolk Community Safety Partnership, Paul Corney, Head of Anglia Revenues Partnership on the collection of council tax and business rates, the findings from the Website Working Group and the Councillor Call for Action submission, which were noted by Cabinet.

The Chair also updated the Committee on two matters discussed at its last meeting. Firstly, four members came forward to serve on the markets review, but we were missing representatives from Newmarket and Brandon. The Chair was tasked with approaching Councillor Michael Anderson, who was unable to attend the June meeting, as to whether he would represent Newmarket. The Chair was pleased to confirm Councillor Michael Anderson was happy to do so, whilst Councillor David Palmer had come forward to represent Brandon.

Secondly, the Committee discussed the scheduling of the Councillor Call for Action (CCfA). As noted at the previous meeting, Suffolk County Council had a Council meeting on 8 July which presented a potential clash with the Overview and Scrutiny Committee. There had also been a change of Portfolio Holder at Suffolk County Council. The Chair had written to the new Portfolio Holder, Councillor Richard Smith, who had responded to indicate he wanted to get up to speed on the issues raised in the CCfA. The Chair very much hoped that meant the CCfA could be scheduled to be considered on 2 September 2021.

123. Public participation

No members of the public had registered to speak.

124. Draft West Suffolk Annual Report (2020-2021)

[Councillor Margaret Marks joined the meeting at 5.24pm during the consideration of this item.]

The Leader of the Council, Councillor John Griffiths thanked the Committee for the opportunity to present Report No: OAS/WS/21/012, which outlined the draft West Suffolk Councils' Annual Report (2020-2021) and was before the Overview and Scrutiny Committee for their comments.

It had been an unprecedented year and the Council had seen its communities and businesses experience immense change, challenges, and pain. Throughout this the Council had seen dedication, support and community spirit which makes West Suffolk such a very special place to live and work.

West Suffolk Council had been at the forefront as it responded to and began to recover from the impact of Covid-19. The Council had worked across Suffolk, and with partners, as never before and developed working relationships that would benefit all as we look to the future. Staff and Councillors had risen to many unexpected and difficult challenges and worked in ways and at a pace that had been impressive, flexible, and innovative. The Council had also played its role in the national response, delivering what Government had asked, and much more.

As part of the response to COVID-19, the Council had administered grants to local businesses and enforcement teams had helped make sure business owners had the right advice and support to operate safely. The Home but Not Alone initiative had supported local vulnerable people and the Council responded to the government's 'Everyone In' initiative which saw rough sleepers receive accommodation and support. At the same time, the Council never lost sight of its core values of supporting our communities and businesses whilst delivering high quality services. As an organisation the Council continued to run the critical services of waste and recycling, determined planning applications and the families and communities work continued to help local organisations and lifelines such as Life Link. A number of significant projects had also been delivered, including the refurbishment of Newmarket Leisure Centre and the final stages of the completion of the Mildenhall Hub, which would provide better services for local people.

During 2020 to 2021 Suffolk's Public Sector, including West Suffolk Council, worked together to agree a strategic approach for how Suffolk would recover from the coronavirus pandemic. Suffolk Public Sector Leaders' priorities were physical and mental health, town centres, housing and homelessness, young people and climate and environment. The proposals would work alongside individual organisations plans to support recovery among Suffolk residents and businesses.

The draft West Suffolk Council Annual Report (Appendix A) before the Committee provided highlights of all the work that all members and staff had achieved over the past year. The annual report was a small insight into the good work and positive outcomes which the Council delivers day in and day out. The Leader wished to thank everyone involved on delivering another excellent year of achievements during a difficult time which was fast-moving and ever-changing. The Council had never been busier or had greater challenges to face.

The Council was continuing the approach taken in the 2019-2020 Annual Report, by producing a shorter document using infographics, as opposed to the full written report. Feedback received suggested that infographics gave a stronger and more easily digestible summary of the Council's work and could be used in a number of ways, including for example, for briefing materials and social media. The Leader confirmed that the infographics would be include in the final document, which would be presented to Cabinet.

The Chair thanked the Leader for his presentation and explained he liked the shorter version of the Annual Report which could be taken to Town/Council meetings as a briefing document, and suggested whether contact details could be added under each section of the report.

The Committee then examined the document in detail and asked a number of questions of the Leader, to which comprehensive responses were provided.

In particular discussions were held on the level of support provided to the Love Newmarket Business Improvement District; the park home insulation scheme; the swift distribution of the business grant schemes during Covid-19; work being carried out with health partners across West Suffolk; and the

development of a communications plan to explain the role of the Annual Report.

Comments and suggestions made by the Committee during its discussions on the draft Annual Report, for example included:

- Adding contact details under each section of the Annual Report;
- Growth in West Suffolk's economy - first bullet point, amend '£70,000,000' to read "£70 million"
- Highlighting more of the work carried out by West Suffolk Council on the distribution of business grants.
- Provision of appropriate housing – suggest listing the various types of dwellings built, specifically the number of bungalows built for lifetime homes;
- Include wording about the Council working in other towns with health partners and other partner organisations such as with One Haverhill to develop a Haverhill Hub;
- Environmental measures – due to lockdown/Covid-19 ensure that environmental figures do not look artificially bad next year (2021-2022).

Officers agreed to look at the comments and suggestions and would be incorporated into the final document, where appropriate, to be presented to Cabinet.

The Leader of the Council wished to thank the Overview and Scrutiny Committee for scrutinising the draft Annual Report and for their comments.

At the conclusion of the discussions, the Committee endorsed the Draft West Suffolk Annual Report 2020-2021, attached at Appendix A to Report number OAS/WS/21/012, subject to comments made during the meeting.

125. **Appointments to Outside Scrutiny Bodies (2021-2022)**

The Committee received Report No: OAS/WS/21/013, which sought nominations (annually), for one full member and one substitute member to serve on the Suffolk County Council's Health Scrutiny Committee for 2021-2022.

The Health Scrutiny Committee was responsible for scrutinising wellbeing and health services across the County and meets four times a year. The Committee had 10 members in total: five county councillors and one co-opted representative from each of the district and borough councils in Suffolk. Attached at Appendix 1 to the report was an extract from the SCC's constitution, setting out the role of the Health Scrutiny Committee.

The Committee considered the report for the position of the West Suffolk Council's nominated representative on the Suffolk County Council Health

Scrutiny Committee. One nomination was received from Councillor Joe Mason for Councillor Margaret Marks to continue on the Health Scrutiny Committee, which was supported by Councillor Patrick Chung.

Councillor Joe Mason explained why he felt Councillor Margaret Marks was an excellent full representative on the Health Scrutiny Committee for West Suffolk Council given her extensive background in the health profession and participation in various health organisations and initiatives over many years.

The Committee then considered the substitute position on the Health Scrutiny Committee. Councillor Mike Chester advised he was happy to act as the interim substitute, which was supported by Councillor Margaret Marks.

At the conclusion of its discussions, the Committee requested that Council be asked to confirm at its next meeting the appointments of Councillor Margaret Marks as the full representative and Councillor Mike Chester as the interim substitute representative to the Suffolk County Council Health Scrutiny Committee for 2021-2022.

126. **Cabinet Decisions Plan: 1 July 2021 to 31 May 2022**

The Committee received report number: OAS/WS/21/014, which informed members on forthcoming decisions to be considered by the Cabinet for the period 1 July 2021 to 31 May 2022.

The Committee considered the Decision Plan and asked questions on "Delivering a Sustainable Budget 2022 to 2023" and the "Environment Action Plan" reports, to which responses were provided. In particular, the Committee raised questions on the following:

- The "West Suffolk Rural Task Force Action Plan Update" report being considered by Cabinet on 21 September 2021. The Committee asked how the recommendations of the Rural Task Force were being incorporated into the Local Plan, to which officers agreed to provide a written response.
- The "Applications for Community Chest 2022-2023" report being considered by Cabinet on 8 February 2022. The Committee asked how the awarding of the community chest process worked. Officers explained the community chest work was led by the Grant Working Group and agreed to provide a written response on the process.

There being no decision required, the Committee **noted** the contents of the 1 July 2021 to 31 May 2022 Decisions Plan.

127. **Work programme update**

The Committee received Report number OAS/WS/21/015, which updated Members on the current status of its rolling work programme of items, and items currently agreed but had yet to be programmed for 2021 as attached at Appendix 1. It also set out information seeking at least one new member from the Committee to replace Councillor Ingwall-King on the Modern-Day Slavery Working Group.

The Committee considered the request to seek at least one new member from the Overview and Scrutiny Committee to replace Councillor Ingwall-King on the Modern-Day Slavery Working Group who resigned as a West Suffolk Councillor in March 2021. At the time of the meeting, no members came forward to sit on the Working Group.

Councillor Diane Hind informed members she had produced a small report on "anti-idling" on the work carried out by the Residents Working Group which had been emailed to the Committee for information. As a follow-up to this, Councillor Diane Hind agreed to complete a work programme suggestion form for the Committee's consideration at its September 2021 meeting, focusing on anti-idling, 20 mile and hour speed limit and improving air quality around our towns. This piece of work was originally raised by Councillor Lisa Ingwall-King in January 2020.

A member of the Committee raised a question regarding the street trading and vending policy, which had previously been scrutinised by the St Edmundsbury Borough Council's Overview and Scrutiny Committee over a course of several months and questioned whether this was now due for review. Officers explained that the Council would be looking at the policy in the near future as reported to all members in March 2021 and agreed to provide a written response on the proposed time frame for carrying out this piece of work.

At the conclusion of discussions, the Committee:

1. **noted** the current status of topics currently scheduled in its rolling work programme for 2021, attached at Appendix 1;
2. **noted** that following the meeting, the Chair would seek a volunteer to replace Councillor Lisa Ingwall-King on the Modern-Day Slavery Working Group.
3. **noted** Councillor Diane Hind agreed to complete a work programme suggestion form setting out the scope for an update on Anti-Idling for the Committee to consider at its meeting on 2 September 2021.

The meeting concluded at 6.13pm

Signed by:

Chair



Consideration of Councillor Call for Action - Impact of the Eastern Relief Road and A14 Junction 45 on the Moreton Hall Residential Area

Report number:	OAS/WS/21/016	
Report to and date:	Overview and Scrutiny Committee	2 September 2021
Chair of the Committee:	Councillor Ian Shipp Telephone: 07368 134769 Email: ian.shipp@westsuffolk.gov.uk	
Lead officer:	Christine Brain Democratic Services Officer (Scrutiny) Telephone: 01638 719729 Email: christine.brain@westsuffolk.gov.uk	

Decisions Plan: This item is not included in the Decisions Plan.

Wards impacted: Moreton Hall

Recommendation: It is recommended that the Overview and Scrutiny Committee could:

1. Determine that there is no viable solution to the issue and choose not to make any report or recommendations.
2. Determine that the issue is too complex for determination today, and that it requires further investigation.
3. Make recommendations on the CCfA to the Cabinet or any relevant partners.

1. Context to this report

1.1 Councillor Call for Action

1.1.1 Councillor Call for Action came into force on 1 April 2009 and provides a mechanism whereby any member of the Council may refer to the Overview and Scrutiny Committee any local government matter or any crime and disorder matter which affects their ward/division.

1.1.2 On 10 June 2021 Councillor Trevor Beckwith submitted a CCfA entitled "Impact of the Eastern Relief Road and A14 Junction 45 on the Moreton Hall Residential Area" for the consideration of this Committee. His submission form required under the Council's constitution is attached to this report as **Appendix 1** including additional information attached as **Appendices 2 - 6**. Councillor Trevor Beckwith presented the CCfA form to the Committee, and the Committee resolved that a hearing be held in respect of this issue.

2. Proposals within this report

2.1 Today's Hearing

2.2.1 Today's hearing will be run along the lines of a call-in hearing, in that the Committee will gather as much information as possible from a variety of organisations and witnesses who have been involved in this issue. **Appendix A** to this report provides a meeting plan setting out the order of speakers and witnesses who have been invited to the meeting.

2.2.2 At **Appendix 7** (report **to follow**) is written report from Suffolk County Council, and at **Appendix 8** photographic evidence from a witness for the Committee's information.

2.2 Responsibilities of the Committee

2.2.1 The responsibility of the Committee today is to gather evidence with regard to this issue, including background information and potential resolutions. There are then three options open to the Committee:

- The Committee could determine that there is no viable solution to the issue, and choose not to make any report or recommendations;
- The Committee could determine that the issue is too complex for determination today, and that it requires further investigation;

- The Committee could make recommendations on the CCfA to the Cabinet and/or any relevant partners.

3. Appendices referenced in this report

- 3.1 **Note:** In line with Data Protection guidance, some documents listed below have been redacted to protect the identity of correspondents.

Appendix A – CCfA Meeting Plan

Appendix 1 – Councillor Call for Action Request Form

Appendix 2 – CCfA SCC post meeting letter – 5 October 2018

Appendix 3 – CCfA Complaint against SCC

Appendix 4 – CCfA Stage 1 response and email exchange

Appendix 5 – CCfA SCC final response to complaint

Appendix 6 – CCfA Map

Appendix 7 – Written Report from SCC Cabinet Member (**to follow**)

Appendix 8 – Melanie Soanes (Witness) – Photographic Evidence

4. Background documents associated with this report

- 4.1 None

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Meeting Plan

This Plan has been prepared using the Councillor Call for Action Protocol which forms part of the Council's Constitution.

Chairman: will set the scene for the item and welcome witnesses.

Councillor Trevor Beckwith will be invited to present his reasons for bringing the CCfA to the Committee. A question-and-answer session will follow if members require, but there will be a further opportunity after all the presentations, when members of the Committee have all the information.

Councillor Richard Smith, MVO, Suffolk County Council Cabinet Member for Economic Development, Transport Strategy and Waste. Unfortunately, Councillor Richard Smith is unable to attend the meeting. However, he has agreed to provide a written report (**to follow Appendix 7**), incorporating some questions provided to him in advance of the meeting.

Kerry Allen, Principal Transport Towns Planner and **Clive Wilkinson** from Suffolk County Council will be in attendance to answer any questions.

Witnesses: The Chairman will lead the questioning of each witness:

(Developers)

1. **Jason Newman**, Construction Director, Jaynic (the developers for Suffolk Park site) and **Mark Geddes**, Transport Consultant for Jaynic (from Richard Jackson Ltd), will be invited to make presentations outlining the points they would like to raise in relation to this issue. A question-and-answer session will follow.
2. **Stephen Clark**, CEO of Churchmanor Estates, will be invited to make a presentation outlining the points he would like to raise in relation to this issue. A question-and-answer session will follow.

(Affected residents)

1. **Robert Houlton-Hart** (Secretary of Moreton Hall Residents' Association) will be asked to put any relevant points to the Committee, and to outline how this issue has affected him and other Moreton Hall residents.
2. **Melanie Soanes (Appendix 8)** and **Michael Crichton** (local residents) will be asked to put any relevant points to the Committee, and to outline how this issue has affected them.

Discussion/debate: Following questioning of witnesses, Members will discuss the issue and may ask further questions, which may arise during the debate.

Councillor Trevor Beckwith will be invited to put any final points to Members before the **Chairman** concludes the debate and calls for recommendations to Cabinet, and/or the Council's partner organisations. He will also take any further questions from the Committee.

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Councillor Call for Action Request Form

This form should be used by any Councillor who would like the Overview and Scrutiny Committee to consider a Councillor Call for Action in their ward.

Councillor: Trevor Beckwith

The Ward you represent: Moreton Hall, Bury St Edmunds.

Title of your Councillor Call for Action:

Impact of the Eastern Relief Road (ERR) and A14 Junction 45 (J45) on the Moreton Hall Residential Area

Date of Submission:

7 April 2021

Please give a brief synopsis of the main areas of concern, including any community groups affected by the CCfA

Since the opening of the ERR and improved J45 in September 2017, HGV traffic in residential areas, notably Orttewell Road, Bedingfeld Way and Skyliner Way has increased to an unacceptable level with serious negative impact on residential amenity through noise, vibration and pollution, frequently from 05.30 onwards and throughout the day.

Evidence Section

Which organisations have you contacted in trying to resolve this issue (please attached relevant documentation)

Note: Employment land served by the Eastern Relief Road is divided between Suffolk Park and Suffolk Business Park. For ease, I refer to the area as "Suffolk Park".

Note: Reference is made to a complaint against Suffolk County Council. The complaint includes issues regarding congestion at access points on the estate but do **not** form part of this CCfA.

Frequent contact with Suffolk County Council (SCC) Highways officers and cabinet members and a 2018 meeting with Highways officer and West Suffolk Council planning officer. A post-meeting letter from SCC, dated 5 October 2018 (**Appendix 2**), is attached. The letter attempts to deal with HGV concerns by stating that Orttewell Road has sufficient road space and that pedestrians have footpaths providing safe passage around the area. That is not disputed but footpaths do not address noise, pollution and vibration from HGV's. The letter raises concern that weight restrictions could cause HGV's to use more unsuitable roads. This is an obvious risk but confirms the need for the matter to be dealt with comprehensively throughout the Moreton Hall area. The letter claims that HGV traffic at that time had reduced significantly following the opening of the ERR. This is disputed but even if accurate, does not address the current situation.

June 2020; Formal complaint against SCC (**Appendix 3 and 4**) are attached. The complaint referred to residential streets with the emphasis on Orttewell Road. The level of HGV disturbance on Bedingfeld Way has increased significantly more recently as Suffolk Park expands.

January 2021; SCC final response to complaint (**Appendix 5**).

February 2021; Referral to the Local Government and Social Care Ombudsman (LGSCO).

March 2021; I contacted Highways England (responsible for the A14 trunk road) regarding installing directional signs on the A14. They agree to investigate, subject to the signs being funded. I await an estimate of costs.

What responses have been received from those organisations, and how do those responses demonstrate that the matter is not being progressed? In particular, have the organisations been given sufficient time to progress the issue (please attach relevant documentation)

The meeting with highways and planning officers took place in 2018. Briefly, the response stated that affected dwellings are bordering roads categorized as suitable for all traffic.

The formal complaint response concluded that while SCC did not question the impact of HGVs and other traffic congestion in the Moreton Hall area, they are satisfied that Bury St Edmunds Transport Strategy and Suffolk's Local Transport Plan 2011-31 addresses it. They disagree that there are other interventions the council should be undertaking and the solutions put forward are not achievable given current budget constraints.

Reference to the two documents quoted gives no confidence that any of their vague indications will be achieved even in the medium to long term. The LTP is half-life expired but nothing additional to benefit Moreton Hall has come forward.

The single positive outcome from the complaint was agreement that Moreton Hall is not a "mixed" estate and that the commercial and retail areas to the south are distinctly divided from residential areas in the north.

The LGSCO declined to investigate because I, as a resident, am not sufficiently affected (a councillor cannot complain about their council and I was treated as an individual resident).

Has the Committee considered a similar issue recently – if yes, please evidence how the circumstances or evidence have changed

No

Is this a case that is being or should be pursued via the Council's corporate complaints procedure?

No

Is it relating to a "quasi-judicial" matter or decision such as planning or licensing?

No

Is there a similar or related issue which is the subject of a review on the current work programme?

No

Is this an issue currently being looked at by another form of local scrutiny, eg Suffolk County Council?

No. The option of SCC scrutiny was considered but despite the complaint being submitted in June 2020, time ran out because of the delayed final response from SCC, received on 5 January 2021, seven months after submission (they apologized), followed by the LGSCO process. The county council entered pre-election purdah on 25 March. I lost my SCC seat in the election.

As with all scrutiny, does the matter referred have the potential for scrutiny to produce recommendations which could realistically be implemented and lead to improvements for anyone living or working in the referring member's ward? Please provide details.

Yes. It's important to note that the community (Moreton Hall Residents' Association, individual residents and myself) accepted the creation of the ERR to facilitate expanding the employment land at SP. However, HGV's (legally) transiting through streets bordered by residential properties is having a serious adverse impact on residential amenity with regular early morning disturbance affecting sleep and continuing disturbance throughout the remainder of the day.

The adverse effects of HGV's on Orttewell Road also affects this primary walking route to Sebert Wood CP School, the adjacent equipped play area and sports field, pedestrian access to the community facilities, including GP surgery, pharmacy, community centre, convenience store and much more. Secondary impact includes damage to grass verges and to the roundabout at the junction of Symonds Road.

The noise from HGV's on Bedingfeld Way is exacerbated by the mini roundabout at the junction of Easlea Road. The centre of the roundabout is a raised dome, designed to be over-run by large vehicles. An ill-conceived design feature that was certain to create unnecessary noise, for example, from vehicles accessing the Greene King bottling plant at Kempson Way, with thousands of transported bottles, bumping over the roundabout. The addition of SP traffic has generated additional unacceptable disturbance.

It is also important to note that SP development to date is predominantly massive warehousing and distribution, all dependent of large vehicles with some 24/7 operations. The largest warehouse, operated by Weert, is proposed to employ 600 people in three shifts.

Contact between one directly-affected resident and businesses using roads through residential areas as a shortcut has been met with sympathy and understanding.

In their final response to my complaint, SCC do not question the impact of HGV's. However, as a statutory consultee on planning applications, it is reasonable to expect the consequences of a massive new business park, served by a brand-new road and restructured junction of the A14, to have been anticipated. It is also reasonable to expect deliverable and funded, mitigation measures being in place to prevent unwanted consequences for the residential population. Instead, following a £4.8m overspend on the ERR, SCC are unable to offer any hope for residents other than reference to Suffolk's Local Transport Plan and the Bury St Edmunds Transport Strategy that have negligible reference to HGV's, stating;

The A14 provides several points of access to Bury St Edmunds. There are four junctions, from J42 to J45. The impacts on these junctions are required to be considered by the significant development sites and have also been identified as key areas for improvement in the Suffolk Chamber of

Commerce A14 Initiative. The County work closely with Highways England to consider the impact of all the significant development sites in Bury St Edmunds. The Eastern Relief Road will provide on and off slip road improvements to J45.

The results of SCC "close work with Highways England" should be of interest as the emphasis in the SCC documents concentrates on how to reduce car use.

Much of the £4.8m overspend on the ERR was to satisfy Highways England requirements regarding improvements to the subsequently underused J45.

Solution

If Orttewell Road was weight restricted, HGV's leaving Suffolk Park at J45 and heading north or north east would stay on the A14 (westbound) and exit at J43 (British Sugar), then onto the A134 to Thetford or A143, Compiegne Way, towards Diss. Similarly, all HGV traffic heading to Suffolk Park from the west would continue on the A14 past J44 and exit at J45 (**Appendix 6 – Map**).

Although a longer route, restricting HGV's to A-class roads would avoid the congestion caused by single-way working at the Orttewell Road rail bridge, introduced by SCC to prevent HGV's striking the bridge.

Bedingfeld Way is slightly less straightforward as HGV's have always used it to access the Retail Park and must continue to do so. That level of movement was acceptable to the community but, importantly, as the Retail Park was completed many years ago, the need for increased HGV movement cannot be justified. The increase can only be attributed to the opening of the ERR and Suffolk Park. The SCC cabinet member for Highways has stated, via email, that SCC would expect HGV's from the west to use the congested J44 (Sainsburys) as the shortest route to Suffolk Park. It is shorter but is not as straightforward as staying on the A14 to J45. In normal times, J44 is heavily congested, a fact acknowledged by Highways England and SCC. There is no justified reason why Bedingfeld Way cannot be returned to pre ERR/Suffolk Park levels of HGV traffic.

Following my request to Highways England to consider signs pre J45 westbound and pre J44 eastbound, they responded as follows;

I will get in touch with our Third Party Works team and ask for a rough estimate of the total cost for 2 signs similar to the one below but which state "For Suffolk Business Park use Junction 45."



If HGV traffic leaving Suffolk Park was similarly signposted to J45 from within the site, levels in residential areas would be improved. Many in the residential community want to know why J45 was upgraded at huge expense to facilitate access for heavy vehicles when SCC are content for any route to be used.

The Suffolk Park website states (note: the ERR is now called Rougham Tower Avenue);

Suffolk Park is strategically located adjacent to Bury St Edmunds' established primary out-of-town commercial, retail and trade location. It is situated between the A14 dual carriageway and the new Rougham Tower Avenue which provides direct access to the A14 at junction 45, just 1.4 miles to the east. The A14 provides the main arterial route for the region, linking the Port of Felixstowe in the east with Cambridge, the M11 and the wider motorway network in the west.

These measures would also reduce HGV traffic on Skyliner Way that is restricted in width throughout its length because of on-street parking from adjacent business premises.

It is accepted that some HGV's need access but must be limited as follows;

On Bedingfeld Way; servicing of Retail Park premises (Sainsburys) and Easlea Road (Homebase, Currys, FDS, Dunelm Mill car dealerships etc.).

On Orttewell Road; servicing of Lawson Place businesses (Tesco Express, Moreton Hall PH etc.).

Kempson Way; Servicing of edge of retail park businesses (Greene King bottling plant, car dealership etc.) but the ERR could be the preferred route.

Consultation leaflets were delivered to residents adjacent to the affected streets with over 90% of residents affected by HGV traffic supporting better management, leading to reduced levels.

So, the community confirm there is a problem, the residents' association know there is a problem, the former county councillor knows there is a problem, SP businesses know there is a problem and SCC know there is a problem. Hopefully, independent scrutiny will encourage SCC to deal with the problem.

Is the CCfA currently the subject of legal action by any party (to your knowledge) or is being examined by a formal complaints' process?

No

Are there any deadlines associated with the CCfA of which the Overview and Scrutiny Committee needs to be aware:

No

Please complete and return the form to either:

West Suffolk Council
Christine Brain (Scrutiny Officer)
West Suffolk House
Western Way
Bury St Edmunds
Suffolk
IP33 3YU

West Suffolk Council
Christine Brain (Scrutiny Officer)
District Offices
College Heath Road
Mildenhall
Suffolk
IP28 7EY

(April 2019)

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Your Ref:
Our Ref:
Date: 5th October 2018
Enquiries to: [REDACTED]
Tel: 01473 264429
Email: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

Thank you to you and [REDACTED] for your time to meet with me and [REDACTED] to discuss the issues raised in your letters. For your records, I have included an account of the discussion we had at our meeting on Monday, 24th September.

The issues that were discussed include:

- Housing and commercial development and the delivery of transport infrastructure, of which a range of schemes from highway improvements to public transport funding were mentioned that will support growth in the area.
- The effectiveness of the Eastern Relief Road to remove traffic from local roads. Information was provided on the number of vehicles using the road each day. You also asked for clarification on the data (in particular the months) that were compared for the numbers of vehicles using Bedingfeld Way.
- The impact of HGVs on Orttewell Road.
- Improvements to A14 Junction 44 and the Eastbound slip road.
- Rougham Hill and the impact on Bedingfeld Way.

During our discussion, some of the issues you and [REDACTED] raised required further information and I am now in a position to provide that detail.

Eastern Relief Road

As discussed at our meeting, a recent study observing traffic flows in May 2018 to capture the number of vehicles using what is known as the Eastern Relief Road shows that there is a daily usage of 3,539 vehicles.

In a previous letter to you, figures were presented on the numbers of vehicles using Bedingfeld Way over two periods. The data was taken from Automated Traffic Counters from the months of August – September (2013) and June – July (2018). Although the data taken from the two periods includes a month that is in the school holidays, it also has a month where traffic would have been considered 'normal', so is a fair comparison. When comparing the data taken from vehicle flows in May 2018 with the August – September 2013, at a time when it could be argued that the 2013 data would show a lower amount, there is still a 32% decrease in traffic on Bedingfeld Way being shown in the May 2018 figures.

The other issue concerning Bedingfeld Way related to the high number of large construction traffic that is being routed along it from Suffolk Business Park. A condition was attached to control the route HGVs used to travel to Suffolk Business Park from the A14. Please note that this condition only applies to the western half of the whole business park and will only relate to subsequent Reserved Matters that follow on from the consent it is attached to. I have attached the wording from the condition (**Condition B36 of DC/16/2825/OUT**) below:

'In so far as is practicable all vehicles 7.5 tonnes and over serving any business on the hereby approved site shall use junction 45 of the A14 if it is available when exiting the A14 unless otherwise agreed in writing with the Local Planning Authority.'

Reason: To make large vehicles avoid accessing the site hereby approved by using part of the highway network which goes next to residential properties.'

Heavy Goods Vehicles (HGV)

In the last letter to you, information was provided on the number of HGVs using Orttewell Road, which has reduced by 30%.

I have asked Suffolk Highways to investigate the issues raised by local resident [REDACTED]. Officers have concluded that the road does have sufficient road space and that pedestrians and cyclists do have safe passage around the area. On Orttewell Road there is a segregated path that is located a distance from the carriageway on the south side and another path on the north side that is completely separated from the highway and leads to the commercial area (Lawson Place). Both footpaths lead to the underpass which connects to Symonds Way (where two primary schools are located) and walking and cycling routes on the north side. A signalised crossing is located on the junction between Orttewell Road and Symonds Road. There is also a number of small roundabouts to reduce the speed of vehicles. The road is therefore more suitable for HGV use than other highways in Suffolk.

Weight restrictions are primarily now funded through parish councils or County Councillor's budget (or other local funding sources). Therefore, a weight restriction can be pursued through this mechanism if either the County Councillor or Parish Council feel it is necessary. However, it is worth bearing the following information in mind: the Moreton Hall ward is a commercial and residential mix. This means that HGVs must be able to access local roads in order to service local businesses and this includes businesses located off of Orttewell Road. Any restriction on this highway to HGVs would only force HGVs to take routes on more unsuitable roads where good pedestrian and cycle path provision is not in place. It could also mean that deliveries to residential areas (large goods for example) would not be able to directly access households. If Orttewell Road is restricted, it could be that all HGVs use Bedingfeld Way. Drivers then will be routed or will find the nearest alternative method, which then in turn could cause bigger highway issues. If the problem is dispersed on a wider area, Suffolk Highways would be unable to address this.

Suffolk Highways will send a letter to HGV companies listed in [REDACTED] correspondence to ask that where possible they do not use local roads to access trunk roads or to avoid trunk roads, however as there is no restriction on Orttewell Road, HGV's are entitled to use it.

New transport schemes

As discussed at our meeting, Suffolk County Council is working closely with Highways England to address capacity issues at Junction 44 through the Road Investment Strategy 2, and the County Council has also made a bid to the Housing Infrastructure Fund to provide additional capacity on the A14 slips and under the A14 bridge.

The County Council has also been working with West Suffolk councils to deliver improvements to Rougham Hill, through the delivery of a new relief road on Sicklesmere Road that will link from the Rougham Hill Roundabout to the A134. Traffic modelling from the Abbots Vale Transport Assessment shows that this will provide a separate route for 36% of traffic travelling to Sudbury. The road is connected to the Abbots Vale development and discussions are ongoing to agree the s106. The trigger point for the road to be completed is on the development of 500 houses. As mentioned in the previous letter to you, capacity improvements are required to Rougham Hill to help reduce congestion on Bedingfeld Way.

In addition to this, a new bridleway link between Rougham Hill and Moreton Hall via the A14 Tunnel is being negotiated by Suffolk County Council and landowners. Trial holes have been dug to identify utilities and work will commence shortly to design the route. I have asked [REDACTED], Principle Transport Planner at Suffolk County Council, to keep you updated on how this scheme progresses. [REDACTED] e-mail address is: [REDACTED]

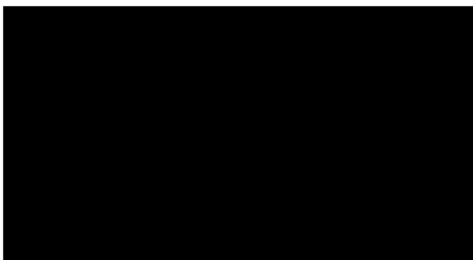
Suffolk County Council will also continue to provide sustainable transport infrastructure through working with developers, and one such example has resulted in funding for public transport services in Moreton Hall.

Thurston

Finally, we discussed the housing development in Thurston and its impact on Moreton Hall - in particular the medical centre in Lawson Place. I have provided the e-mail address of [REDACTED], Head of Primary Care at NHS England, for you to make contact. Her e-mail address is: [REDACTED]

I hope this addresses the issues you have raised.

Yours sincerely



**Principle Transport Planner
Suffolk County Council**

CC Moreton Hall Residents Association

[REDACTED]

[REDACTED]

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Complaint Against Suffolk County Council Failure to Address Highways Matters Adversely Affecting Moreton Hall, Bury St Edmunds

Outline of Complaint

Suffolk County Council (SCC) has failed to address Highways matters adversely affecting the Moreton Hall area of the Eastgate and Moreton Hall Division, specifically the following:

Unacceptable numbers of HGV's transiting through residential areas, particularly Orttewell Road.

Delay at the Orttewell Road rail bridge creating tailbacks on Orttewell Road, Barton Road and A143 Compiegne Way.

Congestion at the "Sainsbury" roundabout and A14 Junction 44 roundabout continuing the A1302 and A134 to the Southgate roundabout.

Background

The Moreton Hall area comprises a large residential estate and a large commercial and retail area. The two distinct areas are separated by Bedingfield Way and Skyliner Way running East to West, with everything to the North being residential and to the South being commercial.

The commercial area has numerous established businesses on the Retail Park, including Sainsburys, Currys, Homebase, Dunelm Mill, DFS, Jewson, ATS, Audi and many more SME's.

A new access road, now named Rougham Tower Avenue, provides access from Junction 45 of the A14 to employment land known as Suffolk Park and Suffolk Business Park. Congestion at Junction 44 (Sainsburys) remains a barrier for access to the A14, access to the town and access to the West Suffolk Hospital.

Construction of the residential area started in the 1970's and continues to expand, with a housing total of approximately 4,000 when the 500-home development at Lark Grange on Mount Road is completed.

Access to the residential area is from Junction 44 of the A14, Barton Road from Bury St Edmunds town, Compiegne Way from the North and Gt Barton and Mount Road from the East, including Thurston.

In addition to the Lark Grange development, 1,375 dwellings, school and local center are to be built at the North East Bury site at Compiegne Way, separated from Moreton Hall by just the railway line. Just to the south of Moreton Hall,

1,250 dwellings are to be built at the South East Bury site between Rougham Hill and Sicklesmere Road.

The Suffolk Park development by Jaynic and Suffolk Business Park development by Churchmanor, together comprise approximately 100 acres of employment land. Each developer website says usage is B1 (Office) or B8 (Warehouse and Distribution). Both uses, particularly B8 have the potential to generate high levels of traffic, particularly HGV's for the latter. Both websites only refer to J45 of the A14 for access, but this is not enforceable by Planning Condition.

Fig 1 identifies locations and relationship to each other. More detailed images are included where relevant.



Fig 1 General layout of Moreton Hall

Unacceptable numbers of HGV's transiting through residential areas, particularly Orttewell Road

Orttewell Road runs approximately South to North between the Bedingfeld Way/Skyliner Way roundabout and Compiègne Way. The road is bordered on the East side by Helhaw Road, Cranesbill Drive, Poppy Close, Cardinal Close, Codling, Markant Close and Fiske Close and on the West side by Downing Close, Winsford Road, Leabrook Close and Brackenwood Crescent. All of these roads are wholly residential.

Fig 2 shows the small roundabout on Orttewell Road that gives access to Symonds Road and Cranesbill Drive. Relevant details are included to highlight the following:

The roundabout is not a mini-roundabout where HGV's can drive over a painted white circle. This one needs to be manoeuvred and is usually busy as, in addition to Orttewell Road traffic, Symonds Road leads to the many community facilities, notably convenience store, primary school, GP practice and pharmacy, requiring vehicles to slow/stop and then accelerate with associated noise and diesel fumes.

The pedestrian crossing is signal controlled and forms part of a safe route to Sebert Wood CP School, the pre-school, and the many community facilities at Lawson Place. It often results in stopping and starting or slowing and accelerating with resulting noise and diesel fumes.

A recently refurbished children's play area and green gym are exposed to noise and diesel fumes from traffic at the roundabout, particularly as the hedgerow was removed at installation. The roundabout has been the scene of several vehicle collisions, increasing local anxiety over safety at the play area and travel to it.

The sports field running parallel with Orttewell Road is one of just two on the estate to serve a population of over 8,000. Diesel fumes impact on this location.

The public house beer garden attracts many customers outside during warmer months but is exposed to the consequences of HGV traffic on Orttewell Road.

Poppy Close is highlighted as the properties and gardens are lower than the road resulting in diesel emissions having an even greater adverse impact.

Lawson Place (not shown), to the left of the pub garden, contains the only non-residential elements on the residential estate but are all related to residential, including community centre, GP surgery, church, pharmacy, chiropractor, dentist, hairdresser, butcher, convenience store and coffee shop. Access to these facilities from the North and much of the East of the estate is via footpaths along Orttewell Road.

Sebert Wood CP School has good number of pupils walking, cycling, or scooting to and from school with many exposed to the impact of HGV's.

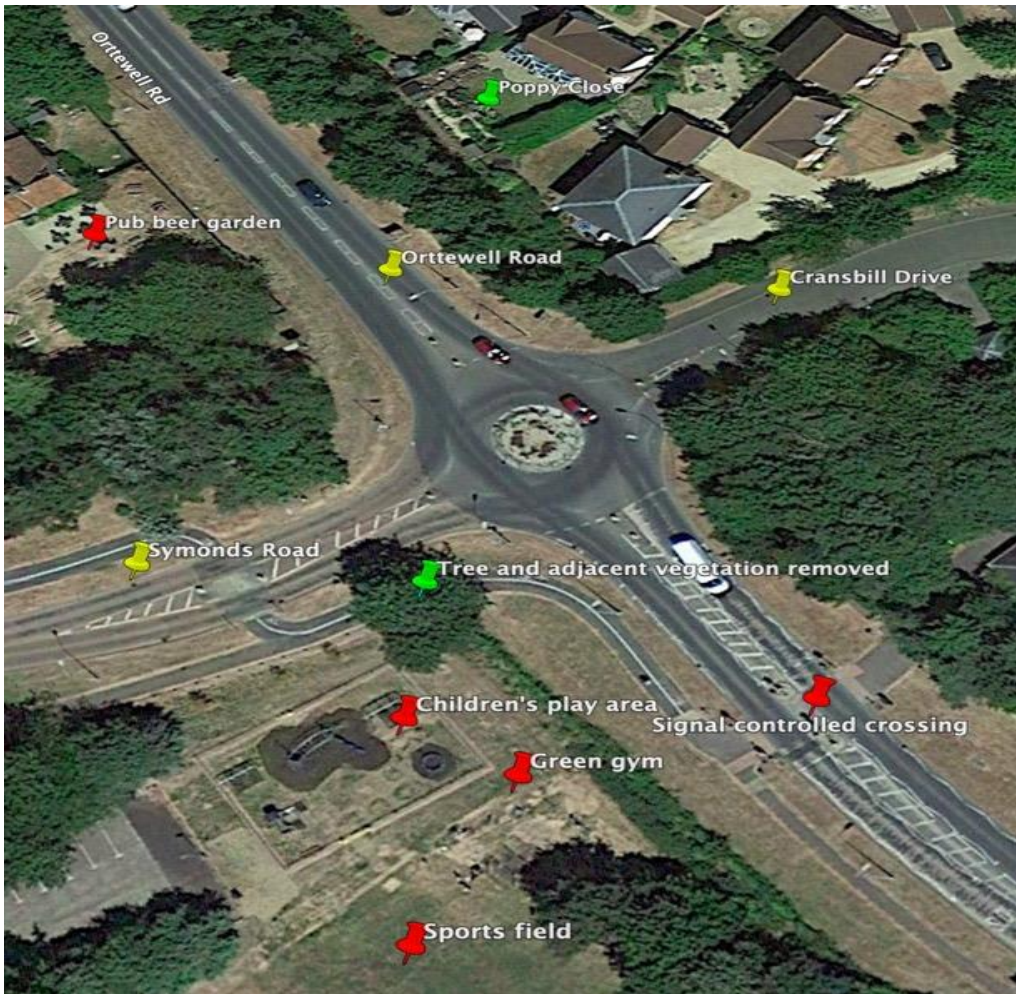


Fig 2 Junction of Orttewell Road, Symonds Road and Cranesbill Drive

Delay at the Orttewell Road rail bridge creating tailbacks on Orttewell Road, Barton Road and A143 Compiegne Way.

Further to the North (Fig 3), the problem created by HGV's using Orttewell Road is again highlighted with the signal-controlled three-way single traffic flow under the arched rail bridge. This arrangement was implemented by Suffolk County Council sometime between 2001 and 2005. The aim is to prevent HGV's striking the bridge, often resulting in road closure for inspection and/or repair. In that aim, it succeeded but the resulting delays, congestion and pollution impact on other road users and neighbouring residents is unacceptable. Network Rail confirm they will not replace the bridge thereby enabling normal two-way traffic flow, so the community are left with the consequences.

Traffic queuing at Barton Road, Orttewell Road, and A143 Compiegne Way is a constant feature for commuters and neighbouring residents. Long delays are frustrating but the situation on Compiegne way is more serious with queuing on both carriageways and around the roundabout. The situation deteriorates further during the sugar beet campaign between September and March when

HGV's accessing the nearby British Sugar factory add to the numbers. Additionally, planning application DC/19/2456/HYB proposes 1,375 dwellings (125 more than the local plan allocation) plus a local centre and primary school immediately North of the rail bridge on the South side of Compiegne Way. Agents for British Sugar have objected to the planning application because of the traffic impact on their business.

Referring to the North East Bury development site, the Local Development Framework Transport Impacts - Bury St Edmunds, carried out by AECOM and commissioned by SCC states on Page 19, Paragraph 4.37:

"This site is remote from the town centre with poor connections. There are several pinch points on the road network due to constraints with crossing the railway line. It has been assumed by AECOM that access to the site would be onto the A143 Bury Road, and thence to Mount Road. There are serious and widespread transport access implications to be resolved at this location."



Fig 3 Site of Orttewell Road rail bridge

Action to date

Reams of correspondence between myself and officers and cabinet members has failed to get the high numbers of HGV movements and congestion addressed. Similarly, the Moreton Hall Residents' Association (MHRA) and individual residents have worked tirelessly to seek resolution with representation made to all relevant parties. When the cabinet member, attended a MHRA committee meeting but despite acknowledging the issues, there has been no progress towards resolution.

Regarding congestion at the bridge, a Senior Travel Planner and I met with Network Rail to highlight the unsuitability of the arched bridge and the impact on traffic flow caused by the three-way working. Network Rail stated they will not replace the bridge. When the layout of Moreton Hall was proposed in the 1970's, plans did not include a pinch-point at such an important entrance to the estate.

Regarding the high level of HGV movement on Orttewell Road, correspondence with officers and cabinet member(s) has failed to produce a solution. A local resident, whose property overlooks Orttewell Road at the roundabout junction with Cranesbill Drive, has submitted a mass of data to SCC, detailing HGV registration numbers, time and date, company name and often images. The SCC response has been consistent in stating that Orttewell Road is suitable for all forms of traffic. Responses also claim that Moreton Hall is a mixed-use estate, which is to deny the clear demarcation between residential and commercial either side of Bedingfeld Way and Skyliner Way. More recently, I have been referred to the impending review of HGV routes in the county, but a wider review will not address the specific issue of a major HGV rat-run through a residential estate facilitated by the traffic flow restrictions.

Solution

Orttewell Road must have a full-length weight restriction applied to prohibit any vehicle that cannot pass under the rail bridge in normal two-directional flow. That would not only resolve the high numbers of HGV's unnecessarily using the road but would also enable the rail bridge to be opened up to two-way traffic flow.

Congestion at the Sainsbury roundabout and A14 Junction 44 roundabout, continuing onto the A134 at the Southgate roundabout.

Junction 44 of the A14 is frequently congested to the frustration of local residents and visitors, with vehicle queuing on the approaches to the Sainsbury roundabout from Symonds Road and particularly, Bedingfeld Way.

With reference to Fig 4, queuing continues from the Sainsbury roundabout onto the main Junction 44 roundabout with gridlock commonplace. Queuing continues along the A1302 dual carriageway to the Rougham Hill roundabout where it merges into a single carriageway and on to the Southgate roundabout. Here, traffic splits to either the A134 towards Sicklesmere/Sudbury, Southgate Street towards Bury St Edmunds or Wilks Road/Hardwick Lane towards the West Suffolk Hospital and Horringer/Haverhill.

Traffic from the 1,250 home SE Bury site will feed into the same road network. During discussions with a SCC Senior Travel Planner and West Suffolk Council planning officer, they advised that the site will include a road from Rougham Hill to Sicklesmere Road allowing traffic heading in the Sudbury direction to leave the A1302 at the Rougham Hill roundabout. They claim a third of traffic would divert via the new road, benefiting all road users. I am not convinced by this high estimate but even if accurate, it will not achieve the necessary relief at Junction 44.

Importantly and even if these predictions were achieved, the road is many years from being constructed whereas residents to the East of the town have already been suffering gridlock for years. Appointment times at the West Suffolk Hospital are determined by the expected level of congestion. Perhaps patients should follow council guidance and use public transport but to travel the three miles from Moreton Hall to the hospital entails a bus into the town-center followed by another bus back to the hospital.

The **2013** Bury Vision 2031 Draft Infrastructure Delivery Plan, Paragraph 6.4 states:

"The A14 passes through the town, as does the A143 and A134 while the A1101 starts in Bury St Edmunds. It is recognized that some of the junctions on the A14 are at capacity at peak times. The (*then*) Highways Agency, which is responsible for the management of the A14, seeks to ensure that the carriageway will not be affected by queuing at these junctions. In preparing the Core Strategy it was acknowledged that the development of some sites would not be allowed until the capacity issues has (*sic*) been resolved."



Fig 4 Layout of key elements associated with congestion at the Sainsburys and A14 Junction 44 roundabouts

On 15 May 2012, a SCC Planning Policy officer responded to the Bury Vision 2031 - Preferred Options Consultation stating:

"The St Edmundsbury Core Strategy (which was adopted in 2010 and with which all of the borough's planning policies must be in conformity) housing allocation leaves 5,900 dwellings remaining to be built in Bury St Edmunds in the period 2011-2031. This will have significant impacts on the town. The county council notes the position taken by the borough to date and therefore we will seek to work with St Edmundsbury to ensure that this growth is accompanied by adequate additional infrastructure that meets the demands of this growth. We have and will continue to work with you to refine proposals for mitigation as development plans move forward."

"A number of the county councillors for Bury St Edmunds have significant concerns regarding this level of growth."

On 7 May 2013, the document, Bury St Edmunds Vision 2031 - Transport, was sent to St Edmundsbury BC by the SCC Assistant Director (Highways and Transport). The covering letter states:

"Suffolk County Council will respond formally to your final draft Vision 2031 documents when you are ready to consult. They will include comments on the transport implications of the proposed development as they appear in your draft."

"In the meantime, this authority and St Edmundsbury Borough Council jointly commissioned consultants AECOM to carry out an assessment of eleven key junctions in and around Bury St Edmunds likely to be under pressure as a result of the development proposals as we understand them to be in September 2012 when the study was commissioned. The AECOM report is attached for information. Please note that this is a technical report produced by consultants and should not be taken as, or limiting, the county council's future response to your final draft documents that have not yet been seen by the county council."

"Views expressed by AECOM in the report about the **limitations of the modelling used and the desirability of a more comprehensive modelling approach should be noted. Such an approach does not, however, appear to be a practical possibility at this time given the likely cost.** It is considered that the modelling approach used is adequate to give a broad indication of the likely scale of impact of the developments and to test potential mitigation measures."

Para 3.12 of the AECOM report refers to A14 Junction 44 and states:

"The LINSIG model of the base case indicates problems with the A14 eastbound and westbound off-slips and Bedingfield (sic) Way (PM Peak). **Local knowledge suggests that there is actually a problem on the Bedingfield Way approach in the AM Peak which the model is not**

reporting. This is not evident in the queue length data the model was validated against. This problem could result from, for example, the A14 eastbound off-slip being given priority to enter the junction at the expense of the priority given to Bedingfield Way."

I have highlighted sections from the Bury Vision 2031 – Transport, document that demonstrate the modelling was inadequate and limited by cost. There cannot be any confidence in modelling that failed to indicate the gridlock that existed at the Bedingfield Way AM Peak.

Solution

Given the imposed constraints, such as preserving free flow on the A14 and no new access on to the A14, I do not have a solution. However, unlike SCC, I did not endorse development that was certain to exacerbate congestion on a local highway infrastructure so obviously under stress long before expansion was agreed.

The Local Development Framework: Traffic Impacts - Bury St Edmunds, Paragraph 7.25 states:

"Site 5 - Moreton Hall Extension - will need some new road connections to allow full buildout, given its relation to A14 J44 both for accessing the A14, and crossing to the town center."

On behalf of an angry and frustrated community, I agree.

Summary

Moreton Hall residents have endured highways shortcomings for too long. I have raised the inadequacy of the highway's infrastructure on numerous occasions and particularly when the district council embarked on a 6,000-dwelling expansion for the town, half of which will directly impact on Moreton Hall. Members were advised that development would not address existing problems, but measures would be introduced to mitigate the impact of expansion. While accepting we cannot assume there will be no detriment to the highway network in Bury St Edmunds, we do expect much better than what exists, particularly with so much of the agreed expansion still to come.

SCC have declined to revisit previous decisions. The example of the pinch-point created at the Orttewell Road rail bridge confirms they are content to disrupt many residents and commuters rather than deal with HGV drivers who ignore height restrictions. SCC also defend a polluting HGV rat-run through the residential estate by stating the road is categorized as suitable for all vehicles.

During the Bury Vision 2031 process, members were told of various mitigation possibilities such as UTMC, SCOOT, Smart Choices, methods to encourage a modal shift in travel habits away from the car and so on. All very laudable but nothing relevant has materialized. SCC did carry out works to the Northgate Street roundabout and Tayfen Road area and to the Spreadeagle junction. The works were not supported by local members and have had little or no impact on traffic movement, particularly to the East.

Every attempt to get SCC to address Moreton Hall highways shortcomings has failed, leaving no alternative to this complaint.

To resolve the complaint, SCC should:

- 1) Acknowledge that Moreton Hall is not a mixed estate and that development between Skyliner Way/Bedingfeld Way and the railway line is residential.
- 2) Other than for access to service the village centre or schools, prohibit HGV's from Orttewell Road to protect residential amenity.
- 3) Reinstate normal two-way traffic flow at the Orttewell Road rail bridge.
- 4) Take measures to address the queuing on Compiegne Way before construction of the North East Bury development.
- 5) Take measures to ensure that development on Suffolk Park and Suffolk Business Park does not impact on Moreton Hall residential areas or Skyliner Way and Bedingfeld Way.
- 6) Take measures to address the queuing and congestion at the Sainsburys roundabout, Junction 44 roundabout, A1302 and Rougham Hill roundabout.
- 7) Accept that a residential population of over 8,000 will never achieve sufficient numbers cycling, walking, or using public transport to significantly reduce car use for commuting to work, shopping, schools, attending hospital or living normal lives.
- 8) Work constructively with community representatives.

Covid 19

Most of this complaint was drafted before the lockdown and new ways of working were introduced. It was not my intention to add to the council's workload during difficult times and I delayed submitting it.

It's now clear that disruption is going to be very long term, therefore further delay is not justified.

Trevor Beckwith
County Councillor
Eastgate and Moreton Hall Division
Suffolk County Council

Stage 1 Response from Suffolk County Council

From: Officer (Suffolk Highways)
Sent: 30 September 2020 17:18
To: Trevor Beckwith (SCC Councillor)
Cc: Copied to various officers at SCC and Suffolk Highways

Subject: Complaint - C/20/53 - Cllr Beckwith

Dear Cllr Beckwith,

Further to my initial email in response to your complaint I've now re-visited your report and received feedback from colleagues from whom I sought comments. I've also looked at the road layouts in this area. This email is a continuance of our Stage 1 response to your complaint.

Again, I'm grateful for your detailed report and the included maps.

I'm writing this response in my capacity as a safety and speed management engineer and because my team deal with HGV issues reported by the public. I have copied in others, mainly in our Transport Strategy team, as they have a wider, strategic remit which may influence or contribute to any solutions if they become justified.

You have raised 3 points – HGV's using Orttwell Road, the issues at the arched bridge and congestion at the A14 junction and its approaches.

Taking these in turn I'm inclined to agree that there are identifiable distinctions between the commercial area to the south of Bedingfield Road and the mainly residential areas to the north. As such I can see an argument being put forward to justify an HGV restriction on Orttwell Road with HGV's then expected to use the A14 and Compiegne Road as the detour route. If this was to be progressed we have the options of seeking to introduce a permanent TRO from the outset or an Experimental TRO which lasts for up to 18 months and gives us time to monitor the effects before deciding whether to make permanent. I'd be happy to seek estimates for both options to include the design, consultation and works costs, if you wish?

In progressing any TRO I think its reasonable to take into account the comments made earlier from Kerry Allen about any unintended consequences of restricting HGV's, such as the risk of HGV's seeking other routes around the area and that in the main Orttwell Road is of a high quality design with most residential properties well set back and no injury collisions reported between 1/3/15 and 1/3/20 when we last assessed this road. I raise these points as any TRO consultation will probably generate levels of support but possible objections as well.

I have also copied in colleagues who are progressing the countywide HGV review. I'm aware they are looking at strategic issues but have also involved themselves with local issues that could have a wider impact.

Looking at the arched bridge I see the argument that if HGV's are prevented from accessing the bridge then it can be opened up again for 2 way traffic and thereby remove the bottleneck and resulting congestion. However I have a worrying concern. Unless high-sided vehicles such as HGV's are physically restricted there remains the risk that such a vehicle will collide with the lower parts of the arch. We cannot rely simply on signs. Any HGV restriction on Orttwell Road will include the usual exemptions such as permission to enter the restriction for loading of unloading purposes or making deliveries. It also exempts construction and maintenance vehicles and others. So unless some form of height barrier was constructed either side of the arched bridge there would be a risk of unintended collision. We saw recent news coverage of a school bus having its roof ripped off under an arched bridge with resulting serious injuries. I've not see examples of physical height barriers over highways.

An alternative is to enhance the traffic signals controller using MOVA which constantly adjusts the signal sequences depending on demand. This seeks to optimise the capacity of the road layout and minimise queue lengths.

You also described the problems of congestion at the Sainsbury's roundabout, junction 44 and the Southgate roundabout. I apologise that these issues are outside my remit hence my copying in of others who have commented previously.

Regrettably I'm unaware of any SCC HQ budgets to fund a TRO or a MOVA upgrade. Such schemes are normally funded from local funding sources such as town or parish council precepts or grants they can secure, such as County and District Councillors highway, Locality or enabling budgets. You have advised of your commitment to another scheme now and into next year so I wonder if other funders could be approached?

Regards

Safety and Speed Management Engineer
Web: www.suffolkroadsafe.com

From: Highways Safety and Speed Management
Sent: 02 July 2020 12:32
To: Trevor Beckwith (SCC Councillor)
Cc:
Subject: Complaint - C/20/53 - Cllr Beckwith

Dear Cllr Beckwith,

I'm the manager assigned to investigate your complaint. This email is a response at Stage 1 of the SCC Corporate Complaints process.

Firstly, thank you for compiling a comprehensive report into the various issues.

I'm aware that over recent times a variety of SCC teams have become involved in looking at the issues and considering possible solutions. These include my Safety and Speed Management Team, our HGV Incident officer, our Development Management team, HQ's Transport Strategy team, our Traffic Signals team and our Rougham Service Delivery Centre. We may have also contacted the District Council.

In light of your complaint I've canvassed comments from all of these teams and should have sufficient information to compile a considered response. However some team members have, and still are, actively involved with Covid 19 Social Distancing measures across our market towns. This has been of the highest priority so I politely request an extension of time, say 2 weeks from now to formally address your complaint. I will lead on this.

If you however remain dissatisfied following my response to your concerns, you can contact the SCC Complaints team to see whether anything else can be done to resolve your complaint at this stage. You can do this by writing to, Customer Rights, Suffolk County Council, Constantine House, Constantine Road, Ipswich, IP1 2DH; via email or by telephone.

Yours sincerely

From: Trevor Beckwith
Sent: 03 June 2020 16:42
To: Officer (SCC)
Subject: Complaint.

Dear

Please see attached complaint against Suffolk County Council. I've included quotes from relevant documents, hopefully making it easier to follow than numerous attachments with cross-referencing.

SCC has also previously received many emails from a local resident, who provided Highways and relevant cabinet member(s) with a large amount of data and images of HGV movement at Orttewell Road. The content is too large to submit as part of this complaint but will be available on file.

Thanks

Trevor Beckwith
Independent Councillor
Eastgate and Moreton Hall Division
Suffolk County Council

My response to SCC Stage 1

Complaint C/20/53

Thank you for your emailed response, dated 1 October 2020, to my complaint against Suffolk County Council. My response follows;

I welcome the acknowledgement that Moreton Hall is not a mixed estate, with an identifiable distinction between residential and commercial areas. I expect all relevant departments to be made aware and to react accordingly.

I also welcome agreement that an HGV restriction on Orttewell Road is justified. The offer to provide estimates for an experimental TRO or permanent TRO is tempered by the lack of a budget to fund the proposal.

HGV Use of Orttewell Road

Reference is made to the unintended consequences of restricting HGV's on Orttewell Road. However, the immediate area is served by the A14 trunk road and the newly constructed Eastern Relief Road, leading to J45. Both of these routes provide the opportunity for HGV's to avoid residential areas and to avoid the congested J44.

Reference is also made to Orttewell Road not recording any injury collisions for five years. There have been collisions at the roundabout at Symonds Road with paramedics attending.

Irrespective of accidents, the quality of life of many residents bordering Orttewell Road is compromised by the level of HGV traffic. Most properties are described as "well set back" which, in reality, is a narrow tree line and ignores the impact of noise, vibration and fumes that impact on all dwellings, particularly those positioned below the level of the road. The same impact applies to the children's play area and sports/recreation field at Heldhaw Road.

You are concerned that HGV's exempt from restriction will risk colliding with the bridge and that signs cannot be relied on. I suggest that is why we have laws and those that break them are punished, whereas the current arrangement punishes a very large community.

Rail Bridge

As the arched bridge was there long before Moreton Hall was planned and built, it is reasonable to assume that consultees, including Highways, would have been aware of predicted traffic levels associated with 3,400 dwellings and the highways limitations of the bridge.

Similar comments apply to the Local Planning Authority agreeing to increase dwelling numbers by around 270 through increased density and then to increase them by a further 500 with the Vision 2031 Moreton Hall Urban Extension (the Lark Grange development).

Despite the existing congestion at the A143 Compiegne Way roundabout, 1,250 dwellings were allocated as the NE Bury strategic site, with the agreement of Highways. The traffic impact is yet to come as they are not yet built.

Any HGV collision with the bridge results in disruption to the rail network while structural inspection is carried out. However, the network owner confirms that bridge replacement is not an option, preferring road users to suffer from the existing measures to mitigate its unsuitability. This is unsatisfactory.

Congestion at Sainsbury Roundabout and A14 Junction 44

You refer to previous responses to my attempts to address congestion from Moreton Hall through to the Southgate roundabout. These responses referred to such measures as UTMC, MOVA, changing travel habits and so on. However, the only tangible mitigation is the proposed road from Rougham Hill to Sicklesmere Road that officers claim will divert 40% of vehicles that currently queue to merge from dual to single carriageway. A separate claim is that 36% will be diverted. Even if these estimates prove reliable, the proposed road is part of the SE Bury Strategic Site development and will not be delivered in the near future. The following extract in a letter from the Principle Transport Planner at SCC, dated 5/10/18, confirms this;

As discussed at our meeting, Suffolk County Council is working closely with Highways England to address capacity issues at Junction 44 through the Road Investment Strategy 2, and the County Council has also made a bid to the Housing Infrastructure Fund to provide additional capacity on the A14 slips and under the A14 bridge.

The County Council has also been working with West Suffolk councils to deliver improvements to Rougham Hill, through the delivery of a new relief road on Sicklesmere Road that will link from the Rougham Hill Roundabout to the A134. Traffic modelling from the Abbots Vale Transport Assessment shows that this will provide a separate route for 36% of traffic travelling to Sudbury. The road is connected to the Abbots Vale development and discussions are ongoing to agree the s106. The trigger point for the road to be completed is on the development of 500 houses. As mentioned in the previous letter to you, capacity improvements are required to Rougham Hill to help reduce congestion on Bedingfeld Way.

Increasing capacity on the A14 slips and under the A14 bridge will not address the bottleneck at Rougham Hill. In the meantime, the current congestion issues continue to blight Moreton Hall residents and users of the local commercial and retail outlets.

Regarding, "Suffolk County Council working closely with Highways England to address capacity issues at Junction 44...." this complaint was an opportunity for "others who have commented previously" to update me on progress rather than being dismissed with nothing added.

Pages 7 and 8 of my complaint refer to several documents used during the St Edmundsbury Vision 2031 process that throw doubt on the modelling procedures

used by Highways when agreeing to the level of housing and commercial development. I do not consider these have been addressed by previous responses.

Summary

My complaint that Suffolk County Council failed to address highways matters affecting Moreton Hall has not been resolved. Where there is agreement, there is no funding to action.

Your response refers to others who have commented previously. One of the previous comments was a joint letter from SCC and West Suffolk Council, dated 14/9/2018, that included a statement from the Vision Bury 2031, Planning Inspector's report, paragraph 13.15;

"Taking all these factors and the **recommended changes** into account, I conclude that the strategy for Bury St Edmunds, including the strategic growth locations, is soundly based and deliverable."

I maintain that the **recommended changes** have not been delivered and that my challenge to claims made in highlighted documents have not been addressed.

Suffolk County Council should not be under any misapprehension that this complaint is limited to the concerns of one county councillor. A very large residential community are equally frustrated by development outstripping mitigation measures and an apparent reluctance to revisit decisions.

If, as seems the case, that progress is unlikely, I request this complaint be escalated to Stage Two.

Trevor Beckwith
County Councillor
Eastgate and Moreton Hall Division
Suffolk County Council

Enquiries to: [REDACTED]
Tel: 01473 260910
Email: customerrights@suffolk.gov.uk
Date: 5 January 2021



[REDACTED]
By Email
[REDACTED]

Dear [REDACTED]

I am writing to you at Stage 2 of our corporate complaints' procedure with regards to your complaint reference C/20/53.

An investigation into your complaint has been conducted by our customer rights team. In addition to your original concerns, a review of how your complaint has been managed has also taken place by our Complaints Manager, this has been provided under separate cover.

I appreciate the frustrations of you and the residents with regards to the traffic congestion in Moreton Hall, Bury St Edmunds. It is clear from the correspondence that you and residents have spent considerable time collating information and putting forward potential solutions which you believe will ease traffic in the area.

Having reviewed the original response and analysed the matter with the Head of Transport Strategy the investigation concluded that the Stage 1 response sought to address the points you had raised acknowledging the existing issues in the area and explaining what action could be taken if funding allowed. In conclusion, whilst I do not question the impact of HGVs and other traffic congestion in the Moreton Hall area, I am satisfied that our published transport strategies ([Bury St Edmunds Transport Strategy](#) and [Suffolk's Local Transport Plan 2011-31](#)) address these and disagree that there are other interventions the council should be undertaking. Unfortunately, the solutions you have put forward are not achievable given current budget constraints and would not necessarily be in line with the published strategies.

We have now completed our consideration of your complaint. This is our final position, based on the information we have.

You can now ask the Local Government and Social Care Ombudsman (the Ombudsman) to review your complaint. You have up to 12 months to do this, starting from the date you first knew about the matter you complained about, not from the date of this letter.


The Ombudsman looks at individual complaints about councils, all adult social care providers (including care homes and home care agencies) and some other organisations providing local public services. It investigates matters fairly and impartially and is free to use.

There are some matters the Ombudsman cannot or will not investigate. In these cases, it will explain clearly the reason for its decision.

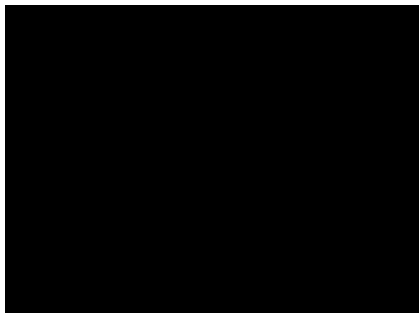
The Ombudsman's contact details are below. You will need to provide it with a copy of this letter, and our earlier responses to you, so it can consider your complaint.

Contact

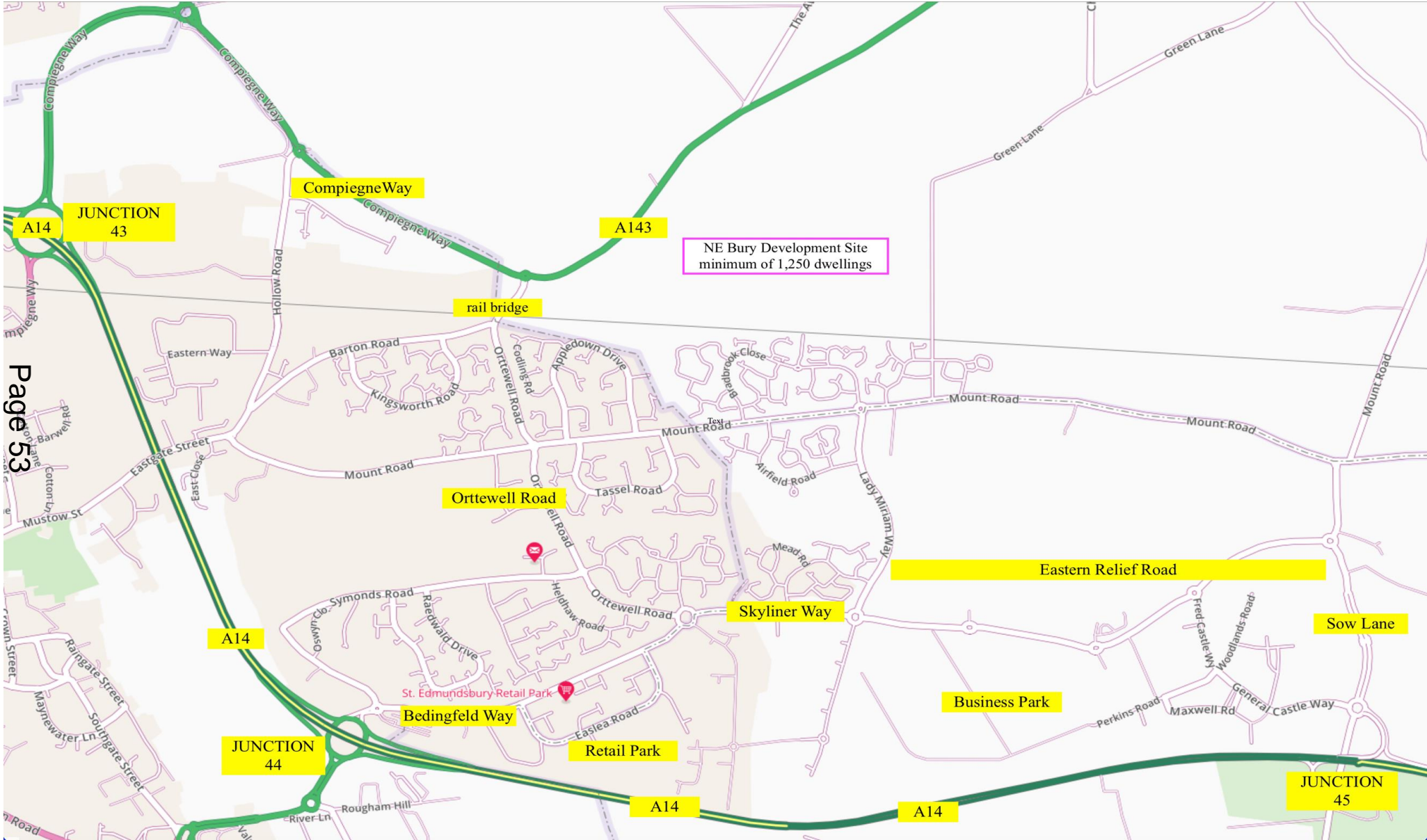
Website: www.lgo.org.uk, you can find the online complaint form [here](#)
Telephone: 0300 061 0614

Alternatively, the offer to meet with you to discuss the matter still stands. If you would like to proceed then please email  to arrange a convenient time.

Yours sincerely



Executive Director
Growth Highways and Infrastructure



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Appendix 8

Photographic evidence provided by Melanie Soanes, who is attending the meeting to discuss the massive problems, and the impact caused by the HGV's using the road as cut through along Orttewell Road (not a trunk road) as a resident living on Bluebell Avenue.



Abrey Farm – October 2019



CEVA – March 2019



CLDN Cargo – March 2021 (Freight)



Globetrotter – March 2021



My house -Bluebell Avenue
Unmarked Tipper – March 2021



NISA – 44ft October 2019



Parked Cransbill Drive – 25 March 2021
Reported on Highways website.



Parked Cransbill Drive - 25 March 2021



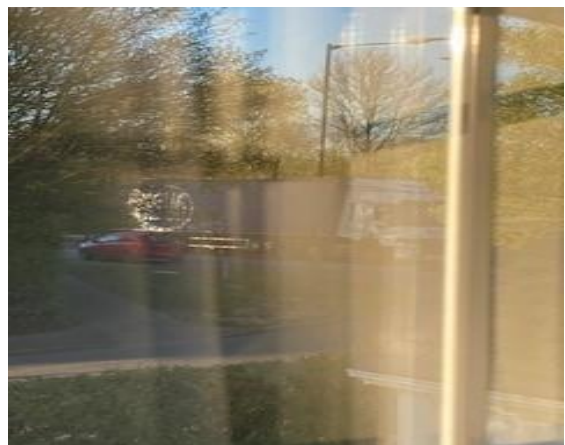
Hewicks Haulage
Parked outside my house in Bluebell Avenue



Unmarked Tipper – March 2021



Unmarked Tipper – October 2019



Anglia Freight – August 2021



Suffolk County Council: Health Scrutiny Committee (7 July 2021)

Report number:	OAS/WS/21/017	
Report to and date(s):	Overview and Scrutiny Committee	2 September 2021
West Suffolk Council Member on the Health Scrutiny Committee:	Councillor Margaret Marks Telephone: 01440 713443 Email: margaret.marks@westsuffolk.gov.uk	

Decisions Plan: This item is not included in the decisions plan.

Wards impacted: Not applicable.

Recommendation: It is recommended that the Overview and Scrutiny Committee:

- 1. Notes the report attached as Appendix 1 to this report.**

1. Context to this report

1.1 Suffolk County Council: Health Scrutiny

1.1.1 Councillor Margaret Marks, the Council's appointed representative on the Suffolk County Council Health Scrutiny Committee has prepared a report from the meeting held on 7 July 2021.

1.1.2 The attached **Appendix 1** was also verbally considered by Committee members on 7 July 2021.

2. Proposals within this report

2.1 The Committee is asked to note the report prepared by Councillor Margaret Marks.

3. Alternative options that have been considered

3.1 None.

4. Consultation and engagement undertaken

4.1 None.

5. Risks associated with the proposals

5.1 None.

6. Appendices referenced in this report

6.1 **Appendix 1** – Report from Councillor Margaret Marks from the meeting of the Suffolk County Council Health Scrutiny Committee held on 7 July 2021

Appendix 1A – Pages 15 – 19: Current priorities and challenges for the NHS in Suffolk

Appendix 1B – Health Scrutiny Presentation – 7 July 2021

Appendix 1C – CQC Report – 7 July 2021

7. Background documents associated with this report

7.1 None

**SUMMARY REPORT
FROM THE HEALTH SCRUTINY MEETING OF
7 JULY 2021**

This meeting saw the formulation of the new Committee following the elections in May. The meeting focussed on introducing new members to the work of the Committee and providing background information to the structure of the NHS.

Richard Watson – Deputy Chief Executive and Director of Strategy and Transformation, Ipswich and East Suffolk, West Suffolk and North East Essex Clinical Commissioning Groups and Dr Mark Lim, Interim Director for Clinical Services and Clinical Transformation from Norfolk and Waveney CCG presented information on the current Clinical Commissioning Structure and the proposed changes to Integrated Care Systems.

It was recommended that Committee Members view the Kings Fund website. <https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work>

I have included here pages 15 to 19 (**Appendix 1A**) of the Agenda Pack from the meeting of 7 July, which gives very useful summary information on how the current system works.

I have then attached Richard Watson's short presentation (**Appendix 1B**), which will inform you of the changes taking place and the new responsibilities for the Integrated Care Systems (currently Clinical Commissioning) which are outlined in the Government's new White Paper.

From Richard's presentation I asked the following questions:

- Suffolk continues to be underfunded under the Carr-Hill Formula – is this being fully addressed under the new arrangement? (*The Carr-Hill formula is the formula that is applied to calculate the Global Sum payments for essential and some additional services. It replaced the Jarman index. This allows payments to be made based upon the cost of providing primary care services for a given population and their respective needs*) is this acknowledged and corrected in the new structure? Richard said that this is being incrementally addressed year on year.
- Dentistry is significantly under-funded and responsibility is about to transfer from NHS England to the newly created ICS (currently CCG). Will this funding shortfall be address and if not, which service budgets will have to be cut in order to improve this service? Richard was not able to answer that question currently.
- Integrated Care is intended to treat patients holistically and seamlessly, currently there is significant shortfall in staffing capacity is there a plan to address this? Richard responded that there is a People's Plan which addresses Recruitment and Retention.

Members of the Committee are asked to observe at strategic NHS Governing Body meetings and report back on any issues that may require Scrutiny. I have been allocated:

WEST SUFFOLK HOSPITAL
WEST SUFFOLK CLINICAL COMMISSIONING
EAST OF ENGLAND AMBULANCE SERVICE
TASK AND FINISH GROUP – WEST SUFFOLK HOSPITAL NEW BUILD PROGRAMME

West Suffolk Hospital – New Hospital Project

The plans for the new hospital continue to progress with the main focus on Environmental Issues and the Planning Application which is expected to be submitted by Oct/November.

As noted previously, there are risks associated with this proposal – the most significant being:

- Funding
- Change of Government
- Failure to achieve Planning Permission

However, the current hospital is not fit for purpose and is in an extremely poor state of repair with the RAAC Plank situation needing over 800 acrow props (huge metal props with a wide flange each end) and safety nets in place to prevent collapse. The economic case for a new build is strong.

It is also estimated that within the next 10 years, with the current growth in demand, a hospital 3x the size of the current hospital would be needed to maintain the status quo. Upscaling via the new build, future proofing, co-location of non-acute services and working with Primary and integrated care forms an essential part of the business case.

The Project Team has run community engagement events across the district and has widely promoted these. However, despite every effort, the number of public members attending is remarkably low.

At a recent event I attended, I noted that the maps were not annotated which I found challenging, and I have asked if this can be done for future events.

The Committee will of course know of the resignation of Steve Dunn CEO and I am assured that this will not impact on the development of the plans for the new build. Craig Black will act as interim CEO during the recruitment phase.

West Suffolk Hospital – Maternity Services

Perhaps first it is worth noting that there are 2000 midwives short across the UK. Midwifery has been the subject of significant debates and most recently on Radio 4 was a most distressing report identifying the pressures on existing staff. I recently met a Midwife of many years standing and this is what she told me (not verbatim but translated into my words).

The Continuing Care element demanded by NHS England worked historically because Community Midwives lived local to their patients and had a manageable case load. Now they are located over large areas, the case load is as high as 100 patients per midwife, the system requires that effectively they are on call 24/7 (since continuing care means you follow the patient from pregnancy through delivery) and you may be out all night but still have your clinics to run. This is not sustainable – and staff are leaving or not joining as they feel they cannot adequately care for their patients under this system. Wards are short due to sickness and community nurses, not trained in acute care, are being called in to cover complex cases.

So, although I have attached the CQC Report on West Suffolk Hospital and it identifies areas needing improvement, I would ask that you consider this in the light of the national picture.

West Suffolk Hospital has been working extremely hard to ensure safe working practice and meet the demand of the CQC Report. Health Scrutiny will be asking for a current update from WSH as part of the review process.

Please see **attached CQC report (Appendix 1C)**.

West Suffolk Hospital – Whistleblower Report

Some 18 months ago a patient was injured during a procedure and this may have contributed to her death. Following the event, a member of staff wrote to the patient's relatives informing them of the incident and this resulted in an internal investigation seeking to identify the staff member. The Government considered the method of internal investigation to be inappropriate and ordered an external enquiry. The result of this enquiry is awaited, and it is expected that the draft form will be available in October. However, that will then be subjected to review by all those included in the report which may further delay in public release.

Margaret Marks
5 August 2021

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Health Scrutiny Committee

7 July 2021

Agenda Item 6

Current priorities and challenges for the NHS in Suffolk

Summary

1. The primary strength of health scrutiny is in its ability to hold NHS bodies and partner organisations to account for the safe and effective delivery of health services to the population in its area. Whilst this report focuses on the NHS in Suffolk, the drive towards greater integration of health and care means that increasingly decisions about the planning and delivery of services are made in partnership with organisations across the health and care system.
2. This item provides an overview of the landscape in which the NHS in Suffolk operates – a landscape which is already complex and still evolving. It seeks to demonstrate the range of organisations (partnership boards, local authorities, private sector providers, voluntary sector organisation, charities etc) which make up the health and care systems in Suffolk and sets out some of the key priorities and challenges these systems face.

Objective

3. The objective of this item is to provide members with an opportunity to strengthen their understanding of the landscape in which the NHS and partner organisations operate in Suffolk, how this landscape is evolving and the priorities and challenges faced by systems seeking to deliver the best possible health and care services to Suffolk residents.

Scrutiny Focus

4. This item has been developed to provide the Committee with the following information:
 - a) How are NHS services commissioned and provided in Suffolk?
 - b) What are main implications of the NHS White Paper “Integration and innovation; working together to improve health and social care for all”?
 - c) What are the key priorities for the NHS in Suffolk in 2021/22?
 - d) What are the key challenges in the short, medium and long-term?
 - e) How are these challenges being addressed?
5. Having received the information, the Committee may wish to:
 - a) seek clarification on the information provided;
 - b) identify issues where further information would be helpful to enable the new Committee to carry out its work;
 - c) identify topics which may warrant scrutiny at a future meeting.

Contact details

Theresa Harden, Business Manager (Democratic Services); Email: Theresa.harden@suffolk.gov.uk; Tel: 01473 260855

Background

6. The landscape in which the NHS operates is complex and evolving. The following paragraphs provide a brief explanation of the key NHS bodies the Health Scrutiny Committee is likely to come into contact with in carrying out its work) and a high-level overview of NHS commissioning arrangements.
7. At a national level NHS England (now working with NHS Improvement) leads the NHS in England and sets national strategy. [The NHS Long Term Plan](#) was published in January 2019 and set out key ambitions for the NHS over the next 10 years.
8. NHS England has seven regional teams that support the commissioning of healthcare services for different parts of the country. The regional teams are responsible for the quality, financial and operational performance of all NHS organisations in their region. They directly commission some services such as primary care including dentistry and some specialised services and are responsible for supporting the development of integrated care systems.
9. Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible. CCGs are assured by NHS England. CCGs commission services from a range of providers such as NHS hospital providers, NHS community services providers, GPs, Ambulance Services, Local Authorities, NHS mental health providers, all types of private healthcare providers, the voluntary and community sector and charities.
10. Primary care services provide the first point of contact in the healthcare system, acting as the “front door” of the NHS for patients. Primary care includes general practice (GPs), community pharmacy, dental and optometry (eye health) services.
11. Secondary care services are often referred to as acute services or hospital care and can be planned (elective) such as a cataract operation or urgent and emergency care such as treatment for a fracture following an accident. Secondary care includes inpatient and outpatient medicine and surgery.
12. Tertiary care services refer to highly specialised treatment such as neurosurgery or transplants. “Specialised services” are usually commissioned by NHS England for a large geography of patients and people requiring these services may need to travel some distance to access their nearest specialised centre to receive treatment.
13. Community health services play a key role in keeping people well at home and in community settings close to home and support people to live independently. This includes services such as district nursing, nursing for long term conditions or end of life care. It can also include bedded facilities to support treatment recovery and rehabilitation, although this is less common as more emphasis is put on keeping people well in their own homes with the right level of support.

14. NHS England works with Public Health England and the Department of Health to provide and commission a range of public health services to secure good population health. NHS England is responsible for commissioning a wide range of immunisation programmes and also contributes to the prevention agenda such as through, for example, national screening programmes such as breast and cervical cancer screening. At a local level public health teams within local authorities also commission a range of preventative services such as, for example, some types of sexual and reproductive health services.
15. General Practices (GPs) are small to medium sized businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area. Whilst some general practices are run by an individual GP, increasingly practices are run by a partnership and more recently GP practices are working together across a geographical area in networks, pooling their resources such as buildings and staff.
16. NHS England and NHS Improvement directly commission primary dental and secondary dental care for the population of England. Their role is to achieve consistency in the commissioning of dental specialties in England, to reduce inequalities, improve care for patients to ensure they are receiving the best quality of care in the most appropriate setting delivered by professionals with the required skill set.
17. Services to support mental health are commissioned by the NHS and local authorities. For help with some conditions, a referral may be needed from a GP to access certain services. For other less serious or short-term conditions, help can be obtained through a variety of materials, on-line support and local organisations who offer help and support. More specialised mental health services, such as for example, secure services, are commissioned by NHS England at a national level.
18. Clinical Commissioning Groups are responsible for commissioning ambulance services on a regional footprint. CCGs often work collaboratively to commission ambulance services with one CCG in the region taking the role of Co-ordinating Commissioner for the purposes of the NHS national standard contact.
19. There are many areas of service for which commissioning responsibilities are split across a range of commissioning bodies. An example of this is sexual health and reproductive services, for which NHS England, Clinical Commissioning Groups and the Local Authority Public Health teams all commission different aspects of provision. Mental health services are also commissioned across Local Authorities, Clinical Commissioning Groups and NHS England. This can make determining accountability for specific areas of service more complex.

Integrated Care Systems

20. Integrated care systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. All parts of England are now covered by one of 42 ICSs. (For Suffolk, these are the Suffolk and North East Essex ICS, and the Norfolk and Waveney Health and Care Partnership).

21. ICSs are intended to bring about major changes in how health and care services are planned, paid for and delivered, and are a key part of the future direction for the NHS as set out in the NHS Long Term Plan. It is hoped they will be a vehicle for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development.
22. ICSs are part of a fundamental shift in the way the health and care system is organised. Following several decades during which the emphasis was on organisational autonomy, competition and the separation of commissioners and providers, ICSs depend instead on collaboration and a focus on places and local populations as the driving forces for improvement. They have grown out of the former Sustainability and Transformation Partnerships (STPs) – local partnerships formed in 2016 to develop long-term plans for the future of health and care services in their area.
23. Despite being effectively mandated by NHS England and NHS Improvement, ICSs have currently no basis in legislation and no formal powers or accountabilities, although this looks set to change in the forthcoming Health and Care Bill.

Health and Care Bill 2021

24. On 11 February 2021, the Department of Health and Social Care published the [White Paper](#) “Integration and innovation: working together to improve health and social care for all”, which sets out legislative proposals for a health and care Bill. The White Paper brings together proposals that build on the recommendations made by NHS England and NHS Improvement in [Integrating care: next steps to building strong and effective integrated care systems across England](#) with additional proposals relating to the Secretary of State’s powers over the system and targeted changes to public health, social care, and quality and safety matters.
25. The White Paper groups proposals under the themes of: working together and supporting integration; stripping out needless bureaucracy; enhancing public confidence and accountability; and additional proposals to support public health, social care, and quality and safety.
26. The proposals amount to a significant reform package and come at a time when the NHS, local authorities and voluntary sector organisations are still battling Covid-19. The legislation will potentially mean a lot of change for commissioning bodies and their staff in particular, with Clinical Commissioning Groups coming to an end and their functions being folded into Integrated Care Systems.

Main body of evidence

27. The Committee will receive a presentation at the meeting which addresses the key areas for consideration set out in paragraph 3 above.

Supporting information

The Kings Fund “The Health and Social Care White Paper explained”; Available from: <https://www.kingsfund.org.uk/publications/health-social-care-white-paper-explained> (Accessed 10 May 2021).

Department of Health and Social Care (11 February 2021); Integration and innovation: working together to improve health and social care for all.

NHS England and NHS Improvement (26 November 2020); Integrating care: Next steps to building strong and effective integrated care systems across England.

Glossary

GPs – General Practice

ICS – Integrated Care System

NHS – National Health Service

STPs – Sustainability and Transformation Partnerships

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NHS Commissioning in Suffolk

The roles of the CCGs and the implications of the White Paper

An overview of CCGs in Suffolk

- **There are three clinical commissioning groups that operate in Suffolk - Ipswich and East Suffolk, West Suffolk and Norfolk and Waveney CCG (covering Waveney)**
- **Organisations went live on 1 April 2012, with Norfolk and Waveney merging as one CCG from five in April 2020**
- **The CCGs are responsible for planning, buying and monitoring health care services for approx. one million people**
- **CCGs are responsible for community services, secondary care (hospital) service, mental health services, NHS Continuing Healthcare and primary medical services**
- **CCGs have delegated responsibility for some GP commissioning but NHSE/I hold contracts for all primary care professionals.**
- **NHSE/I are also currently responsible for areas linked to direct and specialist commissioning, such as dentistry, optometry, screening and immunisations.**

What services do the CCGs commission?

- **The CCG commissions services from a range of organisations, including acute hospital trusts, GP practices, voluntary organisations and other NHS and non-NHS providers. The key services we commission include:**
 - **urgent care services - including ambulance response services, hospital accident and emergency departments and the NHS111 telephone service**
 - **elective care services - for planned operations and care**
 - **community services – including community nursing and therapy services, community hospitals and the provision of community equipment**
 - **mental health and learning disability services – provided in hospital, in the community and at home**
 - **tailored domiciliary care packages - to enable people to remain at home, and nursing home care packages**
 - **children’s services – specifically aimed at supporting children, including those with individual NHS care packages and those receiving services provided in association with Suffolk County Council**
 - **primary care services – in and out of hours GP services, and**
 - **non-emergency patient transport.**

What is commissioning?

- Commissioning comprises a range of activities, including:
- assessing needs
- planning services
- procuring services
- monitoring quality.
- The process, which is repeated typically on an annual basis, is often shown as a cycle:



Who oversees the CCGs?

CCGs are overseen by Governing Bodies which includes elected GPs, a hospital doctor, a lay member for patient and public involvement, a lay member for governance and a third general lay member, a Chief Nurse, Director of Finance and the Chief Executive

The Chief Executive of each CCG is also Executive Lead for the Integrated Care System

CCGs actively participate in the Suffolk and North East Essex ICS and Norfolk and Waveney ICS.

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The future of CCGs and wider system working

The NHS is moving towards ways that involve different services working more collaboratively to better manage resources and improve care.

The government's new white paper supports the move towards integration

Its aim is to legally mandate partnerships within the health and care system called integrated care systems (ICSs) and allowing systems to work together more seamlessly.

Primary Care Networks

- **Primary Care Networks were established on 1 July 2019, all patients in England are covered by a primary care network (PCN) – the most significant reform to general practice in England in a generation**
- **PCNs are working hard to integrate primary care with secondary and community services, and bridge a gap between general practice and emerging Integrated Care Systems**
- **Practices, supported by CCGs, organised themselves into local networks to provide care at greater scale by sharing staff and some of their funding**
- **PCNs have also worked very hard to link with both social care and the voluntary and community sector**
- **There are 16 PCNs in total across Suffolk (8 Ipswich and East Suffolk, 6 West Suffolk and two in Waveney)**

Main implications of White Paper

- **The white paper describes two component parts of the ICS:**
 - **the NHS body, which is mandated to integrate NHS services**
 - **the health and care partnership, which is aimed at the wider integration of partners including local government and voluntary sector partners.**
- **The reforms outlined in the white paper are the most important NHS reforms for a decade.**
- **The reforms outlined a move away from competitive tendering and outsourcing of healthcare services contained in the last NHS reforms in 2012**
- **A review of boundaries is taking place for both SNEE and N&W ICS' – a decision is expected in due course.**

Next steps to implement white paper proposals

It is important to note that work is already taking place, at pace to start the transition work from CCGs to ICS.

Partner organisations across both systems are working together to set the foundations for how we will work together in the future.

ICS Partnership

Develop an 'integrated care strategy' for its whole population using best available evidence and data, covering health and social care (both children's and adult's social care), and addressing the wider determinants of health and wellbeing

The Government has indicated that it does not intend to bring forward detailed or prescriptive legislation on how these Partnerships should operate.

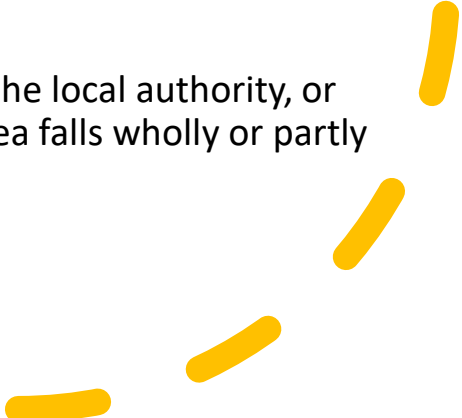
Public Health experts will play a significant role in these partnerships

The Functions of the NHS ICS Body

- Developing a plan to meet the health needs of the population
- Allocating resources to deliver the plan across the system (revenue and capital)
- Establishing joint working and governance arrangements between partners
- Arranging for the provision of health services including through contracts and agreements with providers, and major service transformation programmes across the ICS
- Leading system-wide action on digital and data
- Joint work on estates, procurement, community development and more
- Leading emergency planning and response
- The ICS NHS bodies will take on all functions of CCGs as well as direct commissioning functions NHSE may delegate including commissioning of primary care and appropriate specialised services

ICS NHS Body- Minimum Membership

The statutory minimum membership of the board of each ICS NHS body will be confirmed in legislation. In most cases they will include the following 10 roles:

- Independent Chair
 - Plus a minimum of two other independent non-executive directors. (These individuals will normally not hold positions or offices in other health and care organisations within the ICS footprint.)
 - Chief Executive
 - Director of Finance
 - Director of Nursing
 - Medical Director
 - At least one **Trust Provider Partner**, a member drawn from NHS trusts and foundation trusts who provide services within the ICS's area
 - At least one **Primary Care Partner**, a member drawn from general practice within the area of the ICS NHS body.
 - At least **one Local Authority Partner**, a member drawn from the local authority, or authorities, with statutory social care responsibility whose area falls wholly or partly within the area of the ICS NHS body.
- 

Direct Commissioning

The six systems in the East are working with NHSE/I to consider what future commissioning arrangements might look like for each of the directly commissioned functions that are currently commissioned by NHSE:

- Specialised Commissioning: Mental Health, Learning Disabilities and Autism
- Specialised Commissioning: Acute Services
- Health and Justice
- Dental
- General Practice
- Pharmacy
- Optometry
- Public Health Section 7A (Screening, Immunisations and CHIS).

Work is currently focused on how each service should be commissioned (e.g. by one or multiple ICSs, jointly commissioned, a new hosting authority created to commission the services), not where each function moves to.

By July, there should be a recommended preferred option for each function. We're also expecting a national letter to give us more clarity, so we can ensure our work fits with the national guidance.

Key challenges for both ICS'

- Health inequalities – Covid has exposed many health inequalities across the system
- Mental health – lockdown for 18 months, exacerbated health inequalities and we are seeing a greater number of complexities and increased volume in referrals
- Elective recovery – bringing services back on line
 - Our waiting list size has grown (no different to many other parts)
 - Length of waiting time for cancer has increased
- Urgent care – we have had to make so many changes to keep services covid safe.
- Workforce challenges – both systems have a People Plan to address this challenge
- Alliance working – effective partnership committed to working to address health inequalities exposed by Covid.

How CCGs and the wider system are addressing key challenges

Urgent and Emergency Care:

- Admission avoidance work which is supporting patient flow incl. ambulance conveyance reduction schemes
- Discharge to assess embedded with discharge hubs located in the acute
- Think111 First live and under review for development of increased appointments

Out of Hospital

- Long COVID assessment service in situ
- 7 day working in place across community services
- 2-hour crisis response now in place with review underway to develop further
- Additional investment into End of Life Services

Mental Health

- IAPT service fully resumed via digital access
- Crisis lines mobilised with plans to integrate into 111 in 21/22
- Recruitment commenced for key roles in community MH model
- Collaboration work with Primary Care to reinstate Learning Disability health checks and Serious Mental Health checks
- Regular meetings in situ to support timely repatriations of out of area placements

How are we addressing health inequality challenges

Much work is already taking place to engage with those communities facing inequalities and understand the challenges they face. This includes:

- Service led activity for specific protected characteristics including BAME, Age, Physical / Learning Disability and Mental Health with a focus on access to services. E.g. Targeted engagement for cervical screening; blood pressure monitoring at home on targeted high-risk cohorts; CHAPS mental health - Protect NoW is an example of across Norfolk and Waveney that is being rolled out at pace
- A range of activity to build trusted relationships and create more co-produced services that are truly based on population need, especially working with groups that fall under one or more protected characteristics group. E.g. Community Ambitions funding through NHS Charities Together; funding to CVS's specifically to support BAME communities
- Work is underway to tackle Social Isolation, especially using new and innovative ways to reach those most in danger of isolation
- Community projects resulting from Covid-19 to address certain areas of need across the CCG areas
- Targeted commissioning on large scale issues particularly around the vaccine and Covid-19 responses

Addressing workforce challenges

- Additional support for NHS staff in place available with telephone and email support. Both ICS' have partnered with Suffolk MIND services to boost support mechanisms
- Investment in system wide programmes incl. enabling access to Mental Health Hubs
- Launch of the 'We Can Do Together' SNEE Health and Care Academy which provides a repository of health and wellbeing offers available for staff, as well as 'We Care Together' for Norfolk and Waveney
- Appointment of health and wellbeing guardians across both systems
- Embedding mental health first aiders and wellbeing champions in both systems
- Collaborative working on initiatives to expand vaccinations, testing and risk assessments
- Enhanced occupational health and wellbeing pilot in place to implement health checks for staff
- Both ICS' are working with the East of England Ambulance Trust to develop a meaningful staff psychology service.

Notable system achievements

- Both systems have continued to transform services throughout the pandemic while developing and investing in new services (for eg - neurodevelopmental support for children, cancer diagnostics)
- Delivered vaccination service through a variety of innovative and dynamic ways (bus, drive through, community champions, door knocking, engagement and more)
- SNEE: Launched Integrated Care Academy with University of Suffolk
- N&W: Protect NoW – targeted, bespoke approach to addressing health inequalities, as well as public interim Integrated Care System Partnership Board meeting
- Consistently remained in top 5 for vaccination roll out nationally
- ICS communications and engagement across both systems recognised as leading the way regionally by NHS England and NHS Improvement

How we communicate to partners

Regular ICS Briefings

Sneevaccine website –
www.sneevaccine.org.uk

Norfolk and Waveney website –
www.norfolkandwaveneyccg.nhs.uk

Virtual briefings for councillors and MPs –
more will be planned

Social media

Reports from the system to HOSC

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West Suffolk NHS Foundation Trust

West Suffolk Hospital

Inspection report

Hardwick Lane
Bury St Edmunds
IP33 2QZ
Tel: 01284713050
www.wsh.nhs.uk

Date of inspection visit: 13 April 2021
Date of publication: 22/06/2021

Ratings

Overall rating for this service

Requires Improvement 

Are services safe?

Requires Improvement 

Are services effective?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Our findings

Overall summary of services at West Suffolk Hospital

Requires Improvement ● → ←

West Suffolk NHS Foundation Trust (WSFT) provides hospital and community healthcare services and is an associate teaching hospital of the University of Cambridge. WSFT was awarded foundation trust status in December 2011.

WSFT serves a predominantly rural geographical area of roughly 600 square miles with a population of around 242,000. The main catchment area for the trust extends to Thetford in the north, Sudbury in the south, Newmarket to the west and Stowmarket to the east. Whilst mainly serving the population of Suffolk, WSFT also provides care for parts of the neighbouring counties of Essex, Cambridgeshire and Norfolk.

The maternity service at West Suffolk Hospital delivers approximately 2,500 babies per year and offers a choice of three birth settings: birth at home; the co-located low risk midwifery led birthing unit (MLBU); the consultant led labour suite.

The service is provided by a team of consultant obstetricians who provide consultant presence on labour suite, supported by training grade doctors and midwives who work across the inpatient areas. Community maternity services are provided by four teams of midwives, as well as three continuity of carer teams. The maternity service has a number of specialist midwives. A perinatal mental health midwife works in partnership with the perinatal team at the local mental health trust. The service has a midwife who leads on bereavement and offers ongoing support to women and partners who have suffered a pregnancy loss. The service also had two practice development midwives to assist maternity staff with their mandatory training and competencies and a safeguarding midwife who staff can seek safeguarding advice from.

We last inspected the maternity service between 24 September 2019 and 30 October 2019. The report was published on 30 January 2020. The maternity service was rated requires improvement overall. Safe and effective were rated as requires improvement, caring and responsive were rated good and well led was rated inadequate. Due to the significant concerns within the maternity service we undertook enforcement to enable the improvement of safety within the service. We issued a warning notice under Section 29A of the Health and Social Care Act 2008 on the 14 November 2019 and told the trust it must improve.

We carried out this unannounced focused inspection to follow up on the issues we identified in our 2019 inspection. We have continued to monitor the trust closely and carried out this unannounced inspection to follow up on the actions taken by the trust to address the safety risks to patients. We found that the trust were now compliant with all aspects of the S29A warning notice.

Our rating of services stayed the same. We rated them as requires improvement because:

- The service was frequently short staffed and had to rely on calling in staff from other areas to cover the labour suite and maternity ward. Staff told us that the shortages impacted their welfare and at times they didn't feel listened to.
- The service did not have a tool in place to triage women. Staff told us that they relied on their clinical decision making when triaging women and that this meant decisions could vary from clinician to clinician.

Our findings

- The service had improved their governance arrangements, however we had concerns about continued lack of compliance with the Maternity Incentive Scheme. Arrangements were not in place for oversight of local audits, two audits we saw did not have action plans assigned to them. The service did not always minute meetings or produced minutes that lacked in detail.

How we carried out the inspection

As part of our inspection we visited the following areas within the maternity service: labour suite, midwifery led birthing unit, F11 ward (the combined antenatal and postnatal ward) and the maternity day assessment unit. We spoke with 21 members of staff including medical and midwifery staff, maternity care assistants and service leads. We observed care, handovers/meetings and reviewed 11 sets of maternity records. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, prescription charts, risk assessments and audit results. Before our inspection, we reviewed performance information about this service.

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

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Requires Improvement   

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The service didn't always have enough staff to care for patients and keep them safe.
- The service did not meet training compliance targets for medical staff.
- The service did not have a specific baby abduction policy in place at the time of our inspection and hadn't conducted any abduction drills.
- The service did not use a tool to triage women.
- The service was not compliant with swab recording targets.
- Equipment was not always serviced within its due date.
- The service's local audit programme did not have sufficient governance arrangements and oversight The service was not compliant with national safety recommendations.
- The leadership had implemented improvements to address concerns among the consultant body, but these had not yet embedded.
- The service's strategy was in draft.

However:

- Midwives had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well.
- Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. Staff were committed to improving services continually.

Is the service safe?

Requires Improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

Mandatory training

The service provided mandatory training in key skills to all staff and made sure that all midwifery staff completed it. However, mandatory training compliance targets were not met for medical and anaesthetic staff.

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Nursing and midwifery staff received and kept up-to-date with their mandatory training. The trust set a target of 90% for completion of mandatory training. Compliance for midwifery staff overall was at 95.5% as of March 2021. The service did not meet the training compliance target for fetal monitoring or Growth Assessment Protocol training (GAP). The service achieved 78.1% compliance with fetal monitoring training, however this training had only been introduced three months earlier and compliance was improving with each month. The services GAP training rates had been met throughout the year but fell to 87% in March 2021.

The mandatory training was comprehensive and met the needs of women and staff. The service's mandatory training was split into trust mandatory training and maternity specific mandatory training which included training on screening, smoking cessation, tissue viability, breastfeeding, fetal monitoring and diabetes.

The service used Practical Obstetric Multi-Professional Training (PROMPT) to deliver some of the maternity mandatory training. The topics covered by the PROMPT training included: sepsis, inverted uterus, human factors, sepsis, Modified Early Obstetrics Warning Score, obstetric haemorrhage, shoulder dystocia, breech, eclampsia, twin birth and cord prolapse. The training was delivered by a multidisciplinary team and involved a mixture of skills and live drills sessions and presentations, this was in line with the saving babies lives care bundle.

At the time of our inspection 96% of midwives had completed PROMPT training. This was a significant improvement since our last inspection in September 2019 when only 75% of midwives had completed the PROMPT training.

Medical staff did not always keep up-to-date with their mandatory training. Overall mandatory training rates for medical staff were 84%, this was below the 90% trust target, Obstetric medical staff missed the trusts target for PROMPT (89.7%), Growth Assessment Protocol training (GAP) (80%) and safeguarding children training (85%). Obstetric staff met the training compliance target in fetal monitoring training, achieving 90.9%.

PROMPT training rate compliance was not met for anaesthetic staff with a compliance rate of 73.3%. We asked staff about this on inspection and were told that anaesthetic staff rotated frequently which made it harder for them to complete the training. Staff told us that anaesthetic staff engaged well in the training and that all current anaesthetic staff were booked onto an upcoming session.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training attendance was monitored electronically, and staff received reminders to complete training.

Safeguarding

Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, the service did not have a baby abduction policy and had not conducted any abduction drills despite this being raised in our previous inspection report in 2019.

Nursing and midwifery staff received training specific for their role on how to recognise and report abuse. The service was compliant with the safeguarding adult and children training target of 90% for midwifery staff. At the time of our inspection, 98% of midwifery staff had completed safeguarding children training. However, not all medical staff had received training specific for their role on how to recognise and report abuse. The service was not compliant with the safeguarding children training target of 90% for medical staff, 85% of obstetric medical staff had completed safeguarding children training.

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The service did not have a baby abduction policy in place and had not undertaken baby abduction drills. The service had a missing persons policy but no specific baby abduction policy. Service leads were aware that they needed a policy and had plans to implement one, we saw evidence of these discussions in the maternity improvement board minutes from April 2021. On our previous inspection we raised concerns that the service had not conducted baby abduction drills. Despite this we found the service had not conducted any baby abduction drills in the intervening 15 months between inspections. We were concerned that in the event of a baby abduction attempt, that staff would not be aware of their roles and escalation procedures.

Actions were undertaken to address our ongoing concerns. Following our inspection, service leads provided us with a draft copy of the new missing persons policy and dynamic risk assessments for a baby abduction. Senior leaders told us after our inspection that a baby abduction drill would take place once the policy had been ratified.

Maternity areas had security measures in place. The labour suite, birthing unit and maternity ward all had locked doors that were accessed using swipe cards by staff and an intercom system for women and their relatives to gain entry and leave the areas.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. At our previous inspection we found that women were not consistently asked if they were at risk of domestic abuse when they were alone. This was not in line with national guidance and the service's policy. We found improvements in this area. We reviewed 11 sets of women's records and saw that women were asked about domestic abuse on multiple occasions, including on their own, for 10 out of the 11 records. The trust had conducted monthly audits on compliance with domestic violence questions and between January and March 2021 had achieved an average compliance rate of 99% in the antenatal period and 95% in the postnatal period. We saw that compliance with the audits was discussed at the monthly maternity quality safety meetings.

Staff could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could give examples of different types of abuse and referrals they had made previously.

Cleanliness, Infection Control and Hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.

Ward areas were clean and had suitable furnishings which were clean and well-maintained.

The service performed well for cleanliness. At booking all women are screened for Asymptomatic Bacteraemia (ASB) and are screened for MRSA for elective sections (pre-surgery) and emergency sections (immediately pre surgery). Where inpatient women had a known or suspected infection, they were cared for in single side rooms. The service completed monthly audits for MRSA and Clostridium Difficile (C. diff) for F11 ward. The ward had no instances of MRSA or C. diff infections between November 2020 and March 2021.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed monthly Infection Prevention and Control (IPC) inspections and performed well. Ward F11 scored 93.5% in the IPC inspection for April 2021, Labour suite scored 93.1% and the midwifery led birthing unit scored 95%.

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Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff using PPE which was readily available, such as disposable gloves and aprons. We observed that all staff were bare below the elbow and performed hand washing before and after episodes of direct care. Hand sanitising units and handwashing facilities were available throughout the unit and handwashing prompts were visible for staff, women and the public. All staff observed were following national guidance in respect of PPE for patient contact. Staff wore surgical masks and visors if they had contact with women and babies. We saw that staff adhered to social distancing guidelines where possible.

Staff adherence with the PPE policy was monitored as part of the services monthly IPC audit. We saw that for April 2021 the service scored 100%.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last clean and ready for use. There was a system in use throughout the service to identify clean equipment by using 'I am clean stickers'.

We were concerned that the use of the water pool in labour and birth guideline did not provide specific instructions for cleaning the waterbirth baths as there was no indication of appropriate amounts of cleaning products to use. We were concerned that without clear instructions that staff were not all following the same process to ensure the bath was appropriately cleaned. We fed this back to the service leads on our inspection. Following our inspection, action was taken and an updated guideline (version 10 amended 4 May 2021) produced to provide specific cleaning instructions.

Environment and Equipment

The design and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. However, the maintenance of equipment was not always timely.

The service had enough suitable equipment to help them to safely care for women and babies. However, maintenance of this equipment was not always timely. We reviewed five pieces of equipment including bladder scanners, SPO monitors and Cardiotocography machines (CTG) on F11 ward. We saw that four out of the five pieces of equipment had missed their service due date. Three of the pieces of equipment had missed their servicing date by a month or two, however one CTG's due date was May 2019. We spoke with the ward manager who was aware of the concern and had contacted the servicing team and had received a new date to service the equipment.

The design of the environment followed national guidance and the service had suitable facilities to meet the needs of women's families. The service had easy access to an operating theatre located at the end of the labour suite and access to a second operating theatre in the event of an emergency. The neonatal unit was close by if a baby's condition deteriorated and they required an urgent transfer.

The service had suitable facilities to meet the needs of women. The service's labour suite had eight ensuite birthing rooms and the midwifery led birthing unit had a further four ensuite birthing rooms. There was a separate bereavement suite located on the labour suite with an ensuite and small living area for women's families. One of the labour suite rooms had high dependency equipment and one room was used for women recovering from caesarean sections.

The labour suite had been designed to enable women's privacy. Each room had a light up sign above the door stating do not enter when the room was in use to ensure that the privacy and dignity of women was maintained.

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Staff carried out daily safety checks of specialist equipment. We saw that between January to April 2021 emergency trolley checks had been completed on all but one day of F11 ward and all but two days on the labour suite. This had improved since our previous inspection.

Staff disposed of clinical waste safely. Clinical waste was placed in appropriate bags and removed from locked dirty utility room by hospital porters.

Assessing and Responding to Risk

Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and quickly acted upon women at risk of deterioration. However, at the time of our inspection the service did not use a tool to triage women and the service were not compliant with swab recording targets.

Staff completed risk assessments for each woman on admission / arrival to either the maternity day assessment unit (MDAU) or labour suite triage, however they didn't use a recognised tool to triage women. This meant midwives were reliant on their individual clinical judgement rather than a assessment system to triage women according to priority. Two staff members we spoke with felt this was unsafe.

We raised our concerns with the service's leaders who informed us that they had plans to introduce a triage tool with a red-amber-green rating system. Following our inspection, the service implemented the new tool in May 2021, we saw that information about the tool had been placed in the service's daily briefing. Whilst improvements had been made since our inspection the new system would take time to embed.

The service was not compliant with swab counting targets. Swabs used for vaginal birth and perineal suturing were counted for completeness and to prevent a retained swab which posed risk of infection. The service monitored swab count compliance during birth and suturing as part of their quality dashboard. We saw that the service routinely did not meet the target of 100% compliance and between December 2020 to March 2021 scored between 66% and 95%. Audit results improved month on month in 2021 but remained below the trust's target. We saw that the poor compliance was escalated in the maternity quality safety meeting and actions included sending out a reminder in the daily briefing and safety huddle.

Staff used a nationally recognised tool to identify women at risk of deterioration and escalated them appropriately. This was an improvement on our previous inspection where we found that staff were not consistently taking all observations required and scoring correctly on the Modified Early Obstetric Warning Score (MEOWS) charts. We told the trust to make significant improvements in identifying deteriorating women and newborn babies in our section 29A notice in 2019. We reviewed eleven sets of women's records and saw that observations were consistently taken and scored in 10 out of 11 records. The service audited compliance with MEOWS documentation monthly, we saw that between August 2020 and March 2021 compliance was consistently 99% and above.

The service had introduced MEOWS charts in MDAU and during triage which was an improvement since our previous inspection.

Staff used a nationally recognised tool to identify newborn babies at risk of deterioration. This was an improvement on our previous inspection, when the service had not utilised a nationally recognised tool to assess newborn babies at risk

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of deterioration. We told the trust to make improvements in this area in our section 29A notice in 2019. In six out of the six records we reviewed, we saw that staff had completed the Newborn Early Warning Trigger and Track (NEWTT) chart. The service audited compliance with NEWTT documentation monthly, we saw that between August 2020 and March 2021 compliance was consistently 97.5% and above.

Staff completed risk assessments for each woman at their initial booking visit and throughout their pregnancy. This included a history of previous pregnancies, family history, social, medical and mental health assessments. Staff knew about and dealt with certain specific risk issues, for example, assessments of venous thromboembolism (VTE) were completed in line with the service guidelines. VTE is a life-threatening condition where a blood clot forms in a vein.

In the section 29A notice we issued to the trust in 2019, we identified that the trust were not monitoring women for their carbon monoxide levels during pregnancy in line with the trust's policy. The trust had increased their oversight of this monitoring but nationally carbon monoxide level monitoring was paused during the Covid-19 pandemic due to the risk of airborne particles being produced. At the time of our inspection the service were not monitoring carbon monoxide levels in order to follow national guidance issued in the pandemic. The service had however, implemented a new audit to monitor compliance with smoking status recordings at booking and at 36 weeks. From August 2020 and March 2021, the service had a compliance rate of 99.7% for recording smoking status at booking. However, recording compliance at 36 weeks was lower at 70% from August 2020 to March 2021. Compliance had improved in the later months with an average of 85% from January to March 2021. In the 11 women's records we reviewed we saw that smoking was routinely monitored at booking and 36 weeks. This was an improvement since our previous inspection. We saw that compliance with smoking status was discussed in the service's monthly maternity quality safety meeting and that compliance at 36 weeks was identified as an area for improvement.

The service had 24-hour access to mental health liaison and specialist mental health support if staff were concerned about a woman's mental health. Staff within the service could refer to the local mental health trust's peri-natal mental health team if they were concerned about a woman's mental health. If staff were unsure of what input may be required, they could refer the woman to the service's peri-natal mental health midwife who ran weekly peri-natal mental health clinics. Out of hours staff would refer women to the local crisis team.

Staff shared key information to keep women safe when handing over their care to others. Women's discharge summaries were emailed to their GP to ensure that key information was shared.

Shift changes and handovers included all necessary key information to keep women and babies safe. We observed the medical and midwifery handovers, the handovers were multidisciplinary, well-structured and well attended.

Whilst the service had continued to perform skills and drill sessions throughout the pandemic, staff had not practiced removing a woman from the water bath in an emergency. We fed back our concerns to the service leads on our inspection. Following our inspection service leads provided us with evidence that a live evacuation drill had occurred on Thursday 29 April 2021. Service leads told us that repeat drills were planned throughout the year.

In June 2020 the Chief Midwifery Officer wrote to all trust's outlining four actions required to provide perinatal support for Black, Asian and minority ethnic (BAME) women during the COVID-19 pandemic. The trust had responded to all four actions. Actions included producing videos with the service's maternity voices partnership advising BAME women on the increased risks during the pandemic and encouraging them to take a vitamin D supplement. These videos were shared on the service's social media pages and website. The service had advised their clinicians of the increased risks to BAME women and staff asked women about their ethnicity when they called the maternity helpline. The service ensured there was a lower threshold for inviting BAME women to come in for an assessment given their increased risk. We saw that the

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service collected data on women's ethnicity and had used this to write to all BAME women in July and December 2020 highlighting their increased risk during the pandemic and advising women on good health and risk reduction during pregnancy. The trust ensured relevant data was recorded in relation to the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), comorbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes.

Midwifery and nurse staffing

The service didn't always have enough maternity staff to keep women safe from avoidable harm and to provide the right care and treatment. However, managers regularly reviewed and adjusted staffing levels and skill mix and mitigations were in place to reduce the risks of staffing shortages. Managers gave bank staff a full induction.

The service didn't always have enough nursing and midwifery staff to keep women and babies safe however, managers accurately calculated and reviewed the number and grade of midwives, nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The service used a nationally recognised acuity tool to decide the level of staffing needed by women when in labour and giving birth and on the antenatal / postnatal ward. This was an improvement since the previous inspection. However, from January to April 2021 the trusts acuity data showed that the service's staffing levels only met acuity 62.7% of the time. We asked the services senior leadership team how they were assured that staffing levels were safe when staffing routinely did not meet acuity levels. Leaders explained the services escalation process which was detailed in the escalation policy. The policy details the minimum number of midwives needed on the ward areas and that escalation should go through the services supernumerary bleep holder who will redeploy midwives not engaged in clinical duties to ensure cover.

Service leads sent us evidence to show that in the event that acuity was not met by staffing needs that appropriate escalation processes had occurred, and that staff were redeployed to supplement staffing levels. In the event that the service could not redeploy enough staff to ensure safe staffing levels, service leads would close the unit in line with the escalation policy. We saw that from April 2020 to March 2021 the unit had closed twice.

The number of midwives and healthcare assistants did not always match the planned numbers. From January to March 2021, 16% of midwifery shifts did not match planned numbers and 27% of maternity care assistant shifts did not match planned numbers. Senior leaders told us that additional staffing was sought if the acuity levels were not met and if they were below template, but acuity was low then they would not seek additional staff. For example, on the day of our inspection, F11 ward was short by one member of midwifery staff, a replacement was not sought as there was a low number of women staying on the ward and managers felt these could be safely managed by the two registered midwives on shift.

The service had implemented a continuity of carer model. The term 'continuity of carer' describes consistency in the midwife or clinical team that provides care for a woman and her baby throughout the three phases of her maternity journey: pregnancy, labour and the postnatal period (NHS England 2017). Statistically, women who receive midwifery-led continuity of carer have better outcomes than those who do not. The service had implemented three continuity of carer teams, trust leaders spoke positively of this achievement. However, midwives we spoke with had found the transition to the new model difficult and felt it had potentially led midwives to leave the service due to changes in ways of working.

Staff raised concerns with us about the skill mix of midwives when they were called in to cover areas. Staff told us that occasionally newly qualified midwives were covering the services maternity day assessment unit when senior midwives were on breaks or sick.

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Staff raised concerns about staffing levels on the service's maternity day assessment unit (MDAU). The service's template staffing for the area was one midwife and one maternity care assistant Monday to Friday and one midwife at the weekends. Staff told us they often felt overworked when staffing the MDAU and they were so busy they did not have time to report incidents when they happened. Senior leaders had plans in place to increase senior midwifery support with the MDAU but this had not been communicated to staff and was in the early stages of planning.

The *National Institute for Health and Care Excellence* (NICE) Clinical Guideline 190 (1-1 care in labour) dictates that in order to keep women safe during established labour, one to one care should be provided. The service collected data on this to ensure they were compliant. From April 2020 to February 2021, the service was compliant with one to one care 99.7% of the time.

We raised concerns on our previous inspection that the services labour suite coordinator was not a supernumerary role in line with national recommendations. The service had made improvements since the previous inspection, the role was now supernumerary, and the service monitored the supernumerary status of the coordinator as part of the quality dashboard. We saw that from July 2020 to March 2021 the coordinator was supernumerary, on average, 85% of the time. Whilst this was an improvement from our previous inspection, the service still had to improve further in order to ensure the role was continuously supernumerary. We saw that this had been discussed in the monthly maternity quality safety meeting. The service anticipated increased compliance when two additional senior midwives took up their posts in April 2021.

Service leaders told us that midwifery staffing had been particularly difficult during the pandemic due to staff shielding and increased sickness caused by the virus.

To help address the staffing shortages there had been a rolling recruitment drive. We saw that staffing concerns were escalated and discussed at the service's monthly maternity quality safety meeting. The service sent us evidence to show nine midwives were due to start in April and May 2021 to ease staffing pressures.

The service had a vacancy rate of 9.3% and a turnover rate of 9.2%.

The service had high rates of bank midwives. From January to March 2021, 21% of planned shifts were filled with bank midwives. Managers requested staff familiar with the service. Staff we spoke with said they used regular bank midwives who were familiar with the service. Managers made sure all bank had a full induction and understood the service.

Medical staffing

The service had enough medical staff with the right qualifications and skills and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment.

The service had enough medical staff to keep women and babies safe. The service had sufficient consultants to cover presence on the delivery suite in line with national guidance 'Labour Ward Solutions (Good Practice No. 10) 2010'. The service had a weekly average of 117 onsite consultant hours from January to April 2021.

The service always had a consultant on call during evenings and weekends. Monday to Friday, consultants were rostered from 8am to 7pm and from 7pm to 8am the next day on call, off site. At weekends the consultants were rostered for five

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hours each day and to provide offsite on call cover for the remaining hours. Monday to Friday 8am to 5pm there were two junior doctors (FY2, ST1 & ST2 level) covering the on-call for Obstetrics and Gynaecology respectively, between 5pm and 9pm this was covered by one doctor. Medical and midwifery staff we spoke with were satisfied with the levels of medical staffing at the service.

An anaesthetist was available 24 hours a day, seven days a week for the labour ward to administer an epidural or spinal anaesthesia.

The service did not have any vacancies for medical staff.

The service had recently assigned job roles to consultants. We were concerned however that no consultant had been appointed to lead on triage and maternity day assessment unit (MDAU). Following our inspection, the service confirmed that the labour suite lead would take responsibility for triage and that a consultant had been assigned as MDAU lead.

Records

Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Women's notes were comprehensive and all staff could access them easily. The service had transitioned to an electronic women's records system three weeks prior to our inspection. Staff told us they had received good support with the transition, including double medical cover for two weeks while they adapted to the new system.

When women transferred to a new team, there were no delays in staff accessing their records. All admissions had an electronic discharge letter sent to their GP. The service's doctors prepared discharge letters if women went home with medication postnatally.

Records were stored securely. Records were stored electronically and accessed using individual log ins. Previous paper records were stored securely in a locked room and sent to the site team for archiving.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. On our previous inspection in 2019 we found that staff did not consistently record women's weights when prescribing medicines. Since September 2020 the service had implemented an audit looking at compliance with recording weight and allergies on prescription charts. We saw that performance had improved over time. In September 2020 the service scored 7% on the audit, this improved to 76% in February 2021 and 100% in March 2021. We reviewed 11 women's prescription charts and saw that weights and allergies were recorded on all 11.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Controlled medicines were stored in a double locked cabinet in line with The Misuse of Drugs (Safe Custody) Regulations (1973). We viewed the controlled drugs register on ward F11 and the labour suite and saw that entries were correct, dated and signed.

On our previous inspection in 2019 we identified that the service did not record the ambient air temperature of their medicine rooms. Medicines often have storage instructions that include not exceeding certain temperatures, therefore

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the service would not be able to determine if the medicines were still safe to use. We found improvements on this inspection; we checked the medicine rooms on labour suite and F11 ward and found that daily checks had been completed. The service audited compliance with checking ambient room temperatures as part of their maternity quality dashboard. We saw that between December 2020 and January 2021 compliance ranged from 96-100%.

Incidents

We were not assured that immediate actions were taken and recommendations followed in the event of a serious incident. However, staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

We were not assured that immediate actions were taken and recommendations followed in the event of a serious incident. The service had recently had an increase in serious incidents involving stillbirth between December 2020 and February 2021. We reviewed four 72 hour reports for the recent incidents but did not have access to the full investigations as these had been referred to an external investigator in line with policy. We saw in one 72 hour report that no immediate actions were identified despite listed recommendations. In another two 72 hour reports we saw that actions were identified but dates to complete the actions were not assigned.

Staff knew what incidents to report and how to report them. The service encouraged staff to raise incidents and would send reminders out using the services daily take five briefings if incident numbers fell below expected reporting levels. The services clinical risk manager performed daily walk rounds on labour suite asking staff if any incidents had occurred and reminding them to report them.

Staff raised concerns and reported incidents and near misses in line with trust policy. However, one member of staff told us that due to staffing pressures they found they did not always have time to report incidents.

The service had no never events on any wards.

Managers shared learning with their staff about incidents that happened elsewhere. The service compared incidents with neighbouring trusts in the service's monthly maternity quality safety meeting.

Staff received feedback from investigation of incidents. Staff told us that managers were supportive when they had been involved in incidents and they received feedback in one to one sessions. Wider feedback was shared in the services risk and governance newsletter, "Risky business". For example, learning points from an amber incident included double checking all transfusion samples and ensuring that Anti D appointments were booked on the electronic system rather than verbally confirming with women.

Staff reported serious incidents clearly and in line with trust policy. From April 2020 to April 2021 the service had reported six serious incidents. The service had referred them to the appropriate investigatory body. Staff were encouraged and supported to engage with incident investigations. Managers debriefed and supported staff after any serious incident. Staff could give examples of debriefs that had occurred after incidents including baby resuscitation and cooling. Staff told us that during the pandemic the briefings have been held using videoconferencing technology which has increased attendance.

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Staff understood the duty of candour. They were open and transparent and gave women and families a full explanation if and when things went wrong. Staff told us that they were aware of the duty of candour and could explain the trust's processes.

Staff met to discuss the feedback and look at improvements to patient care. Incidents were discussed at the services monthly risk and governance meetings. These were attended by the service's risk midwives, risk and governance failsafe officer, quality assurance midwife obstetric lead for governance and the obstetric lead for labour suite. Themes from incidents were identified and discussed in the maternity quality safety meeting.

Is the service effective?

Inspected but not rated ●

Evidence based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983. However, the service did not always have action plans in place for local audits and was not compliant with national incentive scheme safety actions.

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. This was an improvement since our previous inspection in 2019 when we found the service had 23 out of date guidelines. The service had recently assigned a consultant obstetric lead for guidelines to ensure they were regularly reviewed and up to date with national guidelines. At the time of our inspection there were two guidelines out of date which were going through the review process.

We saw that updates to national guidance and compliance were discussed at the services monthly risk and governance meetings as well as the maternity quality safety meetings,

The service ensured it provided care in line with national guidance by monitoring women's outcomes and quality of care using a maternity dashboard. The dashboard was Red-Amber-Green (RAG) rated with targets set for smoking, intrapartum transfers of care, mode of delivery and neonatal morbidity and mortality. The dashboard was reviewed in detail at the service's monthly maternity quality safety meeting. We saw that service leads discussed and escalated any red metrics. For example, the high rate of caesarean sections for February 2021 (29.5%) was assigned to be presented at the clinical governance steering group.

The service identified where they weren't meeting national guidance and put plans in place to mitigate and reach compliance. For example, the service wasn't compliant with Saving Babies Lives, version 2 which is a care bundle for reducing perinatal mortality. The service was not compliant on using intrauterine doppler measurements, they mitigated the risk by performing additional scans whilst a consultant trained the services sonographers to perform intrauterine doppler measurements. The service had plans for the sonographers to use intrauterine doppler measurements by the end of April 2021.

There was a clinical audit programme in place. The service had consultant leads assigned to national audit programmes and reports including Saving lives-improving mothers care 2020 and Perinatal Confidential Enquiry- Stillbirths and

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neonatal deaths in twin pregnancies. However, the service did not have an extensive local audit programme in place and did not always have action plans for recommendations. We reviewed local clinical audits and saw that an audit had been completed by a senior midwife looking at missed cases of fetal growth restriction and an audit completed by medical staff looking at mechanical induction of labour. We saw that both audits had recommendations from their findings but neither had action plans with named individuals responsible for implementing the recommendations. This meant we could not be assured that recommendations and learning from audits were being fully implemented.

The service had introduced a monitoring and audit programme relating to quality and safety. This was an improvement on our previous inspection in 2019. Quality and safety audits were monitored through the trust's new midwifery service quality dashboard which included but was not limited to: equipment audits, birth ratios, documentation audits, mandatory training and appraisal rates, outstanding incidents and continuity of care outcomes. We saw that the dashboard was presented to the executive board and discussed at the service's monthly risk and governance meeting.

The trust engaged in national programmes to improve delivery of maternity services but did not always implement changes quickly and demonstrate compliance. The trust provided us information in response to the Maternity Incentive Scheme. This was an incentive scheme that outlined ten essential actions designed to improve the delivery of best practice in maternity and neonatal services. The service was working towards compliance and were monitoring this closely. However, at the time of our inspection the service had rated themselves amber for six out of the ten areas. We saw that compliance was discussed across different governance meetings including the maternity quality safety meeting and the risk and governance meeting. When we asked staff about this, they told us they were progressing well and were in the process of collating evidence for all areas and anticipated full compliance by their submission in May 2021.

In 2020 the service had written to NHS resolution to inform them that following a review, the trust had downgraded their Maternity Incentive Scheme assessment from compliant to non-compliant. This meant the trust hadn't been compliant with the safety actions for two years. We were concerned that at the time of our inspection the service still weren't compliant with the safety actions and the pace of implementation of actions was slow.

The trust had created an action plan in response the recommendations from the Ockenden report and were working towards compliance. This independent report outlined seven immediate and essential actions based on emerging findings and recommendations. The service had eight actions associated with the report. Four actions were completed or were rated green, the other four were rated amber with further actions detailed for compliance.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. However, not all staff were up to date with their annual appraisal.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. However, staff told us they had concerns about the skill mix within the workforce as there was a large number of newly qualified midwives.

Managers gave all new staff a full induction tailored to their role before they started work.

Maternity

Managers supported staff to develop through yearly, constructive appraisals of their work. However, not all staff were up to date with their annual appraisal. The services target for appraisal rates was 90%, we saw that in March 2021 appraisal rates for community midwives were within target at 98%, however hospital midwives and support staff did not meet the target with 80% and 81% respectively. Service leaders told us it had been more difficult to arrange appraisals during the COVID-19 pandemic with staff shielding and having to ask more staff to work clinically to meet acuity levels.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work. Compliance with medical staff appraisals was 94% in April 2021.

Managers supported midwifery staff to develop through regular, constructive clinical supervision of their work. This was an improvement on our previous inspection in 2019 when we found the trust had not put in place any process to replace the supervisor of midwives' role. The service had implemented professional midwifery advocates (PMA) since our previous inspection. PMA's were available Monday to Friday and wore a t-shirt to identify themselves to staff when they were active in their PMA role.

The clinical educators supported the learning and development needs of staff. The service had two practice development midwives (PDM). The PDM's role included organising mandatory training, inductions for new staff and junior midwives preceptorship training. A preceptorship is a period to guide and support all newly qualified practitioners to make the transition from student to develop their practice further.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Meetings were held by videoconferencing technology to enable more staff to attend and to adhere to social distancing.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The PDM's helped decide the content of the services multidisciplinary training and used incidents within the service to determine areas of focus. The service had implemented a new specialist fetal monitoring midwife role to assist with cardiotocography training and support for staff. Since the introduction of the training in January 2021, the service had a compliance rate of 89% for midwives.

Managers made sure staff received any specialist training for their role. The service operated emergency drill sessions to ensure staff had practiced emergency scenarios. Emergency drills had included shoulder dystocia, neonatal resus, theatre simulation and postpartum haemorrhage. This was in line with the saving babies lives care bundle.

Multidisciplinary working

Doctors, midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.

Staff held regular and effective multidisciplinary handover meetings to discuss patients and improve their care. These were attended by all members of the multidisciplinary team including anaesthetists. The handover was well structure using situation, background, assessment, recommendation (SBAR). SBAR is a tool used to facilitate prompt and appropriate communication between wards/services.

Staff worked across health care disciplines and with other agencies when required to care for patients. Multidisciplinary teams worked together in the antenatal clinic to provide holistic care for women. For example, in the diabetes clinic women could receive a joint consultation with the consultant endocrinologist, diabetes nurse, consultant obstetrician and midwife with a specialist interest in diabetes. **Page 104**

Maternity

The service's transitional care bay was an area where neonatal nurses, midwives, neonatologists and obstetricians worked together to care for women and their babies.

Staff referred women for mental health assessments when they showed signs of mental ill health, depression. The service had a specialist midwife in post to support women at risk of or suffering with mental health conditions. Staff sought advice from the specialist midwife who provided support to women themselves or referred women to the local mental health trust's peri-natal mental health team. Support provided by the peri-natal mental health midwife included a weekly clinic to assess women's peri-natal mental health needs, advanced care planning and referrals to mental health services.

Is the service well-led?

Requires Improvement  

Our rating of well-led improved. We rated it as requires improvement because:

Leadership

There had been significant change within the maternity service leadership team which had provided stability to the triumvirate.

Maternity services were within the women's and children's division in the trust's structure. There was a head of midwifery (HOM), clinical director (CD) and associate director of operations (ADO). Since our last inspection in September 2019, this was a new maternity senior leadership team. The head of midwifery has been in post since December 2019. The ADO has been in the role for just over six months. The clinical director has been in the role since February 2021.

This meant there now was a clearly defined management and leadership structure in place. We observed and were told by senior staff of joint working between leaders both within the department, the rest of the trust and with external agencies and bodies to maximise care provision for women and babies.

The head of midwifery was supported in her role by two dedicated midwifery matrons and a team of senior midwives.

The trust's medical director was the executive lead and there was a non-executive director with responsibility for the maternity service. This meant there was a high profile for the maternity service at board level. This was an improvement from the last inspection in 2019.

Maternity service presented directly to the board and this was in line with Spotlight for Maternity 2016. The 'Spotlight on Maternity' March 2016 states 'to ensure that there is a board-level focus on improving safety and outcomes in maternity services, organisations should provide the opportunity for the Medical Director for maternity and the Head of Midwifery to present regularly to the board.' This was an improvement since the last inspection in 2019.

Maternity

The service triumvirate leadership team informally met weekly to discuss performance, operational capacity and any concerns. However, these meetings were not minuted, so we were unable to see evidence of these meetings and any actions from them. In addition, the team had a '3 on 3' monthly meeting with the executive leads for the service. We were told this meeting was a supportive meeting and was not minuted.

The triumvirate were aligned on the challenges to quality and sustainability within the service and had plans in place to address them. This meant that steps had been taken to improve the stability and effectiveness of the leadership of the service. However, at the time of our inspection, the new leadership team was in its infancy with all leaders in post less than 18 months. In the time that the leads had been in post, they had implemented new audit systems and ways of working which were improvements since the previous inspection. However, the new systems and ways of working were in their infancy. The changes needed to be sustained and embedded before the full impact and effectiveness could be assured but early indications were positive.

Service leaders were responsive to concerns we raised during inspection. In the weeks following our inspection service leaders acted promptly on the feedback we had provided. This included conducting a drill for the evacuation of a woman from the bath, updating the waterbirth guideline, the service implemented a triage tool in the midwifery day assessment unit and assigned an obstetric lead for maternity day assessment unit (MDAU) and triage.

Staff told us they received good support from their managers within the service at all levels. Staff were mostly positive when speaking about the senior leaders in the service and told us they were trusted and respected. Two members of staff we spoke with were frustrated with staffing levels within the service and voiced concerns that they didn't feel listened to by senior staff. However, staff consistently told us leaders were visible and frequently attended handovers and huddles. Staff told us the head of midwifery did a walk round of the unit three times daily.

Medical staff we spoke with told us their leads and educational leaders were very supportive, approachable and open to challenge.

Staff spoke positively about the executive team and told us they were visible and approachable. Staff told us that both the chief executive officer (CEO) and executive chief nurse would regularly see them on their walk arounds. More recently, due to the Covid-19 pandemic, the non-executive maternity lead conducted virtual drop-in sessions for the unit where staff had the opportunity to share information and any concerns.

Vision and strategy

The service had a vision for what it wanted to achieve and a draft strategy to turn it into action developed with all relevant stakeholders.

At the time of our inspection the service had a draft five year strategic plan which aligned with the trust's vision and strategy, which was being developed with input from staff and service users. The trust's five year strategy was awaiting final sign off by the board at the time of our inspection.

The maternity service's strategy detailed the service's ambitions for the next five years and was aligned to the NHS Long Term Plan 2019 and key recommendations from investigations into maternal and neonatal adverse outcomes including Ockenden report (2020). However, as the strategy was in draft, we did not see an action plan in place with actions assigned to individual staff members, to achieve the strategy.

Maternity

The culture had improved within the service, however staffing shortages had impacted morale and staff told us they didn't always feel respected and valued as a result. Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.

We observed strong multidisciplinary working between midwifery and medical teams and it was clear there were strong working relationships, and respect for team member's skills, from junior staff through to the most senior leaders.

Staff told us this was a good place to work and that the culture of the unit was positive. Staff told us there had been a noticeable improvement since the appointment of the new head of midwifery. However, midwifery staff also told us that staffing shortages affected morale and the pressure of being the only midwife assigned to the midwifery day assessment unit left staff feeling unsupported.

Medical staff told us there had been an improvement in the culture since the appointment of the clinical director for obstetrics and gynaecology. The new director had assigned job plans and lead roles for each consultant, ensuring they were aware of their responsibilities and were engaged with their lead area. Some medical staff told us the culture within the consultant body was hierarchical dependent on length of service, however the new job roles had improved this. However, the changes in the job roles had recently been implemented and needed time to embed to be assured that the improvements would be sustained.

Governance

Governance within the service had improved since our previous inspection. However, we found that there was a lack of oversight with local audit action plans and a slow pace of improvement in relation to compliance with national recommendations.

At the last inspection we had concerns about the governance structure of the service. At this inspection there had been improvements in governance processes of the maternity service. We noted that the service had improved oversight in relation to reviewing guidelines, monitoring use of the Modified Early Obstetric Warning Score (MEOWS) scoring, documentation of carbon monoxide monitoring and the documentation of domestic violence monitoring.

However, the service was slow to implement national recommendations from the Maternity Incentive Scheme and the Ockenden report. The service had six amber actions for the Maternity Incentive Scheme and had been non-compliant for the previous two years. The service was not compliant with the recommendations from the Ockenden report at the time of our inspection but were actively working to achieve compliance. The service had four actions that were rated as amber out of the eight actions they had designated to the report.

The service did not have an extensive local audit programme in place and did not always have action plans for recommendations. We reviewed two local audits and found they had recommendations from their findings but neither had action plans with named individuals responsible for implementing the recommendations. This meant we could not be assured that recommendations and learning from audits was being fully implemented. We were concerned that there did not seem to be oversight of local audits to ensure recommendations were implemented and monitored.

We reviewed various governance meetings and noted they were well attended by senior managers and MDT staff and covered areas such as incidents, staffing, risk register, risk management, complaints, information governance, monthly audit and quality dashboard, investigations, quality performance indicators, complaints, reviewing of guidelines reports, patient experience and medicines.

Maternity

We met with the departments triumvirate who told us they met regularly to discuss development of the maternity service and to review and resolve issues. However, we were told this meeting was not a regular scheduled meeting. Rather, they would meet on an ad hoc basis. Furthermore, they did not have an agenda or take minutes to evidence that they met.

We reviewed minutes of the divisional board meetings that were held monthly and found these to be well attended by representatives of the multidisciplinary team and appropriate discussion were held and actioned such as the risk register, staffing and concerns.

We reviewed the minutes of the maternity quality safety meetings. The purpose of the meeting was to oversee all issues related to clinical governance, quality and safety and approve reports and guidelines prior to submission to divisional board and trust board as required. We saw the meeting was well attended, and actions were assigned to named individuals to progress.

We reviewed guidelines and policies for the department as part of our inspection that were available electronically to all staff to access when they needed. We found they were all within date and referenced national guidance.

We reviewed minutes of the maternity departmental meetings that were held monthly and found these to be well attended by representatives of the multidisciplinary team with appropriate discussion held and actioned such as the risk register, staffing and concerns.

The service held monthly perinatal mortality and morbidity meetings, however the minutes from these sessions were poor and it was not clear what was discussed or whether actions and learning were shared. The service recently had a cluster of serious incidents involving stillbirths. We were concerned that we could not see clear actions and discussions about these cases.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

There were processes in place to identify risk. Risks were identified and recorded in line with the services maternity risk management policy, version 5 dated January 2019. The maternity service had a risk register and we saw that risks within the service were on the risk register and risks aligned with those identified by service leads. Risks were recorded and managed using the trust's electronic risk reporting system. All risks on the register were allocated to a member of staff responsible for reviewing and monitoring them; they were in date and had been reviewed. Risks included monitoring compliance with saving babies lives care bundle and the Maternity Incentive Scheme.

During our inspection we identified a risk that was not featured on the services risk register. The services triage room had not been operational for an extended period of time due to a faulty call bell. The service was awaiting a service engineer visit to fix the problem. We raised this as a concern with the leadership team. Following inspection, we were informed that the room was in the process of being permanently decommissioned as a clinical room and therefore had not been recorded on the risk register, as it did not present an active risk.

The risk register was discussed at the service's monthly risk and governance meetings and the monthly maternity quality safety meetings as a standing agenda item. The service had introduced risk posters that were displayed on notice boards and highlighted specific risk in areas to encourage staff engagement on risk management.

Maternity

Daily handovers included a briefing of any issues highlighted by managers. We observed this during our inspection and found the briefing included local audit results and safety information on the service's new electronic records system.

Maternity performance measures were reported through the maternity dashboard, with red, amber, green ratings to enable staff to identify metrics that were better or worse than expected. We saw that the services dashboard was reviewed as part of the monthly risk and governance meetings as a standing agenda item and was presented monthly to the trust board by the head of midwifery. We saw that nearly all performance measures had improved in the last 12 months. Improvements shown in checking emergency equipment, mandatory training, supernumerary status of the labour suite coordinator, midwife to birth ratio, compliance with domestic violence questions and completing drug chart information.

There had been an improved commitment to managing risks, issues and performance. Since our inspection in 2019 the service had allocated additional resources into the risk and governance team and had employed three additional midwives into risk, governance and clinical quality roles.

The service had introduced quality improvement (QI) training as part of their mandatory training to ensure all staff engaged and took responsibility for quality improvement.

The midwifery department had a dedicated clinical quality midwife who oversaw quality improvements within the service and were running different quality improvement projects at the time of inspection. Projects included reducing the incidence of post-partum haemorrhage, increasing smoke free pregnancies, mobile epidurals, improving the quality of care during caesarean sections, antenatal colostrum harvesting for high risk neonates and improve the decision to delivery time for births in theatre.

The projects had affected change within the service. For example, the service's increasing smoke free pregnancies project. Actions identified included providing targeted information via email to women and the smoking cessation midwife having telephone contact with all women referred for smoking cessation. The QI project showed sustained improvement over seven months and in February 2021 the service achieved the target for smoking at the time of birth set by NHS England for 2022.

We saw staff were engaged with QI processes and involved with suggesting projects. The service had undertaken a QI project into mobile epidurals at the suggestion of a midwife who had come from another trust where this was implemented. The service were in the process of reviewing guidelines from other trusts to ensure their new mobile service would be in line with others.

The service shared learning from QI projects and encouraged staff to get involved through the "risky business" newsletter. Following the success of the newsletter in the maternity department, the trust had decided to roll out the newsletter across the trust for other speciality areas.

Outstanding practice

We found the following outstanding practice:

- The maternity service had a keen focus on quality improvement (QI) and had multiple projects ongoing with demonstrable service improvements being seen. Staff throughout the service were engaged with QI and contributed to the projects.

Maternity

Areas for improvement

MUSTS

Maternity service

- The trust must ensure that medical and anaesthetic staff meet mandatory training compliance levels. Regulation 12 (1) (2) (c).
- The service must ensure they complete emergency drills in a baby abduction scenario. Regulation 12 (1) (2) (a) (b) (c).
- The service must ensure equipment is serviced within its due date. Regulation 12 (1) (2) (e).
- The service must ensure it implements a tool to safely triage women in the maternity day assessment unit and labour suite triage. Regulation 12 (1) (2) (a) (b).
- The service must ensure its staffing levels meet acuity levels within the service. Regulation 18 (1).
- The service must ensure governance arrangements establish timely compliance with national recommendations and ensure oversight of local audits. Regulation 17 (1) (2) (a) (b) (f).

SHOULD

Maternity service

- The trust should improve appraisal rates for midwifery staff.
- The trust should consider minuting triumvirate meetings.
- The trust should consider improving the quality of perinatal mortality and morbidity meeting minutes.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, another CQC inspector and two specialist advisors, including an obstetrician and a midwife. The inspection team was overseen by Philippa Styles, Head of Hospital Inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Maternity and midwifery services

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Maternity and midwifery services

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Maternity and midwifery services

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance



Decisions Plan: 1 September 2021 to 31 May 2022

Report number:	OAS/WS/21/018	
Report to and date(s):	Overview and Scrutiny Committee	2 September 2021
Cabinet member:	Councillor John Griffiths (Leader) Tel: 07958 700434 Email: john.griffiths@westsuffolk.gov.uk	
Lead officer:	Christine Brain Tel: 01638 719729 Email: christine.brain@westsuffolk.gov.uk	

Decisions Plan: This report refers to items which are listed in the Cabinet’s Decisions Plan.

Wards impacted: All wards.

Recommendation: It is recommended that the Overview and Scrutiny Committee:

1. Peruses the Decisions Plan for items on which they would like to receive further information on, or which they feel might benefit from the Committee’s involvement during the coming year: or
2. Notes the contents of the report.

1. Context to this report

1.1 Holding the Cabinet to Account

1.2 Part of the Overview and Scrutiny Committee's role is to hold the Cabinet to account for the discharge of its functions. The principal elements by which it will do this is as follows:

- (a) Scrutinising decisions which the Cabinet is planning to take, as set out in the Decisions Plan, or of which proper notice is given (*including decisions referred to it in accordance with paragraph 6.6.2 of Article 6 of the Constitution*).
- (b) Scrutinising decisions of the Cabinet and individual Portfolio Holders before they are implemented and if necessary, using the "call-in" mechanism to require the decision taker to reconsider the earlier decision.

Scrutinising decisions of the Cabinet or Portfolio Holders after they have been implemented as part of a wider review.

2. Proposals within this report

2.1 Attached as **Appendix 1** is the most recently published version of the Decisions Plan to be considered by Cabinet for the period 1 September 2021 to 31 May 2022.

2.2 Members are invited to peruse the Decisions Plan for items on which they would like to receive further information on, or which they feel might benefit from the Committee's involvement during the coming year.

2.3 Members are asked to note that the Performance and Audit Scrutiny Committee, in most instances will receive reports on Financial, Audit and Governance related items published in the Decisions Plan.

3. Alternative options that have been considered

3.1 Not applicable.

4. Consultation and engagement undertaken

4.1 Not applicable.

5. Risks associated with the proposals

5.1 Not applicable.

6. Appendices referenced in this report

7.1 **Appendix 1** – Decisions Plan: 1 September 2021 to 31 May 2022

7. Background documents associated with this report

7.1 Not applicable.

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Decisions Plan

Key Decisions and other executive decisions to be considered

Date: 1 September 2021 to 31 May 2022

Publication Date: 20 August 2021

The following plan shows both the key decisions and other decisions/matters taken in private, that the Cabinet, portfolio holders, joint committees or officers under delegated authority, are intending to take up to 31 May 2022. This table is updated on a monthly rolling basis and provides at least 28 clear days' notice of the consideration of any key decisions and of the taking of any items in private.

Executive decisions are taken at public meetings of the Cabinet and by other bodies/individuals provided with executive decision-making powers. Some decisions and items may be taken in private during the parts of the meeting at which the public may be excluded, when it is likely that confidential or exempt information may be disclosed. This is indicated on the relevant meeting agenda and in the 'Reason for taking the item in private' column relevant to each item detailed on the plan.

Members of the public may wish to:

- make enquiries in respect of any of the intended decisions listed below; or
- receive copies of any of the documents in the public domain listed below; or
- receive copies of any other documents in the public domain relevant to those matters listed below which may be submitted to the decision taker; or
- make representations in relation to why meetings to consider the listed items intended for consideration in private should be open to the public.

In all instances, contact should be made with the named officer in the first instance, either on the telephone number listed against their name, or via email using the format firstname.surname@westsuffolk.gov.uk or via West Suffolk Council, West Suffolk House, Western Way, Bury St Edmunds IP33 3YU or Mildenhall Hub, Sheldrick Way, Mildenhall, Suffolk IP28 7JX.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
21/09/21 Deferred from 25/05/21 18	West Suffolk Rural Taskforce –Action Plan Update The Cabinet will be asked to consider the final update on implementation of actions arising from the West Suffolk Rural Taskforce.	Not applicable	(D)	Cabinet	John Griffiths Leader of the Council 01284 757001	Jill Korwin Strategic Director 01284 757252	Report to Cabinet.
21/09/21 (Deferred from 27/04/21 or 25/05/21)	Newmarket Cumulative Impact Assessment Review The Cabinet will be asked to consider approving and renewing the Newmarket Cumulative Impact Assessment (CIA), which has been subject to consultation. This policy was introduced to manage the growth of	Not applicable	(KD) (e)(ii)	Cabinet	Andy Drummond Regulatory and Environment 07710 027343	Jen Eves Director (HR, Governance and Regulatory) 01284 757015 Fiona Quinn Service Manager (Environmental	Report to Cabinet, with accompanying consultation analysis and background evidence/data

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
Page 119	licensed premises in an area where the number, type and density of premises selling alcohol had been identified as leading to nuisance and disorder. The existing policy requires reviewing to ensure it complies with the legislative changes introduced on 6 April 2018. The Licensing and Regulatory Committee will have been involved with the consultation process.					Health) 01284 757042	
21/09/21	Revenues Collection Performance and Write Offs The Cabinet will be asked to consider writing-off outstanding debts, as	Exempt appendices: paragraphs 1 and 2	(KD)	Cabinet	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with exempt appendices.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
	detailed in the exempt appendices.						
21/09/21 Page 120	Annual Treasury Management and Financial Resilience Report 2020 to 2021 The Cabinet will be asked to consider the recommendations of the Performance and Audit Scrutiny Committee regarding seeking approval for the Annual Treasury Management Financial Resilience Report for 2020 to 2021.	Not applicable	(R) – Council 28/09/21	Cabinet / Council	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny Committee to Cabinet and Council.
21/09/21	Financial Resilience Report - June 2021 The Cabinet will be asked to consider the	Not applicable	(R) – Council 28/09/21	Cabinet / Council	Sarah Broughton Resources and Property	Rachael Mann Director (Resources and Property)	Recommendations of the Performance and Audit

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
Page 12	recommendations of the Performance and Audit Scrutiny Committee regarding seeking approval for the financial resilience activities between 1 April 2021 and 30 June 2021.				07929 305787	01638 719245	Scrutiny Committee to Cabinet and Council.
21/09/21 (New Item)	Fees and Charges Policy The Cabinet will be asked to consider and approve a revised updated Fees and Charges Policy.	Not applicable	(KD)	Cabinet	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with revised updated policy attached.
09/11/21	Council Tax Base for Tax Setting Purposes 2022 to 2023 The Cabinet will be asked to recommend to Council the basis of the formal	Not applicable	(R) – Council 14/12/21	Cabinet/ Council	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with recommendations to Council.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
Page 122	calculation for the Council Tax Base for West Suffolk Council for the financial year 2022 to 2023.						
09/11/21	Local Council Tax Reduction Scheme 2022 to 2023 The Cabinet will be asked to consider proposals for potential revisions to the Local Council Tax Reduction Scheme prior to seeking its approval by Council.	Not applicable	(R) – Council 14/12/21	Cabinet/ Council	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with recommendations to Council.
09/11/21	Council Tax Technical Changes 2022 to 2023 The Cabinet will be asked to consider proposals for potential Council Tax	Not applicable	(R) – Council 14/12/21	Cabinet/ Council	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with recommendations to Council.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
	technical changes prior to seeking its approval by Council.						
09/11/21 New Item P 206 123	Animal Welfare Licensing Policy The Cabinet will be asked to consider a new Animal Welfare Licensing Policy, which has been produced to recognise and bring together the new Animal Welfare (Licensing of Activities involving Animals) (England) Regulations 2018, the Council's continued duty under the Dangerous Wild Animals Act and the Zoo Licensing Act, as well as a basic animal licensing process. The policy has been subject	Not applicable	(D)	Cabinet	Andy Drummond Regulatory and Environment 07710 027343	Jen Eves Director (HR, Governance and Regulatory) 01284 757015 Fiona Quinn Service Manager (Environmental Health) 01284 757042	Report to Cabinet, with proposed policy attached.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
Page 124	to public consultation and having taken responses into account, is now presented to Cabinet for approval.						
07/12/21	<p>Delivering a Sustainable Budget 2022 to 2023 and Medium-Term Financial Strategy 2022 to 2026</p> <p>The Cabinet will be asked to consider recommendations of the Performance and Audit Scrutiny Committee for recommending to Council on proposals for achieving a sustainable budget in 2022 to 2023 and in the medium term.</p>	Not applicable	(R) – Council 14/12/21	Cabinet/ Council	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny Committee to Cabinet and Council.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
07/12/21 Page 125	<p>Financial Resilience Report – September 2021</p> <p>The Cabinet will be asked to consider the recommendations of the Performance and Audit Scrutiny Committee regarding seeking approval for the Financial Resilience activities between 1 April 2021 and 30 September 2021.</p>	Not applicable	(R) – Council 14/12/21	Cabinet / Council	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny Committee to Cabinet and Council.
07/12/21	<p>Revenues Collection Performance and Write Offs</p> <p>The Cabinet will be asked to consider writing-off outstanding debts, as detailed in the exempt appendices.</p>	Exempt appendices: paragraphs 1 and 2	(KD)	Cabinet	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with exempt appendices.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
08/02/22 (deferred from 11/01/22) Page 126	Applications for Community Chest 2022 to 2023 The Cabinet will be asked to consider the recommendations of the West Suffolk Grant Working Party in respect of the levels of funding (if any) to be awarded to applicants to the Community Chest funding scheme for 2022 to 2023 and in some cases, 2023 to 2024.	Not applicable	(KD); however, some funding allocations may be subject to the budget setting process.	Cabinet	Robert Everitt Families and Communities 01284 769000	Davina Howes Director (Families and Communities) 01284 757070	Recommendations of the West Suffolk Grant Working Party to Cabinet.
08/02/22	Delivering a Sustainable Budget 2022 to 2023 and Medium-Term Financial Strategy 2022 to 2026 The Cabinet will be asked	Not applicable	(R) – Council 22/02/22 Unless separate proposals are	Cabinet	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny Committee to Cabinet and

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
Page 127	to consider recommendations of the Performance and Audit Scrutiny Committee for recommending to Council on proposals for achieving a sustainable budget in 2022 to 2023 and in the medium term.		recommended by Cabinet, consideration by Council will take place as part of the separate budget setting paper on 22/02/22				Council.
08/02/22	<p>Budget and Council Tax Setting 2022 to 2023 and Medium Term Financial Strategy 2022 to 2026</p> <p>The Cabinet will be asked to consider the proposals for the 2021 to 2022 budget and Medium-Term Financial Strategy 2022</p>	Not applicable	<p>(R) – Council 22/02/22</p> <p>Unless separate proposals are recommended by Cabinet,</p>	Cabinet/ Council	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with recommendations to Council.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
Page 128	to 2026 for West Suffolk Council, prior to its approval by Council. This report includes the Minimum Revenues Provision (MRP) Policy and Prudential Indicators.		consideration by Council will take place as part of the separate budget setting paper on 22/02/22				
08/02/22	<p>Financial Resilience - Strategy Statement 2022 to 2023 and Treasury Management Code of Practice</p> <p>The Cabinet will be asked to recommend to Council, approval of the Strategy Statement 2022 to 2023 and Treasury Management Code of Practice for West Suffolk Council, which must be</p>	Not applicable	(R) – Council 22/02/22	Cabinet/ Council	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny Committee to Cabinet and Council.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
	undertaken before the start of each financial year.						
08/02/22 Page 129	Financial Resilience Report – December 2021 The Cabinet will be asked to consider the recommendations of the Performance and Audit Scrutiny Committee regarding seeking approval for the Financial Resilience activities between 1 April 2021 and 31 December 2021.	Not applicable	(R) – Council 22/02/22	Cabinet / Council	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny Committee to Cabinet and Council.
15/03/22	Revenues Collection Performance and Write Offs The Cabinet will be asked to consider writing-off	Exempt appendices: paragraphs 1 and 2	(KD)	Cabinet	Sarah Broughton Resources and Property 07929 305787	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with exempt appendices.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
	outstanding debts, as detailed in the exempt appendices.						

Note 1: Definition of exempt information and relevant paragraphs of the Local Government Act 1972

In accordance with Section 100(A)(4) of the Local Government Act 1972 (as amended)

The public may be excluded from all or part of the meeting during the consideration of items of business on the grounds that it involves the likely disclosure of exempt information defined in Schedule 12(A) of the Act, as follows:

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.
- Information which reveals that the authority 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.
- Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

In accordance with Section 100A(3) (a) and (b) of the Local Government Act 1972 (as amended)

Confidential information is also not for public access, but the difference between this and exempt information is that a Government department, legal opinion or the court has prohibited its disclosure in the public domain. Should confidential information require consideration in private, this will be detailed in this Decisions Plan.

Note 2: Key decision definition

A key decision is an executive decision that either:

- a. Results in new expenditure, or a reduced income or savings of more than £100,000 in any one year that has not otherwise been included in the Council's revenue or capital budgets.
- b. Comprises or includes the making, approval or publication of a draft or final scheme, which is not a routine business decision, that may require, either directly or in the event of objections, the approval of a Minister of the Crown.
- c. Results in the formation of a new company, limited liability partnership or joint venture.
- d. Has a potentially detrimental impact on communities outside of West Suffolk District.
- e. Is a decision that is significant in terms of its effect on communities living or working in a definable local community in the District, or on one or more wards, in that it will:
 - i. Have a long-term, lasting impact on that community; or
 - ii. Restrict the ability of individual businesses or residents in that area to undertake particular activities; or
 - iii. Removes the provision of a service or facility for that community; or
 - iv. Increases the charges payable by members of the community to provide a service or facility by more than 5%; or
 - v. Have the potential to create significant local controversy or reputational damage to the Council
 - vi. A matter that the decision maker considers to be a key decision.
- f. Any matters that fall under the scope of e. above must be subject to consultation with the local Member(s) in Wards that are likely to be impacted by the decision prior to the decision being made.

Note 3: Membership of bodies making key decisions

a. Membership of West Suffolk Council's Cabinet and their portfolios

Cabinet Member	Portfolio
John Griffiths	Leader of the Council
Sara Mildmay-White	Deputy Leader of the Council, and Housing and Health
Sarah Broughton	Portfolio Holder for Resources and Property
Carol Bull	Portfolio Holder for Governance
Andy Drummond	Portfolio Holder for Regulatory and Environment
Robert Everitt	Portfolio Holder for Families and Communities
Susan Glossop	Portfolio Holder for Growth
Jo Rayner	Portfolio Holder for Leisure, Culture and Community Hubs
David Roach	Portfolio Holder for Planning
Peter Stevens	Portfolio Holder for Operations

Membership of the Anglia Revenues Partnership Joint Committee (made up of Breckland Council, East Cambridgeshire District Council, East Suffolk Council, Fenland District Council and West Suffolk Council)

Member Council	Full representative	Substitute representative
Breckland	Philip Cowen	Sam Chapman-Allen and Paul Claussen
East Cambridgeshire	David Ambrose-Smith	David Brown and Joshua Schumann
East Suffolk	Steve Gallant	To be confirmed
Fenland	Jan French	David Connor and Kim French
West Suffolk	Sarah Broughton	Sara Mildmay-White

Jennifer Eves
 Director (Human Resources, Governance and Regulatory)
 Date: 20 August 2021

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Scrutiny Work Programme 2021 and Suggestions for Scrutiny

Report number:	OAS/WS/21/019	
Report to and date(s):	Overview and Scrutiny Committee	2 September 2021
Chair of the Committee:	Councillor Ian Shipp Telephone: 07368 134769 Email: ian.shipp@westsuffolk.gov.uk	
Lead officers:	Christine Brain Democratic Services Officer (Scrutiny) Telephone: 01638 719729 Email: christine.brain@westsuffolk.gov.uk	

Decisions Plan: This item is not included in the decisions plan.

Wards impacted: Not applicable.

Recommendation: It is recommended that Overview and Scrutiny Committee:

1. Reviews and notes the current status of topics currently scheduled in its rolling work programme for 2021, attached at Appendix 1.
2. Resolves whether to include “fines for idling” into its forward work programme for 2021-2022.
3. Resolves whether to include a review of “20 mph zones and signage” into its forward work programme for 2021-2022.

1. Context to this report

1.1 Rolling Work Programme

- 1.1.1 The Committee has a rolling work programme whereby suggestions for scrutiny reviews are brought to each meeting, following the completion of the work programme suggestion form, and if accepted, are timetabled to report to a future meeting.
- 1.1.2 The work programme also leaves space for Call-ins and Councillor Calls for Action.
- 1.1.3 The current position of the work programme, including any Task and Finish Group(s) or Working Groups, and items currently agreed, but yet to be programmed for 2021 is attached at **Appendix 1**.

2. Proposals within this report

2.1 Suggestion for Scrutiny: Fines for Idling

- 2.1.1 At its meeting held on 8 July 2021, Councillor Diane Hind informed members she had produced a small report on “anti-idling” on the work carried out by the Residents Working Group which was emailed to the Committee for information.
- 2.1.2 As a follow-up to this, Councillor Diane Hind agreed to complete a work programme suggestion form for the Committee’s consideration at its September 2021 meeting, focusing on anti-idling, 20 mile an hour speed limits and improving air quality around our towns. This piece of work was originally raised by Councillor Lisa Ingwall-King back in January 2020.
- 2.1.3 Following the meeting Councillor Diane Hind has prepared a suggestion form, attached at **Appendix 2**, to undertake a review. If supported, it is proposed that the suggestion be included into the committee’s forward work programme.

2.2 Suggestion for Scrutiny: 20 mph zones and signage

- 2.2.1 On 27 July 2021, Councillor Diane Hind approached the Chair of the Committee about a potential scrutiny topic relating to possibly carrying out a review of 20 mile per hour zones and their signage and possibly requesting that Suffolk County Council arrange for 20 mile per hour zones (or limits) to be extended, adequately signed, and enforced.
- 2.2.2 Councillor Diane Hind has prepared a suggestion form, attached at **Appendix 3**, to undertake a review.

Further information for consideration

- 2.2.3 The responsible authority for speed limits lies with Suffolk County Council (SCC). The following information is available on the SCC website, which is set out below for the committee's consideration:

20mph speed limits

The Department of Transport has encouraged highway authorities to introduce 20mph limits in urban areas and village streets that are primarily residential.

In response to this we have agreed on **criteria** to assess whether limits can be introduced and how funding will be prioritised. The flow chart shows how the **assessment process** will be carried out.

Contact your local county councillor if you would like us to consider introducing a 20mph limit. If your councillor agrees they will contact us to discuss the change.

Note: the agreed criteria and assessment process are attached at **Appendix 4** and **5**.

- 2.2.4 Taking into account all information available to the committee, and if supported, it is proposed that a small group of members would meet alongside officers to discuss, with a view to making recommendations to Suffolk County Council.

3. Appendices referenced in this report

- 3.1 Appendix 1 – Scrutiny Work Programme 2021
- Appendix 2 – Completed suggestion for scrutiny, Fines for Idling
- Appendix 3 – Completed suggestion for scrutiny, 20 mph zones and signage
- Appendix 4 – SCC criteria for 20 mph speed limits
- Appendix 5 – SCC flow chart setting out the assessment process for 20 mph speed limits

4. Background documents associated with this report

- 4.1 None

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Overview and Scrutiny Committee: Rolling Work Programme (2021)

The Committee has a rolling work programme, whereby suggestions for scrutiny reviews are brought to each meeting, and if accepted, are timetabled to report to a future meeting. The work programme also leaves space for Call-ins and Councillor Calls for Action.

Description	Lead Member - Officer	Details
11 November 2021 (Time: 5.00pm) Venue: TBC (Thursday)		
Suffolk County Council: Health Scrutiny Committee – 13 October 2021	Councillor Margaret Marks	To receive an update from the Council's appointed representative on discussions held by the Suffolk County Health Scrutiny Committee on 13 October 2021.
Cabinet Decisions Plan	Leader of the Council	To receive information on forthcoming decisions to be considered by the Cabinet.
Work Programme Update	Chair of Overview and Scrutiny	To receive suggestions for scrutiny reviews, appoint Task and Finish Groups for these reviews and indicate review timescales.
13 January 2022 (Time: 5.00pm) Venue: TBC (Thursday)		
Cabinet Decisions Plan	Leader of the Council	To receive information on forthcoming decisions to be considered by the Cabinet.
Work Programme Update	Chair of Overview and Scrutiny	To receive suggestions for scrutiny reviews, appoint Task and Finish Groups for these reviews and indicate review timescales.
Items Carried Forward – Yet to be scheduled in the 2021-2022 Work Programme		
1) Invite back Havebury Housing Partnership once they have progressed their three strategies – Agreed at meeting held on 12 March 2020.		
2) Invite Flagship Housing (same as Havebury Housing) – Agreed at meeting held on 12 March 2020.		
3) A report on Homes for Life setting out what is being built for older people – Agreed at meeting held on 12 March 2020.		

Current position of Overview and Scrutiny Working Groups

	Title	Purpose	Start Date (Established)	Members Appointed	Estimated End date
1.	Modern Day Slavery Working Group	<p>A Working Group was established in November 2020 to carry out a review of the West Suffolk Council statement and approach to modern-day slavery.</p> <p>(The government announced in September 2020 new guidance which requires councils to report on their activities in relation to modern day slavery. More guidance is awaited from government. Once this has been published, the Working Group will convene its first meeting).</p>	Not yet met.	<p>Councillors:</p> <p>Diane Hind Mike Chester Vacancy</p>	
2.	West Suffolk Markets Review Working Group	<p>A West Suffolk Markets Review Working Group was established in June 2021 to support the Council in refining its strategic vision markets, taking into account that each of our markets are different.</p> <p>The aim is to produce a number of recommended actions to support that strategic vision, and the means through which those actions could be delivered.</p>	June 2021	<p>Councillors:</p> <p>Michael Anderson John Burns Patrick Chung David Palmer Marion Rushbrook Ian Shipp</p>	November 2021

**Suggestion for Scrutiny Work Programme Form
(To be considered by the Overview and Scrutiny Committee)**

Suggestion from:

Councillor Diane Hind

What would you like to suggest for investigation / review?

I would like Overview and Scrutiny to request that permission is sought for our Civil Parking Enforcement Team (CPE) to be able to issue fines for drivers who allow their car/van/lorry engines to idle when the vehicle is parked and stationary. Obviously, there would have to be exemptions such as refrigerated vehicles.

This follows on from two projects, a review by the old St Edmundsbury Overview and Scrutiny committee who received a report at their final meeting. At that time the then committee expressed the hope that in 12 months firm action might be taken regarding fines, but this hasn't happened.

As you will know from a report by me circulated to the committee in early July 2021, an Association of all the Town Residents Association has made Air quality a focus and they have taken steps to try to inform the public about the consequences of allowing their engines to idle.

This group of residents has been told that it is possible for our CPE officers to issue tickets, but they would need to officially be given the power to do so. I understand this means applying for revised terms of reference or permissions and that is what I would like Overview and Scrutiny to recommend.

Please continue on a separate sheet if necessary

What are the main issues / concerns to be considered?

Air Quality is associated with a number of health issues and particularly affects the most vulnerable in society such as children and older people. Children (14 and under) and older people (65 and older) are particularly susceptible to the effects of air pollution, as are people with respiratory conditions, like asthma, or heart problems.

Of course, it isn't just a poisonous gas like Nitrogen Dioxide that is harmful, it is also particulates (microscopic particles) that unfiltered vehicles emit.

The Highway Code (Rule 123) already advises that drivers **must not** leave a stationary vehicle's engine running unnecessarily on a public road. If a vehicle is likely to remain stationary for more than a couple of minutes, drivers should apply the parking brake and switch off the engine to reduce vehicle emissions and noise pollution.

A couple of minutes though can cause a lot of pollution and we've all seen people running their engines to defrost windscreens whilst they have breakfast or pop into the local shop or the parents keeping their cars warm for their children. I'm sure most are unaware of the impact this has on the health of others, and indeed their own health.

Simple facts:

A car idling for one-minute produces enough harmful chemicals to fill 150 Balloons

Public Health England estimates long-term exposure to particulate air pollution has 'an effect equivalent to' around 25,000 deaths a year in England. Road traffic is estimated to contribute more than 64% of air pollution in towns and cities.

A diesel car used for short journeys in urban environment will pollute more, this is because the Diesel particulate filter (DPF) won't reach sufficient temperature to regenerate. Regeneration, basically burning off soot etc. to ash occurs when travelling for 10minutes plus at over 40mph. Failure to regenerate can cause vehicle problems and the AA report that they are continually called to assist vehicles with a blocked DPF.

An idling engine can produce up to twice as many emissions as an engine in motion, Impacting the surrounding the area and the air that we breathe.

The Royal College of Physicians estimate 40,000 deaths a year in the UK are linked to air pollution, with engine idling contributing to this.

The residents of Bury St Edmunds are very concerned about this as you'll have learnt from my report.

One of our priorities as a District Council is Healthy Communities and this should be a part of that aim. I accept that there are financial implications, but improved health is priceless.

<p>Matt Axton Environmental officer and Cllr Everitt (Portfolio holder Families and communities) who chairs the meetings of the Bury Association of Residents Associations can confirm that it has been declared possible for CPE officers to take on this role and that it would be welcomed by the various Residents Associations.</p>	
<p>Who is responsible for providing this service, or tackling the issue in question?</p>	
<p>I have been advised that CPE falls under the remit of Car parks which is Councillor Peter Stevens (Cabinet Member for Operations) responsibility.</p>	
<p>Have you spoken to them, and if so, what was the response?</p>	
<p>Councillor Peter Stevens, Cabinet Member for Operations has been emailed a copy of the suggestion form, but to date, no response has been received.</p>	
<p>What is the Portfolio Holders view on this issue?</p>	
<p>To date, no response received from Councillor Peter Stevens.</p>	
<p>What would be the likely benefits and outcomes of carrying out this investigation / review?</p>	
<p>The health benefits would be immediate and be totally in keeping with our Climate change and environment strategy.</p>	
<p>Estimated Committee and officer resource implications (e.g. research group, one-off report, dedicated meeting etc)</p>	
<p>One off meeting hopefully culminating in a request to give CPE Officers the powers they need to be able to issue fines.</p>	
<p>Suggested witnesses, documentation and consultation</p>	
<p>N/A</p>	
<p>Will this investigation / review contribute to one or more of the Council's Strategic Priorities? If so, which (please tick)</p>	
<p>Growth in West Suffolk's economy for the benefit of all our residents and UK plc</p>	
<p>Resilient families and communities that are healthy and active.</p>	x
<p>Increased and improved provision of appropriate housing in West Suffolk in both our towns and rural areas.</p>	

Will this investigation / review contribute to the achievement of one or more of the commitments within the Council's West Suffolk Strategic Framework 2020-2024 Priorities? If so, which (please tick)	
Growth in West Suffolk's economy for the benefit of all our residents and UK plc.	
1. Encourage economic growth in West Suffolk that benefits our local economy, our workforce, our families and communities and our global and local environments by tackling climate change.	X
2. Secure improve infrastructure and facilities to support new and existing communities.	
3. Invest in our towns, villages and countryside areas by building their unique strengths	
Resilient families and communities that are healthy and active:	
1. Support communities to fulfil their ambitions so as to improve the lives of residents and the local environment.	X
2. Work with partners to build resilience in families and communities, so that problems can be prevented at the earliest opportunity.	
3. Use our community, leisure public open space, countryside and heritage assets so that they give maximum benefit to West Suffolk communities.	
Increased and improved provision of appropriate housing in West Suffolk in both our towns and rural areas:	
1. Ensure a variety of new housing is provided in appropriate locations, that meets the needs of current and future generations.	
2. Improve the quality of housing and the local environment for our residents.	
3. Support people to access suitable housing, including by working in partnership to addresses their wider needs.	

Will this investigation hit one of the essential elements of a scrutiny review when analysing potential scrutiny reviews? If so, which (please tick)	
Public Interest: The concerns of local people should influence the issues chosen by overview and scrutiny.	X
Impact (Value): Priority should be given to issues that make the biggest difference to the social, economic and environmental wellbeing of the area, and which have the potential to make recommendations which could lead to real improvements. The outcome must also be proportionate to the cost of carrying out the review in terms of staff and councillor time.	X
Relevance: Overview and scrutiny must be satisfied that an issue identified for review is relevant and does not duplicate existing work being undertaken elsewhere by various Working Groups, Cabinet, partners etc.	X

Partnership working or external scrutiny: The focus of scrutiny is moving towards joint action and community leadership, so anything which offers this opportunity should be given serious consideration.	
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Would you like to be involved in the investigation / review?	
Yes	
Date of request: 24 th July 2021	Signed Diane Hind

Please return this form to the:

Democratic Services Officer (Scrutiny), West Suffolk Council, College Heath Road, Mildenhall, Suffolk, IP28 7EY

Email: Christine.brain@westsuffolk.gov.uk

Update: February 2018 (Revised West Suffolk Strategic Framework 2018-2020)

Update: 1 April 2019 (New Logo – West Suffolk Council)

Update: February 2020 (Revised West Suffolk Strategic Framework 2020-2024)

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**Suggestion for Scrutiny Work Programme Form
(To be considered by the Overview and Scrutiny Committee)**

Suggestion from:

Cllr Diane Hind and Cllr Julia Wakelam

What would you like to suggest for investigation / review?

This request is for Overview and Scrutiny Committee to carry out a review of 20 mile per hour zones and their signage and possibly request that Suffolk County Council arrange for 20 mile per hour zones (or limits) to be extended, adequately signed, and enforced.

Why do we need a 20mph limit?

- The higher the speed that traffic is going, the more likelihood there is of acceleration and deceleration, along with idling traffic, all of which is a major cause of air pollution. This is all less likely if traffic is going at an appropriate speed.
- Evidence shows that if a pedestrian is hit by traffic travelling at 20 mph or 30mph, the likelihood of them being killed by the latter, for example, 30mph, is 8 times greater than by the former, 20mph, because, obviously, the impact is greater.
- If the public are educated over a period of time that speeding traffic affects not only safety but also air quality and health, they are much more likely to follow the rules as they did with the smoking ban and the importance of covid vaccination. 20mph limits are not a quick fix and take time to be habit forming but evidence shows that they work.
- Drivers need to know that a 20mph limit exists. If they can hardly see the 20mph repeater signs on the road because they have faded so much, or if there is insufficient roadside signage how can they be expected to keep to the rules.
- This subject is of great concern to residents in Bury St Edmunds particularly in the Town Centre. The Association of Residents Association of all residents groups across the Parish of Bury St Edmunds are very keen that this be pursued as they perceive this to be a factor in improving Air Quality as well as keeping people safer.

Please continue on a separate sheet if necessary

What are the main issues / concerns to be considered?

NOTES

- This is not an argument for a blanket 20mph limit throughout the District but only for those Towns or areas where residents have called for them, or where accidents due to speeding have occurred, or where there is a large pedestrian presence.
- In Cambridge the whole of Cherry Hinton area is 20 mph, and in Paris the Mayor has just extended the coverage.
- Also, I thought it might be worth mentioning the differences between a 20 zone and a 20 limit as per information from Suffolk constabulary

20mph – Zone

This is a section of road that is set at 20mph, it must be accompanied by sufficient traffic calming measures to force the traffic to slow to this level. This may be in road design with chicanes, speed humps, strategic parking, or other obstacles. 20 zones generally do not carry a traffic regulation order that gives police powers to enforce. Without repeater “20” signs, the zone is legally unenforceable, but the measures in place should generally prevent speeding.

20mph – Limit

This section of road must be accompanied by 20mph repeater signs throughout the whole stretch. These limits do not require traffic calming measures but must look and feel like a 20. It is not acceptable to simply change 30mph signs to 20’s without other road modifications, signage or landscaping.

The issue with any 20 is that the police will not routinely enforce these. As a very general rule, people tend not to exceed limits by more than 10mph, so this would mean that a marked 20, people will generally not exceed 30. This may therefore have the desired effect of reducing speeds from a marked 30 where people may go up to 40.

Please continue on a separate sheet if necessary

Who is responsible for providing this service, or tackling the issue in question?

Suffolk County Council have the responsibility and I’m sure would consider if the District Council made a request. Obviously to make such a request a review such as the one I’m recommending would need to be carried out and then the Committee could ask for the Portfolio Holder at Suffolk County Council to take action if that was what the committee decided.

Have you spoken to them, and if so, what was the response?

Not applicable as a different council (Suffolk County Council).

What is the Portfolio Holders view on this issue?	
Not applicable at this stage, as above.	
What would be the likely benefits and outcomes of carrying out this investigation / review?	
Improved Air quality, improved health and fewer serious accidents	
Estimated Committee and officer resource implications (eg research group, one-off report, dedicated meeting etc)	
Research Group.	
Suggested witnesses, documentation and consultation	
Residents Associations., Business Groups	
Will this investigation / review contribute to one or more of the Council's Strategic Priorities? If so, which (please tick)	
Growth in West Suffolk's economy for the benefit of all our residents and UK plc	
Resilient families and communities that are healthy and active.	X
Increased and improved provision of appropriate housing in West Suffolk in both our towns and rural areas.	
Will this investigation / review contribute to the achievement of one or more of the commitments within the Council's West Suffolk Strategic Framework 2020-2024 Priorities? If so, which (please tick)	
Growth in West Suffolk's economy for the benefit of all our residents and UK plc.	
1. Encourage economic growth in West Suffolk that benefits our local economy, our workforce, our families and communities and our global and local environments in particular by tackling climate change.	
2. Secure improve infrastructure and facilities to support new and existing communities.	
3. Invest in our towns, villages and countryside areas by building their unique strengths	
Resilient families and communities that are healthy and active:	
1. Support communities to fulfil their ambitions so as to improve the lives of residents and the local environment.	X
2. Work with partners to build resilience in families and communities, so that problems can be prevented at the earliest opportunity.	
3. Use our community, leisure public open space, countryside and heritage assets so that they give maximum benefit to West Suffolk communities.	X

Increased and improved provision of appropriate housing in West Suffolk in both our towns and rural areas:	
1. Ensure a variety of new housing is provided in appropriate locations, that meets the needs of current and future generations.	
2. Improve the quality of housing and the local environment for our residents.	
3. Support people to access suitable housing, including by working in partnership to addresses their wider needs.	

Will this investigation hit one of the essential elements of a scrutiny review when analysing potential scrutiny reviews? If so, which (please tick)	
Public Interest: The concerns of local people should influence the issues chosen by overview and scrutiny.	X
Impact (Value): Priority should be given to issues that make the biggest difference to the social, economic and environmental wellbeing of the area, and which have the potential to make recommendations which could lead to real improvements. The outcome must also be proportionate to the cost of carrying out the review in terms of staff and councillor time.	X
Relevance: Overview and scrutiny must be satisfied that an issue identified for review is relevant and does not duplicate existing work being undertaken elsewhere by various Working Groups, Cabinet, partners etc.	X
Partnership working or external scrutiny: The focus of scrutiny is moving towards joint action and community leadership, so anything which offers this opportunity should be given serious consideration.	X

Would you like to be involved in the investigation / review?	
Yes	
Date of request: 25/7/21	Signed Diane Hind

Please return this form to the:

Democratic Services Officer (Scrutiny), West Suffolk Council, College Heath Road, Mildenhall, Suffolk, IP28 7EY

Email: Christine.brain@westsuffolk.gov.uk

Update: February 2018 (Revised West Suffolk Strategic Framework 2018-2020)

Update: 1 April 2019 (New Logo – West Suffolk Council)

Update: February 2020 (Revised West Suffolk Strategic Framework 2020-2024)

20MPH SPEED LIMIT POLICY CRITERIA

1.0 Introduction

- 1.1 Suffolk County Council (the Council) supports in principle the introduction of 20mph speed limits and zones where appropriate to do so.
- 1.2 This policy sets out the background to such limits and the criteria that the Council will use to consider whether to introduce such limits and how potential schemes would be prioritised across the county.
- 1.3 The number of schemes which will be introduced will depend on what funding is made available which may vary over time and is not the subject of consideration in this policy.

2.0 Background

- 2.1 The Department for Transport has asked local Highway Authorities to consider introducing more 20mph limits and zones over time in urban areas and built up village streets that are primarily residential.
- 2.2 20mph zones and limits are now relatively wide-spread with more than 2,000 schemes in operation in England. The majority of these are 20mph zones. 20mph zones require traffic calming measures (which can be a range of road features, including but not restricted to, road narrowing or humps) or repeater speed limit signing and/or roundel road markings at regular intervals, so that no point within a zone is more than 50m from such a feature. In addition, the beginning and end of a zone is indicated by a terminal sign. Zones usually cover a number of roads. 20mph limits are signed with terminal and repeater signs (minimum of one repeater but dependent on the length of the limit), and do not require traffic calming. 20mph limits are similar to other local speed limits and normally apply to individual or small numbers of roads but are increasingly being applied to larger areas.
- 2.3 There is clear evidence of the effect of reducing traffic speeds on the reduction of collisions and casualties, as collision frequency is lower at lower speeds; and where collisions do occur, there is a lower risk of fatal injury at lower speeds. Research shows that on urban roads with low average traffic speeds any 1 mph reduction in average speed can reduce the collision frequency by around 6%. There is also clear evidence confirming the greater chance of survival of pedestrians in collisions at lower speeds.

- 2.4 Important benefits of 20 mph schemes include quality of life and community benefits, and encouragement of healthier and more sustainable transport modes such as walking and cycling. There may also be environmental benefits as, generally, driving more slowly at a steady pace will save fuel and reduce pollution, unless an unnecessarily low gear is used. Walking and cycling can make a very positive contribution to improving health and tackling obesity, improving accessibility and tackling congestion, and reducing carbon emissions and improving local environment.

3.0 Threshold Criteria for Initial Consideration of Potential Schemes

- 3.1 The Council will evaluate schemes against this methodology on a location by location basis.
- 3.2 Unless in exceptional circumstances, locations will not be considered for 20mph schemes where any of the following apply:
1. they are on A or B class roads;
 2. they have existing mean speeds above 30 mph;
 3. there is no significant community support as assessed by the local County Councillor.

In assessing community support, Councillors should review the views of District, Town and Parish Councils and give weight to petitions and local residents' views.

- 3.3 Locations will then only be considered for 20 mph limits or zones if two out of three of the following criteria are met:
1. current mean speeds are at or below 24 mph;
 2. there is a depth of residential development and evidence of pedestrian and cyclist movements within the area;
 3. there is a record of injury accidents (based on police accident data) within the area within the last five years.
- 3.4 Locations within conservation areas and other areas of high visual amenity will not normally be considered suitable for sign only 20mph limits unless there will be minimal adverse visual impact. In these areas any 20mph restrictions will normally be through 20mph zones.

4.0 Criteria for Prioritisation of Schemes

- 4.1 Assuming a potential scheme meets the requirements at Section 3 there is a need for a mechanism to prioritise these for consideration to be funded from budgets that may be available from the Council.
- 4.2 If opportunities exist to fully fund 20mph schemes from external sources, councillor locality budgets or as part of a wider project that has already been funded then any 20 mph scheme need only to meet the requirements of Section 3. If such funding is available only to part fund a 20mph scheme then this will not affect the prioritisation for any other available county council funding for 20mph schemes.
- 4.3 The Council aims to ensure that any 20mph schemes have the maximum benefit for the affected communities. The promotion of healthier lifestyles, sustainability benefits, improvements to the social interaction and economic wellbeing of an area are important considerations alongside reduction of accidents or traffic speeds. With these factors in mind a Priority Criteria Matrix incorporating these factors will be used to prioritise schemes using a scoring and weighting mechanism. A copy of the matrix is shown in Annex A.
- 4.4 It is recognised that the matrix scoring relies on both objective and subjective judgements. In order to introduce fairness and importantly consistency in judgement, evaluations will be undertaken by a standing group of officers in consultation with a councillor panel.
- 4.5 For each priority criterion, the score allocated will be multiplied by the weighting against that criterion to give a weighted score. The total priority score for the proposal will be the total of the weighted scores. The higher the total score, the higher the priority. For example:

Criterion	Score Given	Weighting	Weighted Score
Injury accident Record	9	5	45
Conservation Area	5	2	10
Cycling and pedestrian levels which encourage healthy life styles	9	5	45
Deprived areas.	2	3	6
Police support	10	2	20
TOTAL			126

ANNEX A

PRIORITY CRITERIA MATRIX FOR 20 MPH LIMIT

Criterion	Definition	Low Score (0-3)	Mid Score (4-7)	High Score (8-10)	Weighting (1-5)
Injury accident record	Relevant fatal or Injury accidents recorded by the Police within the area	No accident records over 5 years	1-3 accidents recorded over 5 years	4+ accidents recorded over 5 years	5
Conservation Area	Designated Conservation Area by the Local Planning Authority	No designated area with little architectural or historic interest	Not designated but with some architectural and historic interest	Designated Conservation Area	2
Cycling and pedestrian levels which encourage healthy life styles	Estimate of current and potential levels of cycling and pedestrian levels particularly crossing roads	Little evidence of cycling and pedestrian use or the potential for increased levels. No opportunities to promote cycling and walking for leisure or tourism use or to schools or local amenities.	Some evidence of cycling and pedestrian use and potential for increased levels. Some opportunities to promote because of proximity of tourist offering, schools and local amenities.	High levels of cycling and pedestrian use and good potential for increasing. Likely to be centres of population or tourist areas with amenities, schools or employment centres accessible by walking and cycling.	5

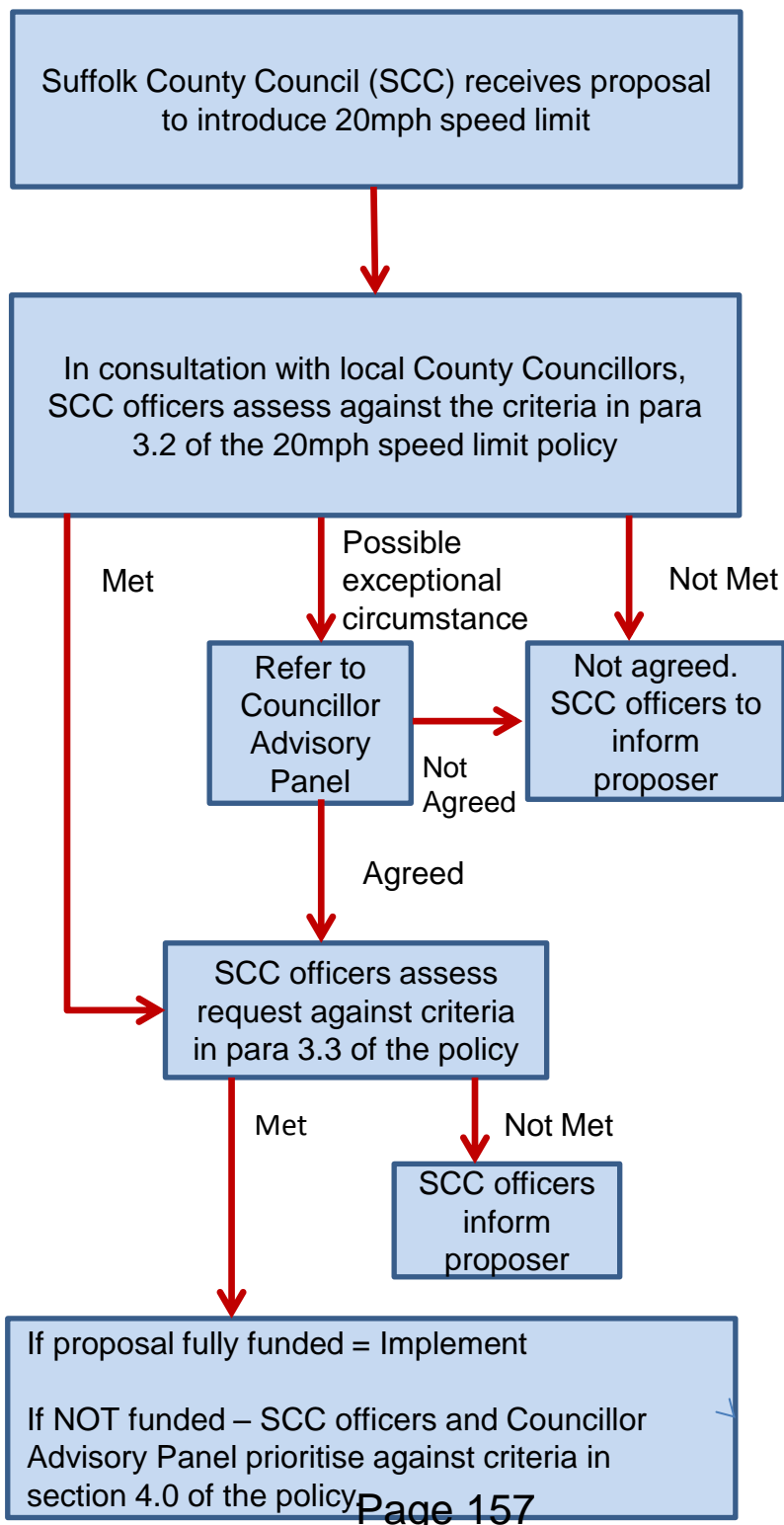
Criterion	Definition	Low Score (0-3)	Mid Score (4-7)	High Score (8-10)	Weighting (1-5)
Deprived areas.	Index of Multiple Deprivation (IMD). National Ranking (2010) by Lower Super Output Area (LSOA) (from Suffolk Observatory Website). IMD includes a range of economic, social and housing indicators into a single score for one area.	25,000+	10,000-25,000	0 to 10,000	3
Police support	The formal view on the Police on any scheme.	Objection or little support.	Some support but possibly with reservations.	Strong unreserved support.	2

Clarification for scoring matrix

- (1) When considering the conservation criterion the Conservation Area should be a significant part of the overall area under review. For this criterion, widths of footways should be a consideration in the scoring within the relevant band.
- (2) Officers will provide available factual evidence of the levels of pedestrian and cyclist use where available. This will include data on local school travel plans and implementation, local cycling strategies and Sustrans routes.
- (3) The Deprived Areas criterion is based on Lower Super Output Areas (LSOAs) which are used for the collection and publication of small area statistics and are more uniform in size and nature than electoral wards or divisions.

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Process For Assessment of 20mph Speed Limits



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