

Overview and Scrutiny Committee



Title	Agenda											
Date	Thursday 11 November 2021											
Time	5.00 pm											
Venue	Conference Chamber West Suffolk House Western Way Bury St Edmunds, IP33 3YU											
Full Members	<p style="text-align: center;">Chair Ian Shipp 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 Stephen Frost Margaret Marks</td> <td style="vertical-align: top;">Joe Mason Sarah Pugh Marion Rushbrook Vacancy</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 Stephen Frost Margaret Marks	Joe Mason Sarah Pugh Marion Rushbrook Vacancy	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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Interests – declaration and restriction on participation	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.											
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>
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>

	There is an overall time limit of 15 minutes for public speaking, which may be extended at the Chair's discretion
Accessibility	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.
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 - 26

To confirm the minutes of the meeting held on 2 September 2021 (copy attached).

4. 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.

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

Part 1 – public

6. 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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|---|----------------|
| 7. Health - Portfolio Holder Overview | 27 - 30 |
| Report number: OAS/WS/21/020 | |
| 8. Air Quality and Anti-Idling Campaign Update | 31 - 36 |
| Report number: OAS/WS/21/021 | |
| 9. Suffolk County Council: Health Scrutiny Committee - 13 October 2021 | 37 - 66 |
| Report number: OAS/WS/21/022 | |
| 10. Cabinet Decisions Plan: 1 November 2021 to 31 May 2022 | 67 - 86 |
| Report number: OAS/WS/21/023 | |
| 11. Work programme update 2022 | 87 - 92 |
| Report number: OAS/WS/21/024 | |

Part 2 – exempt

None

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Overview and Scrutiny Committee

Minutes of a meeting of the **Overview and Scrutiny Committee** held on **Thursday 2 September 2021** at **5.00 pm** in the **Conference Chamber, West Suffolk House**, Western Way, Bury St Edmunds IP33 3YU

Present **Councillors**

Chair Ian Shipp
Vice Chair Stephen Frost

Michael Anderson	Diane Hind
Trevor Beckwith	Margaret Marks
Tony Brown	Joe Mason
Mike Chester	Julia Wakelam
Patrick Chung	

Substitutes attending for a full member
Jim Thorndyke

In attendance
Kerry Allen, Principal Transport Towns Planner, Suffolk County Council
Matt Cloke, Development Director, Churchmanor Estates
Michael Crichton, Local Resident
Councillor Birgitte Mager, Ward Member for Moreton Hall
Robert Houlton-Hart, Secretary of Moreton Hall Residents' Association
Nic Rumsey, Managing Director, Jaynic
Melanie Soanes, Local Resident
Clive Wilkinson, Project Engineer, Suffolk County Council

128. **Substitutes**

The following substitution was declared:

Councillor Jim Thorndyke substituting for Councillor Terry Clements.

129. **Apologies for absence**

Apologies for absence were received from Councillors Simon Brown, Terry Clements, Sarah Pugh and Marion Rushbrook.

Councillor Paul Hopfensperger was also unable to attend the meeting.

130. **Minutes**

The minutes of the meetings held on 10 June 2021 and 8 July 2021 were confirmed as correct records and signed by the Chair.

131. **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 was 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)

It was then proposed by Councillor Margaret Marks, seconded by Councillor Tony Brown, and with the vote being unanimous it was:

RESOLVED:

That:

- 1) The minutes of the meeting held on 18 March 2021, be confirmed as a correct record, and signed by the chair.
- 2) The membership of the Markets Review Group be approved.

132. **Declarations of interest**

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

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

The Chair informed member he attended Cabinet on 20 July 2021 and presented the Committee's report from its meeting held on 8 July 2021. As per the minutes above, the Chair thanked the Leader of the Council for attending its meeting and presenting the Draft West Suffolk Annual Report 2020 to 2021, and updated Cabinet on the nominations put forward on the Appointments to Outside Scrutiny Bodies (Suffolk County Council Health Scrutiny Committee), which were noted by Cabinet.

The Chair also updated Cabinet on the Markets Review Group as a standing item.

134. **Public participation**

The following members of the public spoke under this agenda item:

1. **Vivien Gainsborough Foot**, Chairman of The Churchgate Area Committee and Member of the West Suffolk Council Air Quality Group made a statement in connection with Item 11 on the Agenda, "Work programme update and suggestions for scrutiny" on 20mph speed limits and anti-idling.

Chair and members thank you for allowing me to speak. My name is Vivien Gainsborough Foot, Chair of the Churchgate Area Association (CAA), and represent the residents and business associations for the 620 houses in the grid. We have a membership of over 300 residents and businesses and are an active and articulate group. The CAA has formed a Sub-Committee of the West Suffolk Council Air Quality Group and we focus on pollution and the enforcement of the 20mph zone in the Bury St Edmunds town centre.

Regarding pollution, I refer to the Suffolk County Council Health and Wellbeing Board report of July 2021, which states clearly that there is responsibility at every level to improve air quality by providing training and resources to increase the technical knowledge of transport and planning officers and strengthening wider communication to the public and the CAA looks forward to seeing some action on this.

Referring to the West Suffolk Council's Overview and Scrutiny Committee meeting in January 2019, the options considered were:

- a) To undertake a targeted campaign to effect behavioural change, which was adopted, but we have seen nothing of this on our streets.

Under the 2002 Regulations of the 1995 Environment Act, stationary vehicle idling is an offence, and powers have been given to local authorities to issue fixed penalty notices to drivers who allow their engines to run unnecessarily whilst the vehicle is parked.

Option (b) considered by the Committee was to adopt delegated powers under the 2002 Regulations to issue Fixed Penalty Notices to drivers leaving their car engines running. This was rejected but does West Suffolk Council now employ Civil Enforcement Officers to ticket illegally parked cars.

The CAA is requesting that these officers be trained to enforce anti-idling. We see cars idling all the time, which is damaging to our children's lungs.

The CAA has produced an anti-idling video on its Facebook page, and we plead with you all to put your full weight behind West Suffolk Council's traffic management to tackle this issue.

The 20mph zone is widely ignored and causes more pollution. The police have no enforcement policy. The streets in the grid have not got sufficient sight lines for the CAA to employ speed indicator devices and I would urge this Committee to argue for Siemens SafeZone speed cameras, which records encrypted data. The data is forwarded to a computer for decrypting and can then be viewed by the police who can then issue notices on a pending prosecution. Thank you Chair.

2. **Glynis Horton**, a local resident from Bury St Edmunds made a statement in connection with Item 11 on the Agenda, "Work programme update and suggestions for scrutiny" on 20mph limits.

Glynis Horton informed the Committee that many towns across the country and cities and countries across the world were introducing or extending 20 mph limits, with Paris being the latest. They cite multiple benefits, for example increased safety, reduced pollution and making urban areas more friendly to cyclists and walkers.

However, in Bur St Edmunds, the Council wants to go in the opposite direction. After previously being in favour of these limits and painting 20mph roundels on the road to remind drivers, the Council was now refusing to refresh them and as a consequence, they were fading into oblivion, leaving drivers unaware that a limit exists. In Cannon Street, for example, the one 20mph sign that exists had been completely covered by vegetation. Yet at the same time that the Council was neglecting signage they claimed to be promoting cycling and walking.

Some councillors complain that 20mph roundels painted on the road detract from the appearance of, what they describe, as our beautiful town. Yet they ignore the multitude of confusing and unnecessary signage which can be seen across the town, for example, signage relating to lorry zones that no longer exist. They would prefer to put the appearance of Bury St Edmunds above the health and safety of its residents. Councillors, however, do not seem to object to the roundels on the pathways at the entrance to the Abbey Park which bans cycling in the park.

20mph limits were not a quick fix and it takes time to enter the psyche of those driving through our town. They work but it takes time. We cannot rely on an overstretched police force to enforce them or the use of one or two community run cameras covering the whole of Bury St Edmunds. Roundels painted on the road stating the speed limits enable drivers to focus was a quick and economical solution to the problem.

Of course, the driving lobby, who always oppose initiatives that bring further regulation to the way cars and lorries are used on the road, claim that 20mph limits do not work. They provide limited and flawed evidence to support this. There was no research to show the number of pedestrians and cyclists who avoided unsafe roads due to speeding traffic.

20mph limits were the global standard where pedestrians and cyclists mixed with motor vehicles. This was supported by the World Health Organisation, and many more organisations. This was why they were increasingly being adopted across the world. It was about time that Bury St Edmunds caught up. Thank you Chair.

135. **Consideration of Councillor Call for Action**

The Committee received report number OAS/WS/21/016, which sought potential solutions on the impact of the Eastern Relief Road and A14, J45 on the Moreton Hall residential area, by means of convening a Councillor Call for Action (CCfA) Hearing.

CCfA came into force on 1 April 2009 and provided a mechanism whereby any Member of the Council may refer to the Overview and Scrutiny Committee any local government or crime and disorder matter which affected their ward or division.

On 10 June 2021, the Committee had resolved to refer the Councillor Call for Action (CCfA) submission presented by Councillor Trevor Beckwith to a CCfA Hearing on 2 September 2021. The purpose of the Hearing was to seek a potential solution to the problems being encountered by residents.

The following documentation was attached to the report:

- Appendix A: CCfA Meeting Plan detailing the sequential order of speakers and witnesses
- Appendix 1: Councillor Beckwith's completed CCfA request form, in accordance with the District Council's CCfA protocol;
- 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 officers
- Appendix 8: Photographic evidence provided by (witness)

The Committee was informed that as this was the first CCfA Hearing undertaken by West Suffolk Council, a set procedure would be followed.

The Committee would gather as much information as possible from a variety of organisations and witnesses who had been involved with the issue with the focus on attempting to reach a potential resolution to the problem. The meeting plan, attached as Appendix A, had been prepared using the CCfA protocol and the procedural order of the Hearing followed this plan.

Having welcomed all speakers and witnesses to the Hearing, the Chair asked Councillor Beckwith to explain to the Committee his reasons for instigating the CCfA. Councillor Beckwith provide the following statement to the Committee.

Councillor Trevor Beckwith's opening statement:

As some members of the Committee would not be familiar with the area, Councillor Beckwith referred members to the annotated map, attached at Appendix 6 to help clarify the narrative.

In September 2017, the £15m Eastern Relief Road (ERR) was opened, funded by the former Council (St Edmundsbury Borough Council), Suffolk County Council and the New Anglia Local Enterprise Partnership.

At the official opening, a speaker said, "it will also bring much wider benefits to our families and communities for years to come, relieving some of the local congestion and providing better access to The Sybil Andrews Academy and community leisure facilities that were based there". I fully support that aspiration and deeply regret that the wider benefits to our families and

communities had not worked out. Along with local residents I hope to demonstrate what was needed to restore residential amenity to that enjoyed before the ERR opened.

The project incurred a £4.5m overspend, due mainly to Highways England requirements for the upgrade of the A14 at Junction 45. This was important regarding today's hearing of the Councillor Call for Action as J45 was to be and was supposed to be the access to the new road serving the 67-hectare business park.

The business park was expanding rapidly and was home to massive warehouse and distribution centres which generated significant heavy goods vehicle (HGV) movement. It was important to understand the proximity of the business part to the Moreton Hall residential area with its population of over 8,000 residents. Both the District and County Council had always considered the whole Moreton Hall area to be a single, mixed estate. Having consistently refuted this and did so formally as part of my complaint against SCC. Their response agreed that the residential and residential and retail/commercial elements were not mixed, and that Bedingfield Way and Skyliner Way provided a clear divide.

Despite major improvements made to J45, large numbers of HGV's were legally using Orttewell Road that bisects the residential area and also J44 via Bedingfield Way and Skyliner Way.

On Orttewell Road there was an old arched rail bridge, which prior to 2005, received several strikes from HGVs, despite height restriction road signs. Each strike required the bridge to be inspected and/or repaired. SCC therefore decided to make the road under the bridge single-way working controlled by three-way traffic signals. This was good news for HGVs but not for residents and commuters who were now subjected to long delays with tailbacks on all three converging roads with a particularly serious situation on Compiegne Way (A143) where traffic queues on the highway and around the roundabout. A short distance away was the North East Bury development site where 1,400 dwellings would feed into this congested area.

Heading south along Orttewell Road, from the rail bridge through a residential area involved a steep uphill gradient with HGV's moving off from a standing start, in a low gear and at a slow speed, all of which contributed to excessive pollution and noise. HGVs had to negotiate two roundabouts, one at the Mount Road junction and a smaller one at the Symonds Road junction. The sight of 44-foot trucks negotiating these roundabouts in a residential area next to a busy sports field and children's play park, next to an important walking and cycling route to a primary school was wrong.

Issues along Bedingfield Way were less straightforward as HGV's needed to continue servicing access to the St Edmundsbury Retail Park, which included for example Sainsburys, Homebase, Currys, Dunelm Mill. However, as the Retail Park was completed several years ago there was no justification for the increase in HGV's using Bedingfield Way. As a resident, I am directly affected and like others, accepted that the level of HGVs visiting the Retail Park was justified but we do not accept the increase in vehicles heading to and from the Business Park by using J44 to leave the A14. The noise was exacerbated

by vehicles riding over the small, raised centre circle which served as a roundabout at the Easlea Road junction.

Attached at Appendix 3 to the report was the formal complaint submitted to SCC which was rejected. However, the following conclusion from the SCC Director was brought to the Committees attention:

“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 to 2031) 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”.

Councillor Beckwith referred to the Bury St Edmunds Transport Strategy (page 52), which included the following information on Orttewell Road:

Challenges: Pinch point at the rail bridge.

Possible solutions: Replace bridge (Network Rail states this will not happen). Restrict access to cars and vans. This would enable two-way flows to be introduced.

The SCC Director stated in their response (Appendix 5) that solutions proposed were not achievable, but they were in accordance with their own Transport Strategy.

Councillor Beckwith then set out the solutions being proposed as follows:

- Introducing a weight restriction on Orttewell Road would relieve residents of the impact of a number of HGVs and would allow the rail bridge to be reopened to a normal two-way traffic flow. This would not only deal with the current congestion but would also mitigate the increase from the 1,400 new dwellings.
- Signs directing HGVs to J45 should have been in place from the beginning. Highways England would consider signage on the A14 once funding was identified. The estimated cost for two signs bore J43 and J44 would be around £40k, including the Traffic Regulation Orders etc. The cost could be reduced by incorporating it with scheduled works.
- Signs within the Business Park, directing HGVs to J45, where internal roads join the ERR. Cameras to ensure compliance should also be considered.

These proposed measures would ensure that HGVs remained on the A14 trunk road or other A-class roads. The Business Park and the residential estate were neighbours, and everything should have been done to ensure a peaceful co-existence. When families were being subjected to so much negative impact, the obvious question was why it had been left to residents, their Ward Members and West Suffolk Council’s Overview and Scrutiny

Committee to resolve. This situation should have been anticipated and addressed long before such a major project was undertaken.

All residents, including Councillor Beckwith were asking for measures to ensure that J45 of the A14 became the only HGV access to the ERR.

This Committee does not have the powers to make decisions, but it could make recommendations to relevant partners, and Councillor Beckwith hoped the Committee was able to support the proposed solutions. Thank you Chair.

In response to a question raised by the Committee regarding Appendix 7 (written report from SCC officers), Councillor Beckwith informed the Committee that their written report was addressing a number of points not raised in the CCfA. Councillor Beckwith stated he had not raised any planning issues apart from the North-East Bury development. He confirmed that he could approach Parish Councils to progress raising a Traffic Regulation Order but felt he should not be the one trying to resolve these issues.

Suffolk County Council: Kerry Allen, Principal Transport Planner and Clive Wilkinson, Project Engineer

Kerry Allen informed the Committee, as set out in the written report (Appendix 7), there had been ongoing correspondence with Councillor Beckwith. SCC wants to continue work to progress any transport issues in Moreton Hall, but this was ultimately down to funding.

In relation to pursuing the Traffic Regulation Order, Councillor Beckwith was able to do this by working with the Parish Council and SCC. However, the fundamental issue with the TRO was it would be subject to extensive consultation and might cause issues on other unsuitable roads and could be difficult to enforce and might lead to a number of local objections. SCC also did not know what level of impact a TRO would have on the rest of the community, and all of these issues would need to be considered.

Suffolk County Council: Clive Wilkinson, Project Engineer

Clive Wilkinson informed the Committee that there was signage within the estate guiding vehicles to the A14, Junction 45.

In response, Councillor Beckwith stated that there were no signs on the A14 coming east bound before J43 to J44 advising to use J45 for the SBP, and there were no signs to the best of his knowledge within the SBP.

In response Clive Wilkinson confirmed that there were no signs on the A14 itself but there were signs indicating the North/South zones. However, at the approach to J45 from the west of the county there were signs indicating "industrial estate".

In response to a question raised as to whether there was any monitoring of HGV movements, and any evidence for pollution and noise levels along Orttewell Road, Kerry Allen advised that the responsibility of monitoring air quality and air quality management rested with West Suffolk Council.

Furthermore, Kerry Allen advised that she did not think there was a receptor along Orttewell Road and agreed to look into that further.

Councillor Birgitte Mager, Ward Member, Moreton Hall

As a newly elected Councillor to Moreton Hall, Councillor Mager was deeply concerned that residents were not being heard in respect of this ongoing issue. There was an ageing population in Bury St Edmunds. Moreton Hall had recorded one of the longest life expectancies, yet there were large expansion plans, for example a new hospital which would need younger people to ensure its viability and prosperity. Mental health was a growing concern, and it was well known that noise pollution greatly exacerbates this grave problem. When you have families complaining that their children cannot get a reasonable night's sleep because lorries decide not to use the most suitable roads, we must act.

Councillor Mager urged the Committee to listen to resident's complaints as part of the hearing and to take them seriously. It is very clear that whatever was built was no longer good enough. We have quite simply become a prisoner of our success. The Moreton Hall housing and Industrial Estate had flourished, but with it, it had exacerbated problems of rising noise pollution.

Councillor Mager urged the Committee to find a way to improve the lives of the Moreton Hall residents so that when the Prime Minister tells us we will build Britain back better, we ensure that we do so.

Nic Rumsey, Managing Director for Jaynic

Nic Rumsey, Managing Director for Jaynic thanked the Chair and members for the invite to make a statement on behalf of Jaynic.

Mr Rumsey explained that the ERR was designed by West Suffolk Council and was developed before Jaynic was involved with the Suffolk Park (SP). To date the SP had seen more development than the Suffolk Business Park (SBP).

All of Jaynic's marketing promotes the use of the A14, and sub-contractors were told to use J45. The issue was when drivers put the postcode into the satnav, the journey route would automatically take you to J44 and not J45. Therefore, somehow Google needed to change their routing instructions.

Jaynic had asked Highways England if they would look at resigning SP. If it was felt that further signage was required in Jaynic's part of the Business Park, Jaynic would be prepared to make a financial contribution towards improved signs.

Jaynic had not carried out a traffic count of HGVs, but traffic travelling along the road into the SP was minimal.

In summing up, Mr Rumsey felt signage was the best solution in directing HGV traffic to J45. However, a comprehensive traffic count needed to be carried out, which would then show where traffic was going too, and coming from. Thank you Chair.

Matt Cloe, Development Director for Churchmanor Estates Company plc:

Matt Cloke, the Development Director for Churchmanor Estates, and the developer of Suffolk Business Park thanked the Chair and members for the invite and to make a statement on behalf of the Churchmanor Estates Company in relation to the Call for Action raised by Cllr Beckwith.

Firstly, we fully agree with Cllr Beckwith in that we would expect HGV traffic travelling to or from Suffolk Business Park (SBP) to use J45 of the A14 where at all possible, or at least an appropriate route. The potential occupiers we speak to all tell us the location of SBP immediately adjacent to J45, and from there via the A14 onwards to Felixstowe and the national motorway network, was a key attraction.

However, it was important to note that whilst various planning consents had been granted, due to the changing circumstances of the proposed occupiers, to date only one plot had been developed at SBP. Therefore, in any event the contribution of SBP to any increase in HGV traffic would to date, be exceptionally limited. The Committee had already heard from Jaynic about the current position at the Suffolk Park.

We have studied the information within Cllr Beckwith's CCfA carefully. However, based on the information he had compiled, whilst it was not disputed HGVs were clearly passing through Moreton Hall, and those HGVs may well be causing disturbance and loss of amenity to residents, it was far from clear to us the destination or origin of the majority of those HGVs can be said with confidence to be either Suffolk Park or Suffolk Business Park.

Cllr Beckwith's material focusses on the reason the ERR was created being the provision of access to SP/SBP. It must be remembered however that the opening up of this employment land was not the only reason the ERR was built, but one of a number of reasons. At the opening of the ERR, Councillor John Griffiths stated the benefits included:

- Opening up of Suffolk Business Park, Suffolk Park, the enterprise zone, and the creation of jobs
- The provision of access to 500 new homes
- Better access to the Sybil Andrews Academy, its associated leisure facilities, and the relief of local congestion

SCC's response to Cllr Beckwith comparing traffic levels in 2013 and 2018 appears to suggest that the aim of relieving of local congestion and a reduction in the quantity of traffic on other local roads had, at least in part, been successful.

The ERR opened in September 2017, following planning permission for the final of version of the route in August 2014 and some 18 months of construction. It was unclear however from the information provided by Councillor Beckwith when the issue of increased HGV traffic within Moreton Hall first arose following the opening of the ERR. The first complaint from Councillor Beckwith to SCC appears to be some time in 2018. The first date we can find within the documents provided was contained within SCC's post

meeting letter of 5 October 2018, which referred to the meeting held on 24 September 2018, but there was reference in that letter to earlier (but undated) correspondence. We assume that in order to have got to that point by September 2018, the first complaints by residents to Councillor Beckwith must have been made some months before that point in time, but it would be helpful if the point could be clarified.

The first planning permission at Suffolk Business Park (for Festool) was granted in February 2018, with construction starting on site in April 2018, and completion not until May 2019. There was a condition requiring a construction traffic management plan, which (as approved) required construction traffic to access the site from J45. It was important also to remember the Festool premises was not a logistics building, but instead comprises offices, together with training and service facilities. Festool have told us that the vast majority of goods that were received and dispatched from the site were in light goods vehicles operated by courier firms such as DPD, and the maximum delivery vehicle size tended to be a small HGV of 7.5t.

At Suffolk Park, the timelines for the construction of the first of the large logistics units were similar we believe, with commencement of construction in mid-2018, and first occupation not until mid-2019. Similar construction traffic management conditions were imposed requiring construction traffic to access the site via J45.

Having reviewed Cllr Beckwith's CCfA, the core assumption was the HGVs in question passing through Moreton Hall were travelling either to or from SP and SBP. However, on the information we have available to us there was a potential disconnect between the date at which HGV traffic was perceived to become a problem within Moreton Hall, and the date at which SB/SBP started generating traffic from occupiers.

It is possible the advent of problematic HGV traffic might actually pre-date commencement of construction at SP/SBP. This suggests at least a proportion of the HGVs in question were travelling to or from different locations. Some of the HGV photographs provided by Melanie Soanes at Appendix 8 depict vehicles of a type (such as the articulated tippers, the Hewicks Haulage tanker, and the Nisa vehicle) which we would be surprised to find were actually travelling to SB/SBP in conjunction with either construction or use of the business parks. Whilst of course the photographs were merely a small selection, it was our view nevertheless there was a key piece of data missing which was fundamental to finding an appropriate solution to the issue being raised by Councillor Beckwith, but which does not appear to have been mentioned so far as part of any potential solution.

Of the HGVs that are using Orttewell Road and Bedingfield Way, how many of them were actually accessing either SP or SBP, and how many of them were simply through traffic (perhaps to or from the A143 and A134) taking an inappropriate route to get to the A14 that their drivers consider more convenient.

How many of them had a bona fide destination within the Moreton Hall area? Indeed, how many are using the ERR at all?

Until there was clear, evidence based, data in relation to the actual nature of the problem, there was a considerable risk that any proposed solution would not address the root cause of the problem, be unenforceable or unworkable, or will unduly impact on necessary and appropriate HGV journeys.

It was Churchmanor's view, taking into account the potential disconnect in timing mentioned above, that it was far from clear at this stage that the majority of the traffic in question was visiting SP or SBP, and taking into account the fact that the ERR was constructed for a variety of purposes (and not just exclusively for the development of SP/SBP), the lead for establishing the actual nature of the problem should be taken by the Highway Authority.

SCC's view was clearly that the road network within Moreton Hall was, from a technical point of view at least, appropriate to be used by HGVs.

That was not a viewpoint we were qualified to comment on. However, this was, very obviously, an issue for residents. If following proper analysis to understand the root cause of the problem, it was decided action was needed to be taken to restrict the passage of HGVs through Moreton Hall, we would not object to straightforward, clear, and easily implemented controls.

There was a planning condition contained within Jaynic's outline planning consent for Suffolk Park requiring the use of J45 by HGVs where reasonably possible. However, this condition had not been replicated in the permissions granted to date at SBP, and in any event we do not believe the planning system was the right method to effectively control HGV movements, as it would be largely unenforceable in any realistic way if it is contradictory to the rights of drivers in public highway terms to use the roads it is seeking to protect.

Whilst drivers based at SP and SBP could be instructed by their employers to only use J45, it would be very difficult to communicate planning restrictions to drivers who were employed by third party firms not based at SP/SBP, and who might visit the site once or very occasionally to collect or deliver goods. A situation as a result of planning conditions where roads through Moreton Hall could legitimately be used by any HGVs other than those accessing SP/SBP would be confusing, difficult to communicate, and impossible to enforce.

Our view was if a case was made for the control of HGVs travelling through Moreton Hall, the only realistic method of achieving this would be a Traffic Regulation Order imposing general restriction which applied to all HGVs enforced by an appropriate weight limit or similar restriction, with the usual exemption for vehicles with a bona fide need to access addresses within the restricted area. This would be clear, understood by all drivers, and capable of enforcement. We would have no objection to that, and it would appear to be in line with the advice already provided by SCC to Councillor Beckwith.

Robert Houlton-Hart, Secretary of Moreton Hall Residents' Association

Good evening councillors. I have been secretary of Moreton Hall Residents Association since 2014 and live in Cranesbill Drive adjacent to Orttewell Road. The majority of complaints we receive are about traffic. Over the past three

years there has been a noticeable increase in HGVS travelling through the middle of the residential area as well as complaints about the queues down Orttewell Road, which lead to the pinch point at the junction of Barton Road and Orttewell not forgetting the Railway Bridge single lane and the queues onto the A143.

Moreton Hall has expanded substantially over the past 40 years and has taken the majority of residential and commercial growth in the town especially in terms of housing and all types of business space. The recent major construction projects on Suffolk Park and the opening of large distribution warehouses have not helped the situation. Instead of accessing Moreton Hall via junctions 44 and 45, Orttewell Road is being used as a short cut with HGVs from the A134 Thetford and A143 Diss Great Yarmouth Roads cutting through.

Moreton Hall is divided into two distinct areas the residential areas as marked red and the commercial areas marked green on the plan. It is not or ever been a mixed area. The two parts are clearly defined. Orttewell Road runs in the centre of the residential area north to south with houses on the east and west sides. There are 11 residential roads adjacent to Orttewell Road which are particularly affected by the noise and clatter delivered by the HGVS from very early morning till early evening. The HGVS have to slow down for the roundabouts at the junctions of Orttewell and Mount Road and at the junctions of Cranesbill Drive and Symonds and Orttewell Roads. One of the main estates combined cycleways and footpaths comes out on just to the south of the roundabout by the signal-controlled pedestrian crossing. This cannot be good in terms of air pollution and quality of life.

It is appreciated that Roads, Highways and Traffic are a Suffolk County Council responsibility and indeed since 2016 the Residents Association had tried to engage with four different Cabinet Members prior to April 2021 without any success.

On the 5 March 2016 the Residents Association wrote to the then Cabinet Member for Highways Councillor Finch outlining our concerns about the increase in traffic and back up of traffic at J44.

I quote exactly from his reply dated 7 June 2016 "Bury St Edmunds Borough Council has identified significant housing growth for the town up to 2031 with 500 houses in Moreton Hall; this will result in increased traffic levels, however assessments undertaken for the local plan and in detailed development related plan and then indicate. that with appropriate mitigation measures the road network can accommodate growth".

At that stage I would ask What mitigation measures took place.?

In April 2018 we wrote again to the relevant cabinet member Councillor Storey pointing out that despite the recent opening of junction 45 the congestion at junction 44 was as bad as ever and very little HGV traffic was using the new road. One of our residents who lives closest Orttewell Road had undertaken detailed research into the number and types of vehicles using Orttewell Road and passed this information onto the County Council and the specific question was asked "What steps will the county be undertaking to

reduce the size and weight of HGVS using this (Orttewell) Road". There was no response.

There was a meeting held in September 2018 with Kerry Allen when these issues were discussed, and questions answered but no permanent solutions offered. The next cabinet member Councillor Evans attended a Residents Association Committee meeting in November 2018 in response to our approach. A response was received from Kerry Allen Principal Transport Planner at Suffolk County Council in March 2019 on Councillor Evans behalf with details of the number of vehicles using both Orttewell Road and Rougham Tower Avenue as at 2018. For Orttewell Road the figure was 272 over a 24-hour period. For Rougham Tower Avenue the figure was 3,539 vehicles on a weekday. How many of these were HGVS? A local resident who would be speaking later this evening had undertaken a count of HGVs using Orttewell Road showing there were four HGVs every 15 minutes. This was equivalent to 384 HGVs over a 24-hour period.

The Residents Association had been in contact with Councillor Reid the previous cabinet member prior to the May 2021 election, and raised two issues:

- 1) With a number of heavy goods vehicles passing through the town and Moreton Hall, can we change the signage on the A14 to get vehicles off early instead of coming onto the estate? The response was that there was a review of the County wide HGV network underway both technical and community led. The community led consultation was due during the summer of this year 2021. Air pollution was raised, and the response was, we work in lockstep with district councils on this and all policies going forward consider this leading to achieving carbon neutrality active travel measures and encouraging cycling and walking. Moreton Hall has the best cycle ways and footpaths and is home to some 8,000 people.
- 2) Concerned with HGVs using a residential area as a short cut instead of using the A Trunk Road network. Access to the Moreton Hall business parks should be from the A14 and HGVs despite being legally entitled should not be using Orttewell Road unless serving the local businesses around Lawson Place.

Mr Houlton-Hart pointed out that as part of the outline planning consent for the New Business Park coloured purple on the plan, Application Number DC/16/2825/OUT condition B36 was attached to the consent, and quoted:

"In so far as is practicable all vehicles 7.5 tonnes and over serving any business on the hereby approved site shall use J45 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.

My question to West Suffolk as the planning authority is what action is being taken to ensure the planning conditions are met? It is obvious that this

condition was attached to protect the residential areas of Moreton Hall as there are no other housing areas close by.

In February 2021 as a result of increased concerns the Residents Association undertook a survey of some 400 houses across the 11 roads closest to Orttewell Road on both the east and west sides, marked yellow on the plan and asked 5 specific questions

- 1) Have you noticed more HGVs using residential roads on Moreton Hall during the last year? 78% said yes.
- 2) Are you disturbed by vehicle noise in your home during the during both day and night? 60% said yes.
- 3) Do you think congestion at Orttewell Road/Barton Road is worse, better or the same? 78% said yes.
- 4) Would you support a weight restriction on HGVs for the entire length of Orttewell Road? 75 % said yes.
- 5) Do you have one suggestion to improve control of HGVs? Better signage on and off the A14 and directions to specific Industrial estate and Business Parks.

There were also several comments about the future traffic in the light of the proposed development of 1,400 houses at Cattishall Development and the possible impact at the junction of Barton Road. Several residents suggested a link road off the A143 crossing the railway line and linking up with junction 45.

One interesting comment from the survey was, "Lorry drivers from A 134 and A143 use Orttewell Road as a short cut as they do not like Junction 45 as too many roundabouts".

The relevant authorities whether it be the Highway Agency or Suffolk County Council, they need to take action whether it be by providing better signage on the A14 (Highways Agency) or in the town itself (Suffolk County Council/West Suffolk Council) or look at the practicality of consulting on a Traffic Regulation Order (TRO). However, according to the Suffolk County Council website there is currently no budget to introduce any TROs. A TRO costs in the region of £10,000 and must have the support of the Local County Councillor, the Police and a public and business consultation.

You can't keep building and developing without the infrastructure catching up. It is essential that the new road and J45 is properly used and that the planning condition in the outline consent is strictly adhered to especially in the light of the size of the distribution warehouses either constructed and occupied or under construction or yet to be constructed.

Melanie Soanes – Local resident

Good evening and thank you for inviting me to your meeting. As per Cllr Beckwith's and Robert Houlton-Hart's comments I fully support them. As a

resident I wish to voice my concerns along with many other residents within the area. I have lived at my property since 2005 (16 years) and my back garden fence is 14 metres away from Orttewell Road and close/adjacent to the mini roundabout near Symonds Road. I am a working mum of 2 boys (11 and 17) who use the local schools and amenities. I feel I am part of the community. As a business owner I am fully aware of the town development both from a population and commercial view. (Appendix 8 photos).

In the last 4 years (since) 2017 Orttewell Road has increased in traffic and the use of HGV's using Orttewell Road as a cut through has become unbearable, this has shown an increase since SBP opened. The road is now mirroring the A14 which is a trunk road. My house therefore stands 14 metres away from a noisy trunk road environment which is having a major impact on the quality of mine and my family life.

A trunk road, or, strategic road is a major road, usually connecting two or more cities, ports, airports and other places, which is the recommended route for long-distance and freight traffic. Many trunk roads have segregated lanes in a dual carriageway or are of motorway standard. Orttewell Road is only 1,498m long.

The impact on my family was:

Noise from HGVs – starting at 5am onwards (Monday – Saturdays), with Sunday's being slightly quieter. HGVs were using Orttewell Road as a cut through from A14/ A134 and A140 (Diss). Lorries slowed down at the mini roundabout outside my house, then accelerating. Some of the lorries were empty as well as full. When empty the containers rattled all the way down the road.

Sleep – sleep patterns were disrupted regularly with deprivation, often tired the next day. I currently take sleeping tablets and wear ear plugs every evening. My youngest son struggles with anxiety so struggles to get to sleep and is then woken up early with the lorries. We get a bit of rest bite on a Sunday/bank holiday.

Windows - cannot be opened at night when sleeping as too noisy in the morning. Currently waiting to install acoustic glass in bedrooms, costing over £3k.

Garden - The luxury of sitting in your garden is too noisy with lorries revving and accelerating past the fence.

Safety – as a parent of an 11 year he was walking to primary school earlier in the year – with primary schools starting back on 2 September 2021 the pedestrian crossing was a route which a lot of children use to access school. They stand at the crossing with 44ft lorries either side of them which is unacceptable and this cannot be healthy either with the fumes so close. The lorries were in close vicinity of the playground and the pub garden (Appendix 8 Abrey Farm/CLDN Cargo). As of next week, my youngest will be walking to Sybil Andrews. My eldest is now driving and attending 6th Form. From January to April 2021, he was home studying.

Stationary HGVs – A number of HGV's have parked outside my house over the last few months (Cransbill Drive) to access the amenities (Tesco Express). This was an obstruction on the road and blocks the pathways (Appendix 8).

HGVs parked round Moreton Hall Industrial Estate/Suffolk Business Park – HGVs were now parking up on Suffolk Business Park as well as the other industrial estate from late afternoon getting ready to sleep and then start off early in the morning. These include Fortress Way and Easel Road (Matalan) increase in the lorries causing obstruction on roads, bends. There were no welfare facilities for the drivers hence this had now become a lorry park which added to the situation.

Air pollution – When out in the garden if a lorry stops the other side of the fence (approximately 12m) the fumes are strong. The gardens on Orttewell Road (Poppy close) are at a lower level to the road. As a resident I do not see why I should move. I have been here 16 years and successfully built a family home that is convenient for the amenities. Both of my son's have attended both the primary school and secondary school. We purchased the house so they can walk to school (always promoted what great walkways and cycle routes Moreton Hall has) and to enjoy the area community.

As a resident since 2017 I have logged extensive HGV users on the road that use Orttewell Road daily, weekly and adhoc. Over 100 organisations use the road, and this is increasing. In 2017, I started a log on the Suffolk Highways Lorry Management system but realised this was a waste of time due to either a lack of response or just standard replies. I have taken photos of HGVs (Appendix 8), which were predominately large freight, transportation, tipper lorries using Orttewell Road.

I have emailed Suffolk County Council, initially on 28 November 2017 to Councillor Finch / Councillor Noble as a resident as recommended by my Ward Member, Councillor Peter Thompson at the time with my concerns to receive a standard reply. I have emailed various other contacts to get nowhere. I have also had communications via email to Kerry Allen in the past.

I joined the Residents Association to support the community and try to ensure the residents are protected. I have spent a lot of time, writing, phoning and emailing organisations that have and are using the road regularly to raise the awareness of the disruption. Some of these have been supportive, some of them don't care as legally there is no weight restriction, but they have no consideration for the residents or environment. Most of these organisations have Environmental Policies and Sustainability policies on their websites about working with the community as far as I am aware these are tick box processes. I have also helped with leaflet drops to gain feedback from the Survey (RHH).

Melanie Soanes had liaised with British Sugar; NHS Supplies Suffolk Business Park; MH Star; For Farmers; Nisa; Cofco International Freight; Bartums; Anglia Freight about reviewing their HGV routes.

Regarding Orttewell Road and Bedingfield Way, David Chenery at SCC explained that Orttewell Road was developed to HGV standards, but what was the standard?

Melanie Soanes referred to a data survey carried out along Bedingfield Way over 18 hours/5 days counting the number of vehicles using the road:

- 2018 – 13,581
- 2013 – 17,329
- 21% reduction in traffic.

The data highlighted a reduction in vehicles, but this was not broken down into categories which it should be, for example cars, lorries, HGV various weights. The survey was now 3 years old and did not identify or confirm that HGVs had decreased on Bedingfield Way as visual and by noise they have increased.

Melanie Soanes questioned why the survey was not taking place yearly, as the demographics had also changed. She also questioned whether a survey had been conducted for the EER?

In summing up, Melanie raised her concerns for the future and now, being:

- 1) £40m was spent on the Business Park and £15m spent on road infrastructure. How has this protected the surrounding residents? All parties involved in the project need to look at the bigger picture and put some protection measures in place, for example, restrictions on roads, designated HGV routes access, egress to site and correct signage.
- 2) Funding should not be an issue when budgets are set, and financial planning involved. That cannot be used as an excuse.
- 3) Time is a priority to get something done - Something needs to be done now to protect Moreton Hall and the rapidly expanding residential area for their safety and wellbeing of the residents. Once the warehouses are full/active on the Suffolk Business Park to the full capacity the road is going to be busier with HGV's if no restriction is put into place.
- 4) Initial planning of SBP – Application refers to 7.5 tonnes to access J45 (Robert Houlton Hart ref). Why has this not been put in place or monitored?
- 5) Noise – With more warehouse and transport units looking to be filled in the next few months will increase the noise HGVs with 24 hours 7 days weeks, in the area and future activities concern me.
- 6) Designated HGV routes – These need to be implemented to control the HGV's- SAT Navs are not updated to incorporate ERR – with Suffolk business park growing and filling the units especially zone 4 increase in HGV's 24 hours as no restrictions on Orttewell Road will become worse.

- 7) Increase in HGVs parking up stationary – On SBP and surrounding roads HGVs were increasing and causing obstructions to roads - unless a designated area for them and welfare facilities.
- 8) Damage to infrastructure - Even the roads can be unintentionally impacted by HGVs and commercial bodies if not up to scratch. The friction created by heavier vehicles can cause surface wear on the road, and even cause damage to nearby buildings and structures i.e. mini roundabout with increased vibration levels.

Moreton Hall Residents need protecting for their own wellbeing and mental health. Thank you for listening.

In response to a question raised by the Committee as to whether traffic calming measures would help in reducing HGVs, Melanie Soanes did not think traffic calming measures would deter HGVs.

Michael Crichton – Local resident

Thank you for the invitation to speak at this meeting. I am a local resident who moved to Bury St Edmunds in February 2002. My property sits adjacent to the Orttewell Road with my back garden fence just 14 metres away from the curb of the road.

The reality was that towns and cities have expanded considerably in that time. Bury St Edmunds and its surrounding area is no exception. A shortage of housing and increasing pressures on land has led to this expansion, both structurally and in terms of population. Hand in hand with this is the increased amount of business development e.g., Suffolk Business Park and of course associated traffic. However, I have noticed a considerable increase in traffic, particularly HGV's including large container lorries, haulage, and distribution lorries and over the last 2 years in particular, a significant increase in construction traffic. It is also obvious that Orttewell Road has become a 'short cut' for HGV's, thus avoiding the additional time/distance taken to travel via the A14 between junction 45 -43. This has been to the serious detriment of the local area, the environment and of course residents.

In terms of the environment, the noise and its impact on my family's health and wellbeing has been a serious and ongoing concern. We are not alone, as neighbours talk of the same frustrations and impact. Enjoying the outside space of our garden has been disturbed by constant and increasing noise: brakes, rattling and vibration. The surface of the road is also gradually wearing with cracks which is leading to an increase in the lorry and trailer rattling. In addition, and highly worrying, is that the air is quite often full of fumes which is very uncomfortable. As we know, long term exposure to vehicle fumes may lead to serious health effects. In terms of the traffic noise, our sleep patterns have been affected greatly due to the regular and more frequent transit of lorries during the night but most significantly from 5am onwards. Over the course of the last 18 months the sleep disturbance to our family; particularly to my 17-year-old daughter has been significant, resulting in mental health well-being issues. My wife who is a teacher, has also been affected and has had to adjust her sleep patterns in order to achieve a balanced degree of rest, relaxation, and readiness for work.

Working from home during the Pandemic has been increasingly difficult and stressful due to the constant road noise which has interrupted work patterns and concentration.

The rapid escalation of the issues regarding traffic movement and transition through Moreton Hall and in my family's specific case, the Orttewell Road is now dominating the local agenda and affecting us significantly.

As indicated, there has been an immediate and identified effect on our family life. The wider impact on local residents including ourselves, as the Local MHRA survey of population indicates, as referenced by Mr Houlton-Hart and Melanie Soanes.

Recently I have presented some evidence to the MHRA meeting which I would like to highlight again in support of the issues as described. I have conducted regular and frequent 'snap-shot' surveys of HGV movement along the Orttewell Road from my back garden since the beginning of January 2021. These surveys have identified HGV numbers moving in both east and west directions. I have completed 15- minute, 20-minute, 30-minute and 1-hour data collection periods at different times of the day and on different weekdays. In conclusion, the average number of HGV's moving through per day (10 hours i.e., 06.30 hrs- 16.30hrs) is 200 i.e., 5 lorries every 15 minutes. 70%-75% of those identified are 26-44 tonne HGV's.

However, this figure do not reflect very busy periods and is highly likely to be an underestimate, for example, regularly between 06.00hrs – 09.00hrs, 13.00hrs -14.30hrs and the period from September through to March when British Sugar opens up for the sugar beet deliveries. This results in much larger numbers and of course wider impact on the environment etc. Admittedly in the extreme (but more regularly occurring) Compiegne Way flooding issues. Over the weekend starting on Friday 29 January until the afternoon of Monday 1 February, Compiegne Way was closed due to flooding. This resulted in more than 600 HGV's passing along Orttewell Road per day between 05.30 hrs and 17.00 hrs. This was verified by logistics personnel at British Sugar in several phone conversations during that period. They are equally concerned about the effects on the local area and want to work closely with us in rectifying the issues.

In addition, I have instigated conversations with transport managers from three large logistics/haulage companies based in Suffolk who regularly use the Orttewell Road; all three were sympathetic with my comments regarding noise/pollution etc. and had advised drivers to consider the residential nature of the area. However, they were restricted in their overall instructions to drivers and stated that 'until a weight limit restriction is actioned' then there is not much we can do!

As a resident who has followed closely and raised questions with regards to the rising problems, I am very disappointed at the lack of progress on what is becoming a serious issue which undoubtedly is having a considerable impact on us as a family and the local area in terms of the environment and local resident's health and overall well-being. It is not sustainable. As the Suffolk Business Park expands and further areas in proximity to Moreton Hall develop, the situation will worsen, and the long-term health and well-being of

residents will be at risk. It is scientifically proven that young children suffer greatly from air pollution and sleep deprivation thus compromising their potential for academic achievement.

In my opinion and because of my family's concerns, I hope that a key consideration will be made concerning traffic policy, Suffolk's Greenest County initiative including the update of plans and future plans i.e., 'The National Planning Policy Framework' and I hope a greater reference will be considered regarding public health experts' evidence around the environment and future damage.

With regards to my family's growing concerns that I have described, I would like to refer to two important headlines/pieces of research and information published by the World Health Organisation (WHO) that I have researched in relationship to noise and pollution. I believe that the key concerns we have are supported fully by evidence and research undertaken by the WHO:

1. The Report on Air Pollution 21 March 2018 by Dr Maria Neira, Director, Environment, Climate Change – "Air pollution is one of the most critical health threats we are facing today. Health and wellbeing MUST be the number one priority in urban planning".
2. WHO European Technical meeting report on sleep and health. January 2004 (183 pages). This aspect is particularly prevalent as the noise impact on my family's sleep patterns and wider family life that I have described has had significant impact on us. Particularly early mornings. Key findings in this extensive report are as follows:

"Noise is one of the most important known environmental stimulus disturbing sleep. It is scientifically established that sleep disturbances due to noise can have a short-term impact on daytime function, including impaired neurobehavioral performance and mood.

Traffic noise (as well as neighbourhood noise) play a significant role in terms of sleep disturbance not only during daytime, but during night-time. So, since noise is an environmental factor that can be reduced, it is important that the future issue is to protect the environment from noise i.e., reduce noise through various technical means and promote noise reduction campaigns".

I hope that you agree with these WHO findings but most importantly you will consider action that will help rectify the growing concerns that we have and that I have described. Thank you for listening.

Councillor Diane Hind informed the Committee as a Moreton Hall resident, she was concerned about residents walking to the shops. Residents could use the underpass on Orttewell Road, but exhaust fumes collected there and suggested installing air monitoring near the underpass.

Councillor Trevor Beckwith expressed his appreciation to all the witnesses and the Committee, and put forward his final points to the Committee and solutions to:

- Look at installing signs on the A14 and on the Business Park.

- Restrict access to HGVs along Orttewell Road.
- Remove the concrete block (roundabout) on Bedingfield Way to which was generated noise from HGVs travelling over it.

Kerry Allen wished to thank the residents for their statements and confirmed that she had noted the following key points to investigate further:

- TRO – this could be pursued with the parish council.
- Agreed to look into the issue of signage and would hold further discussions with Highways England but reiterated that funding was a fundamental factor.
- Suffolk Transport Strategy – SCC wants to progress what’s set out in the Strategy, but it was down to the availability of funding.
- If single traffic flow was removed along Orttewell Road, this would cause more issues with more HGVs using Orttewell Road. Other solutions had been discussed with Network Rail.

In summing up the CCfA hearing, the Chair thanked everyone for attending and for their detailed statements and for sharing their frustrations and potential solutions. The Chair also acknowledged that funding was always an issue. However, the Chair wished to express his disappointment that no Member from SCC could be in attendance this evening to hear the Committees debate, but thanked officers from SCC, Kerry Allen and Clive Wilkinson for their attendance.

It was then proposed by Councillor Margaret Marks, seconded by Councillor Mike Chester, and with the vote being unanimous it was:

Recommended:

That Suffolk County Council be asked to look at, in consultation with relevant partners (were appropriate) the following:

- 1) Installing signage along the A14 and at J45 to direct HGVs to specific Industrial Estates and Business Parks; and revisiting existing signage within the Business Parking to ensure HGVs are directed to J45, where internal roads join the Eastern Relief Road.**
- 2) Undertake day and night monitoring of HGV traffic flow, overnight parking on Moreton Hall in retail and industrial areas, air pollution and noise along Orttewell Road, Bury St Edmunds to provide a clear evidence base for further action.**
- 3) To consult on a Temporary Traffic Regulation Order prohibiting HGVs using Orttewell Road, Bury St Edmunds and monitoring the impact of this.**

- 4) Bring the existing lorry park back into use to ensure that drivers park where facilities are provided and where they do not add to the morning congestion at Junction 44 as they leave Moreton Hall.**
- 5) Explore and implement an alternative to the concrete block (roundabout) along Bedingfield Way, Bury St Edmunds to address the issue of noise as HGVs drive over it.**
- 6) Explore long-term solutions to the rail bridge on Orttewell Road, Bury St Edmunds to address the current congestion, for example, introducing weight restrictions to relieve residents of the impact of a number of HGVs which would allow the rail bridge to be reopened to a normal two-way traffic flow.**
- 7) SCC provides West Suffolk Council Overview and Scrutiny Committee with a progress report on recommendations 1 -6 above within three months to be presented to the Committee at its scheduled meeting on 13 January 2022, then regular progress updates thereafter.**

[Following the vote, the Committee adjourned the meeting at 6.50pm for a 10-minute comfort break].

136. Suffolk County Council: Health Scrutiny Committee - 7 July 2021

[The meeting reconvened at 7pm]

Councillor Margaret Marks, the Council's appointed representative on the Suffolk County Council Health Scrutiny Committee presented report number OAS/WS/21/017.

The report, prepared by Councillor Margaret Marks, set out what was considered at its meeting held on 7 July 2021. The focus of the meeting was on:

- Introducing new members to the work of the Committee and providing background information to the structure of the NHS, following the elections held in May 2021.
- Information on the current Clinical Commissioning Structure and the proposed changes to Integrated Care Systems.
- West Suffolk Hospitals New Hospital Project; Maternity Services and Whistleblowing Report

Councillor Marks referred to page 59 of the report and explained that dentistry was significantly under-funded and responsibility for this service was about to be transferred from NHS England to the newly created Integrated Care Services (currently called the Clinical Commissioning Group).

The Committee considered the report in detail and asked questions to which Councillor Marks provided comprehensive responses. In particular discussions were held on the shortage of General Practitioners (GPs), nurses

and midwives; dentistry which was significantly under-funded; dementia clinics in GP surgeries and mental health services for young people.

In response to a question raised regarding dementia services, Councillor Marks explained that every doctor's surgery was an independent practice and independently owned and they contract to the NHS for services they feel they can provide. Therefore, they would only take on a dementia service if they felt they were capable of delivering that service.

In response to a question raised regarding staff shortages, Councillor Marks stated there was a "peoples plan", which was starting to address the staff shortages, in particular the peoples plan was looking at retaining midwives and maternity nursing.

The Committee also discussed health, which had recently been added to Councillor Sara Mildmay-White's Portfolio and suggested a written report setting out the role be included as an item for its 11 November 2021 meeting.

There being no decision required, the Committee **noted** the report on the Suffolk County Council Health Scrutiny Committee meeting held on 7 July 2021 from Councillor Margaret Marks.

137. Cabinet Decisions Plan: 1 September 2021 to 31 May 2022

The Committee received report number: OAS/WS/21/018, which informed members on forthcoming decisions to be considered by the Cabinet for the period 1 September 2021 to 31 May 2022.

The Committee considered the Decisions Plan and did not request any further information on items contained in the Plan.

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

138. Work programme update and suggestions for scrutiny

The Committee received report number: OAS/WS/21/019, which updated members on the current status of its rolling work programme of items for scrutiny during 2021 to 2022 (Appendix 1), including working groups, and two work programme suggestion forms submitted by Councillor Diane Hind (Appendix 2 and 3).

At its meeting on 8 July 2021, 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. Attached at Appendix 2 to the report was the completed work programme suggestion form proposing that a review be undertaken to introduce "fines for idling".

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. Councillor Diane Hind had prepared a suggestion form, (Appendix 3) to undertake a review.

Councillors Diane Hind and Julia Wakelam presented their suggestions and drew relevant points to the Committees attention and referred to the public participation which the Committee had heard earlier in the meeting.

The Committee considered in detail each work programme suggestion and officers provided comprehensive information to questions raised to enable members to reach a decision as to whether to include the suggestions into its forward work programme for 2021 - 2022.

In relation to Appendix 2 (fines for idling) Councillor Diane Hind acknowledged the various pieces of work being undertaken by the Council in the Environment Action Plan in relation to air quality and suggested, instead that it receives a progress report on the various initiatives. Councillor Diane Hind further suggested that Parking Services be asked to start educating and asking drivers as soon as possible, when idling, to switch off their engines, as this would not require any contractual changes to be made. Members suggested more education was needed for drivers, and having more proactive campaigns, for example, targeted advertising at petrol stations with literature on pumps about anti-idling.

In relation to Appendix 3 (20mph zones and signage) Councillor Diane Hind advised that a number of local authorities were introducing 20mph limits as part of a safe system approach. However, zones would need to be accompanied with traffic calming measures. In response, officers advised that the current process to implement 20mph zones was the responsibility of SCC. The Council would need to be very clear about what it wanted to achieve by carrying out a review, which would be a significant piece of work and resource intensive. Officers suggested the Council could work with communities where an interest had been identified by supporting them through the set process with SCC.

Members supported 20mph limits in the right areas, but felt it needed to be promoted more to make it easier for councillors and their residents to pursue further in their localities with their Suffolk County Councillor. However, any 20mph limits need to be enforced by the police which was costly.

At the conclusion of the discussions, the Committee **noted** the current status of topics currently scheduled in its rolling work programme for 2021, attached at Appendix 1.

It was then proposed by Councillor Julia Wakelam, duly seconded by Councillor Diane Hind, and with the vote being unanimous, it was:

Resolved:

That a progress report on the various pieces of work on anti-idling be brought to a future meeting of the Committee, subject to Parking Services being asked to start educating and asking drivers as soon as possible, when idling, to switch off their engines.

It was then proposed by Councillor Julia Wakelam, duly seconded by Councillor Diane Hind, and with the vote being 11 for and 1 against, it was:

Resolved:

That a review of 20mph zones and signage be included into the Committee's forward work programme, by specifically looking at the desire of West Suffolk Councillors in their localities to see if it was necessary to promote and make it easier for councillors and their residents to pursue introducing 20mph limits with their Suffolk County Councillor, through the Suffolk County Council set process.

The meeting concluded at 8.10 pm

Signed by:

Chair

Health– Portfolio Holder Overview

Report number:	OAS/WS/21/020	
Report to and date(s):	Overview and Scrutiny Committee	11 November 2021
Cabinet member:	Councillor Sara Mildmay-White Cabinet Member for Housing and Health Tel: 01359 270580 Email: sara.mildmay-white@westsuffolk.gov.uk	
Lead officer:	Davina Howes Director (Families and Communities) Tel: 01284 757070 Email: davina.howes@westsuffolk.gov.uk	

Decisions Plan: Not applicable.

Wards impacted: All

Recommendation: It is recommended that Overview and Scrutiny:

- 1. Note the role of the Portfolio Holder for Housing in Strategic Health.**

1. Context to this report

- 1.1 At its meeting on 2 September 2021, Overview and Scrutiny Committee requested further information in relation to the role of the Portfolio Holder for Housing in relation to health. This followed the changes made to Portfolio Holder responsibility announced by the Leader in July.
- 1.2 This report sets out the role and responsibility held by the Portfolio Holder for Housing and the Portfolio Holder for Families and Communities in relation to health.

2. Overview of responsibilities

- 2.1 For a number of years, the council has been working alongside partners in the health and care sector. This work has been wide ranging but falls largely into two broad areas:
1. Prevention and early intervention – the council has an important role to play in the wider determinants of health. These are the factors that are important to individual and community wellbeing and health. In particular, the environment, housing, employment, community safety, exercise and leisure. Given the council’s responsibilities, it has a significant influence on the health and wellbeing of communities.
 2. Effective partnerships - this work focusses on greater integration between different elements of the health and care system, and the council. The shared estate is a very practical example of where we have aligned services and made the best use of assets.
- 2.2 The close co-operation between health partners and the council was accelerated during the Covid pandemic and will remain important during the recovery phase.
- 2.3 Recognising that there are number of significant projects and initiatives to support and/or deliver over the next few years, the Portfolio Holder for Housing has been asked by the leader to take a more strategic leadership perspective in relation to health. This will enable the Portfolio Holder to discuss emerging issues with officers and provide a link to Cabinet and other councillors. The Portfolio Holder for Housing is responsible for these particular areas of focus:
1. Future system programme –a project being led by West Suffolk Foundation Trust to plan for its future healthcare development, involving a new hospital and the provision of health services in the wider community, including shared buildings.

2. Health and care governance – there will be changes to the way that health and care is structured over the next few years. This includes the establishment of an Integrated Care System (ICS) and it is important to monitor how this progresses and the council’s role in the ICS and West Suffolk Alliance.

- 2.4 The Portfolio Holder for Housing’s role in health is in addition to that of the Portfolio Holder for Families and Communities. This is in response to the growing workload associated with health and the council’s role in the pandemic recovery and reducing health inequalities.
- 2.5 The Portfolio Holder for Families and Communities will retain the lead for the wider health responsibilities, including, but not limited to: Suffolk Health and Wellbeing Board; delivery of the social prescribing LifeLink service; community safety; supporting the voluntary and community sector; and building community capacity and resilience.
- 2.6 The council has a seat on Suffolk County Council’s Health Scrutiny Committee. This role is separate to that of the Portfolio Holders as the Committee is responsible for scrutinising wellbeing and health services across the county. The Portfolio Holder roles focus more on ensuring either direct delivery of services to support the health system, such as social prescribing or ensuring that we can influence or impact on the provision of services, such as sharing estates. This very much mirrors the difference between the executive and scrutiny functions at the council.

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Air Quality and Anti-Idling Campaign Update

Report number:	OAS/WS/21/021	
Report to and date(s):	Overview and Scrutiny Committee	11 November 2021
Cabinet member:	Councillor Andy Drummond Cabinet Member for Regulatory and Environment Tel: 01638 751411 Email: andy.drummond@westsuffolk.gov.uk	
Lead officer:	Matthew Axton Environment Officer Tel: 01284 757041 Email: matthew.axton@westsuffolk.gov.uk	

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

Wards impacted: All.

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

Note the work undertaken with respect to air quality and anti-idling campaign.

1. Context to this report

- 1.1 At the request of the St Edmundsbury Borough Council Overview and Scrutiny Committee, a report on vehicle idling was brought to the meeting of the 7 November 2018. This report provided a summary of the technical issues around vehicle idling; the legislation; and a review of other Local Authority activities.
- 1.2 This report recommended that the officers undertake an anti-idling campaign, initially targeted at schools and expanding as necessary. If possible, this would be as part of a Suffolk wide campaign. This recommendation was approved by the Committee. Undertaking formal action using powers as available under the Road Traffic (Vehicle Emissions) (Fixed Penalty) (England) Regulations 2002 was not recommended at this time.
- 1.3 Officers were requested at the West Suffolk Council Overview and Scrutiny committee of the 2 September 2021 to consider using the Civil Enforcement Officers (CEO) to issue Fixed Penalty Notices under the 2002 traffic regulations.
- 1.4 Officers did not consider issuing FPN was appropriate but did agree that CEO would undertake informal action and record the findings of interactions with idling drivers.
- 1.5 This report provides an update on the anti-idling campaign, other air quality improvement work and an initial update on the work of the CEOs.

2. Proposals within this report

- 2.1 West Suffolk Council have Local Air Quality Management (LAQM) duties as set out in Part IV of the Environment Act (1995). The LAQM process places an obligation on all local authorities to regularly review and assess air quality in their areas, and to determine whether or not the air quality objectives are likely to be achieved. A statutory requirement also exists to report the results of monitoring within a yearly report known as the Annual Status Report (ASR). The Annual Status Report also provides details of all actions undertaken within the district including actions undertaken in conjunction with Suffolk County Council. The most recent ASR is available to view on the West Suffolk Council air quality website pages (<https://www.westsuffolk.gov.uk/environmental-services/airquality.cfm>).
- 2.2 Although the monitoring and reporting duties around air quality fall to West Suffolk Council, many of the primary influencing factors sit within departments at Suffolk County Council. For example, SCC have primary responsibility for public health, highways, sustainable transport, and school transport.

- 2.3 Given the overlapping nature of responsibilities around air quality it is essential that promotional work is carefully assigned and coordinated with messages that are consistent and clear.
- 2.4 West Suffolk Council worked with colleagues from across the county as well as the specialist consultants Cool World Consulting, who had been responsible for running the Idling Action London project to produce a series of posters, leaflets and banners to promote the anti-idling campaign. These materials were finalised in 2019 and are freely available on the West Suffolk Council air quality pages.
- 2.5 West Suffolk Council worked closely with the Suffolk County Council Junior Road Safety Officers (JRSO) to reach out to local schools and promote vehicle anti-idling. The Suffolk campaign material was sent to all schools via the JRSO scheme, and we also reached out to schools via this literature and social media. No schools came forward directly, but a small number of schools were nominated by parents, residents, or councillors.
- 2.6 We approached the nominated schools to arrange in-school anti-idling days, which all schools that were approached agreed to. The in-school element of the project started in the spring term 2020 with the first four schools receiving an assembly, a workshop and a school pick up anti-idling event with students educating the parents who were observed leaving engines on. These events were extremely well received by the schools, students, and parents and have been used as best practice example by the national clean air project www.cleanerairsooner.org. This work was advertised in the local press and on our social media platforms.
- 2.7 Unfortunately, the intention to roll out the programme across the district was delayed by the COVID-19 pandemic, which caused the closure of schools. When schools did re-open during the 2020/21 school year, they were operating in 'bubbles' and restricting visitors to a minimum. However, we have recently written to all schools in West Suffolk requesting that they remind parents of the impacts of idling outside schools and again offering our anti-idling education days. However, we know that current rates of COVID-19 in Suffolk are again causing schools to limit activities.
- 2.8 Outside of schools, we continue to provide anti-idling literature to interested parties and have provided this to businesses, residents, and Councillors over the last few months. For example, the Churchgate Area Association requested approximately 500 leaflets which they distributed to residents in their area. We have also discussed the campaign with sustainability officers at the hospital and provided them with digital leaflets for circulation.
- 2.9 We have also promoted the campaign at external events such as the Bury St Edmunds Green Fayre and have supported a Bury St Edmunds resident promote the campaign at the town market.

- 2.10 As part of the wider Suffolk, the air quality officer at Ipswich Borough Council has worked with colleagues at Suffolk County Council to produce educational videos and podcasts.
- 2.11 Suffolk County Council public health department are currently developing a plan to ensure that awareness of the health impacts of air pollution are better promoted to all key stakeholders in Suffolk, including Councillors, transport colleagues, health workers and the general public. This document is in development and is continuing to progress with detailed input from district and borough officers, relevant NHS staff and other stakeholders.
- 2.12 SCC Public Health are also organising an online Suffolk Public Health Air Quality Summit later this year. The aim of this Summit is to start the awareness raising work, but also to get further input into the development of the detailed action plan. Councillors should receive an invitation from SCC Public Health shortly.
- 2.13 We continue to undertake other actions to improve air quality, including working closely with the planning department and SCC Highways to limit the impact of air pollution from new developments and ensure appropriate mitigation. We are continuing to roll out electric vehicle charge points to enable and encourage the uptake of zero tailpipe emission electric vehicles. We have already installed charge points in Brandon, Haverhill and Mildenhall this year, with active projects covering Bury St Edmunds, Haverhill and Newmarket due to be delivered this financial year.
- 2.14 We continue to undertake social media posts highlighting the impacts of air pollution from vehicles and other sources such as domestic log burning stoves. We have numerous social media posts prepared for the COP26 and we are planning on promoting numerous various online resources to the general public. We have also recruited to the Environment & Energy Team to allow further resource to deliver the in-school and other promotional work.
- 2.15 Civil Enforcement Officers have started approaching idling drivers as agreed at the Overview and Scrutiny meeting on the 2 September 2021.
- 2.16 In the first six weeks of this activity occurring, CEO officers approached 22 idling vehicles as part of their day-to-day activities. Of these 22 motorists, 15 drove away when approached, and 7 switched their engines off.
- 2.17 The Parking Services team have agreed to report data on a quarterly basis.

3. Alternative options that have been considered

- 3.1 This paper is an update on activity and therefore no alternatives have been considered.

4. Risks associated with the proposals

- 4.1 This paper is an update on activity and there are no associated risks.

5. Implications arising from the proposals

- 5.1 This paper is an update on activity and there are no associated implications.

6. Background documents associated with this report

- 6.1 2021 Air Quality Annual Status Report - <https://www.westsuffolk.gov.uk/environmental-services/airquality.cfm>

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Suffolk County Council: Health Scrutiny Committee (13 October 2021)

Report number:	OAS/WS/21/022	
Report to and date(s):	Overview and Scrutiny Committee	11 November 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 13 October 2021.

1.1.2 The attached **Appendix 1** was also verbally considered by Committee members on 13 October 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 13 October 2021

Appendix 1A – Agenda pages 11–14: Provision of GP Services in Suffolk

Appendix 1B – Agenda pages 15–24: Provision of GP Services in Suffolk

Appendix 1C – Healthwatch Suffolk

7. Background documents associated with this report

7.1 None

HEALTH SCRUTINY REPORT FROM THE MEETING OF 13 OCTOBER 2021 FOR WEST SUFFOLK OVERVIEW AND SCRUTINY 11 NOVEMBER 2021

The main focus of this meeting was to consider the impact that current challenges in delivering Primary Care services has on patients. I am including pages 11 to 33 which provides detailed information on the Scrutiny Focus, the Provision of GP Services in Suffolk (**Appendices 1A and 1B**) and the Healthwatch report (**Appendix 1C**) prepared for the meeting.

I would particularly note Page 15 of Evidence Set 1 (**Appendix 1B**), item 2 where it identifies many of the additional pressures impacting the Service.

The Committee wished to consider ways in which the demand on the Primary Care Services could be reduced or supported and I have included the (very) DRAFT recommendations from that meeting – which have yet to be formally prepared and agreed but are for your general information.

One of the significant learning outcomes from the discussions is how Primary Care has changed over the years. Whilst it has always been the “gateway” to public health, it has had to absorb much of the care in the community work and is often challenged by the problems arising from secondary care – for example, where a patient is ‘referred’ but has not received an appointment in a timely manner, the patient invariably re-contacts the surgery to have this chased up on. The lack of dental care, podiatry or blocked ears are just some of the issues which end up back at the GP Surgery seeking help.

Any GP practice with a patient load of 10,000 will typically have 20,000 prescriptions to review each month – this alone is exceptionally time consuming and much of these administrative duties are undertaken after the surgery closes. With patient expectation and the demands of the service growing rapidly, it is unsustainable, even given the proposals for integrated services with seamless transfer of care which seek to avoid duplication of work.

It is quite clear that the service needs more staff, more funding, more work on prevention and self-care and less administration. The public are unconcerned with the pressures on the system and simply want to have their needs met.

There is of course often a significant difference between what is “needed” and “wanted” and perhaps some more education in this area would help diffuse the frustrations and provide greater confidence in the system.

It is evident that the public do not understand the huge benefit of having multi-disciplinary teams and seem to believe this to be a “cheap option” and “second-class service”. In reality of course, these highly qualified and competent staff were historically the “secondary” service to whom the GP referred patients but are now integrated in the Surgery, avoiding the unnecessary step of seeing the GP first. Changing a long-established public perception that the GP needs to see every patient is one of the primary challenges and will feature within the Recommendations.

It is important that the Committee focuses on what is realistic and achievable when considering its recommendations. We will need to consider:

- What are we seeking to achieve?
- To whom do we make the recommendation?
- What is the benefit of implementation?
- How and when can we measure the impact?

DRAFT NOTES NOT YET APPROVED
Agenda Item 5 – GP Services in Suffolk

1. At Agenda Item 5, a report was received on the current issues affecting capacity and demand within general practice in Suffolk. The Committee received evidence from Ipswich and East Suffolk CCG, Norfolk and Waveney CCG, the Suffolk Local Medical Council, a frontline GP, the Suffolk Local Pharmaceutical Committee and Healthwatch Suffolk.
2. Following consideration of the written reports, presentation and responses to the questions, the Committee thanked the Panel for making time to attend the meeting and acknowledged the current pressures being experienced within general practice.
3. The Committee:
 - a) agreed that there was significant evidence to demonstrate that the business model for general practice was no longer fit for purpose and was effectively constraining innovation and adaptation to meet new challenges, whilst noting this was a national issue and not something the Committee was likely to be able to influence;
 - b) expressed support for Norfolk and Waveney CCGs campaign to raise public awareness of the range of qualified professionals now involved in providing health services at their local GP practice;
 - c) commended the proposal of Suffolk and North-East Essex CCGs to deliver a similar campaign of awareness raising with their population;
 - d) recommended to the CCG Boards that these campaigns should take a two-pronged approach aimed at i) developing public trust in multi-disciplinary services and managing patient expectations of primary care across the CCG area, and ii) asking practices to undertake communications with their own practice population about “who’s who” at the practice and what services they can deliver;
 - e) recommended to CCG Boards that a piece of work should be instigated with their relevant system leads to seek to identify some quick wins to improve referral pathways which would eliminate double handling, bureaucracy, delays and inefficiencies (for example, self-referral for some specific pathways where this was deemed appropriate);
 - f) recommended to CCG Boards that consideration should be given to what support could be offered to practices currently experiencing extremely high/unmanageable telephone call volumes;

- g) requested the following information bulletin items:
 - i) information about the model and services available at the Riverside Clinic in Ipswich, which was suggested as an example of good practice;
 - ii) details of the nurse practitioner role within general practice including information about training and types of treatment being delivered on 26 January 2022.

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Health Scrutiny Committee

13 October 2021

The provision of GP Services in Suffolk

Summary

1. This report considers the current provision of GP services in Suffolk, although many of the issues explored here are not exclusive to Suffolk. The report includes information about the experience of patients (both positive and negative) of general practice in Suffolk and looks at what is being done to ensure people can access appropriate services to meet their need.

Objective of Scrutiny

2. To examine the current issues affecting capacity and demand within general practice in Suffolk.

Scrutiny Focus

3. The scope of this scrutiny has been developed to provide the Committee with information to come to a view on the following key questions:
 - a) What are the issues leading to additional demand pressures in general practice in Suffolk and to what extent are these reflected nationally?
 - b) Why are GPs leaving general practice and what can be done to address this?
 - c) To what extent are COVID-19 restrictions continuing to have an impact on the availability of GP services?
 - d) To what extent do internal processes within the wider health and care system impact upon practice workload?
 - e) What can be done to improve patient experience in relation to telephone and digital (on-line) access?
 - f) To what extent are system partners, (eg Integrated Neighbourhood Teams and pharmacies) alleviating the pressures on general practice? Is this consistent across Suffolk?
 - g) What is being done to raise public awareness of the issues being experienced in general practice and to help manage patient expectations?
 - h) How can we move to a more sustainable model for the future?
4. Having considered the information, the Committee may wish to:
 - a) make recommendations to NHS commissioners;
 - b) make recommendations/seek to influence general practice and/or its representative bodies;

- c) make recommendations/seek to influence partner organisations in the health and care system;
- d) request further information;
- e) agree to undertake further scrutiny.

Contact details

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

Background

5. On 27 August 2021 members of the Health Scrutiny Committee met informally with representatives from NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG) to receive a briefing on general practice. The purpose of the informal briefing was to bring new members of the Committee up to speed with current issues in general practice and to agree the key areas of investigation for a formal scrutiny review in October 2021. A summary of the topics covered in the informal session is set out below.
6. Members were informed that general practice was commissioned and funded on a per capita basis, based on the practice registered patient list. It was up to the practice how it used the funding received, as long as the requirements of their contract for the provision of services was met. Therefore it followed that a larger practice, with a large but relatively healthy patient list may find itself on a firmer financial footing than a smaller practice with a poorly population.
7. A practice was usually formed as a partnership for the purposes of contractual arrangements and employment of staff. A partnership with several partners meant that risk was shared. However, GPs were leaving the service to move to other opportunities or retiring and newly qualified professionals appeared to find buying into a partnership less desirable in recent times, potentially due to increasing financial risk and reduced financial incentive as well as wider opportunities to work across a range of settings within the health and care system.
8. Members heard that practice premises were often owned by a third party and rented or owned by the practice. Over time, buildings had become in need of investment, too small, or no longer fit for purpose. Where a new surgery was required (for example as a result of significant housing development) NHS England and the CCG would seek expressions of interest from practices to run the new build surgery, or a practice may open up a branch surgery. However, availability of staffing for new provision was a significant constraining factor. The issue of efficiencies of larger scale provision was discussed, with the resultant economies of scale this could achieve. However, members highlighted that there was a need to also consider the practicalities of patient access to services, particularly in rural areas of the County where transport was less readily available.
9. Members were informed about the Quality and Outcomes Framework (QOF), a voluntary annual reward and incentive programme for general practice which provided a set of achievement measures against which practices could score points and gain financial reward. The information about annual points scored by

practices was published and members questioned whether judgements may be made about how well a practice was doing based on these scores, when the scores may be a result of issues which were outside of the practice's control (for example the availability of a vaccine).

10. Discussion took place about demand and capacity and it was generally accepted that a growing ageing population and people living longer with more complex health issues meant demand for services was increasing. Meanwhile, GPs were retiring and fewer newly qualified GPs were entering the profession. These issues had been compounded further by the impact of the COVID-19 pandemic, and additionally by the backlog of elective care in acute hospitals meaning people were having to manage health problems themselves for longer. It was a misnomer that there was a national requirement for a maximum number of patients per GP and demand and capacity pressures on services were continuing to increase.
11. The Committee considered the role of the Suffolk GP Federation, which was an umbrella body in the form of a not for profit Community Interest Company. The Federation provided services for which there was benefit in delivering over a wider geographical footprint. Examples were provided of the Out of Hours Service and GP+ which provided extra appointments for people who urgently needed to see a doctor in the evenings and weekends and bank holidays.
12. Primary Care Networks (PCNs) had been put in place with the aim to address what was fundamentally a fragmented service made up of numerous individual businesses with no single voice. PCNs also sought to help address problems with recruitment and retention by employing a range of health professionals to work across practices to help in easing the load on the numbers of people needing a GP appointment.
13. Suffolk Primary Care was explained as a partnership of like minded GP surgeries covering around 130k patients, which worked to share resources and collaborate with a view to achieving economies of scale through, for example, shared clinical oversight and back office services such as HR and Payroll. Members of the Committee questioned whether there was an opportunity to develop shared systems to manage patient enquiries (for example through diversion of telephone calls to another number at busy times) to avoid lengthy waits. Members heard that the current multitude of systems within the various practices would mean significant financial and staff resources would be required to achieve this, when staff were already stretched to the limit.
14. Discussion took place about the patient perception and expectations of general practice, for example the expectation of being able to request an appointment with a named GP. It was noted that practice staff were increasingly becoming subjected to rudeness and verbal abuse from members of the public who considered that the service they were receiving from their practice was below what they should expect. This in turn meant staff were leaving. The question was discussed of how public awareness could be raised about the role of the wider range of professionals now working in practices and the pressures being experienced. It was noted that discussions had taken place with NHS England about a national communications campaign to raise public awareness but no action had been taken on this to date. The role of local media was also discussed in influencing public opinion and awareness raising.

15. Members discussed issues raised by constituents who had become frustrated with on-line systems, such as e-consult, which were not user friendly and people found difficult to navigate. The issue of lengthy telephone answering messages was also raised. There was discussion about the role and effectiveness of e-consult and the extent to which this system was able to alleviate pressures on services.
16. Following the discussion, members were invited to come up with key issues for investigation for the formal scrutiny meeting on 13 October 2021, and these are set out at paragraph 3 above.

Main body of evidence

17. The main body of evidence has been compiled by the Deputy Chief Operating Officer for Ipswich and East Suffolk CCG and is attached as Evidence Set 1.
18. To supplement the report, the Committee will receive a joint presentation from representatives of Ipswich and East Suffolk and West Suffolk CCGs and also Norfolk and Waveney CCG (for the Waveney area of Suffolk) at the meeting.
19. Evidence Set 2 has been compiled by Healthwatch Suffolk. This report is intended to offer a general overview of some of the issues (both positive and negative) local people have raised about GP practices in Suffolk.

Glossary

AHP – Allied Health Professionals
 CAMHS – Child and Adolescent Mental Health Services
 CQC – Care Quality Commission
 DXS – referral software
 EAU – Emergency Admissions Unit
 ECG – Electrocardiogram
 EEAST – East of England Ambulance Service NHS Trust
 GP – General practitioner/general practice
 HEEoE – Health Education East of England
 ICS – Integrated Care System
 IMG – International Medical Graduate
 INTs – Integrated Neighbourhood Teams
 IRMER – Ionising Radiation (Medical Exposure) Regulations
 NHSEI – NHS England/Improvement
 NSFT – Norfolk and Suffolk NHS Foundation Trust
 PCN – Primary Care Network
 PGDs – Patient Group Directions
 SNEE – Suffolk and North East Essex
 SOP – Standard Operating Procedure
 WSHFT – West Suffolk Hospital NHS Foundation Trust

Evidence Set 1

Heath Scrutiny Committee

13 October 2021

The provision of GP services in Suffolk

Information in this report was produced on behalf of:

	NHS Ipswich and East Suffolk CCG and NHS West Suffolk CCG
By:	David Brown, Deputy Chief Operating Officer, NHS Ipswich and East Suffolk Clinical Commissioning Group
Date Submitted:	1 October 2021

Introduction

1. The following information has been provided in response to the key areas for investigation set out in paragraph 3 of the covering report.

What are the issues leading to additional demand pressures in general practice in Suffolk and to what extent are these reflected nationally?

2. These include:
 - a) Population growth;
 - b) Ageing population, and as a result, patients have more complex conditions that require them to attend their local practice more frequently;
 - c) Patients who have not sought advice for problems during lock down now presenting with greater acuity;
 - d) Patient expectations have increased;
 - e) Abuse by patients has increased causing more staff to leave general practice;
 - f) Staff sickness due to operating under significant pressure for long periods of time plus increased covid infections;
 - g) Daily demand resolved due to telephone/video conference consultations leading to the expectation that this is ongoing every day;
 - h) Other health partners transferring out of contract work towards the practices;
 - i) Checks and medication reviews missed during 2020 need to be completed 2021;
 - j) Practice staff, especially GP, recruitment issues on going;

- k) Older GPs and other members of the workforce reducing hours / looking to retire;
- l) Pressure of enhanced Flu campaign;
- m) Pressure of covid Phase 3 (even if practices are not taking part - national media points patients to their GP);
- n) Pressure to meet national targets, eg health checks;
- o) Logistical issues eg, Roche.

Why are GPs leaving general practice and what can be done to address this?

3. There are multiple pressures on GPs and GP partners in particular. These include:
 - a) Personal liabilities. The historical effect of NHS regulations means that GP practices are private businesses (in contrast to most other NHS organisations) and are almost all run as 'true' partnerships. This means the individual partners are liable for costs incurred by the business as well as benefitting from any profits derived. Such liabilities, in the event of 'handing back your GP contract' usually run to very large amounts and include practice premises as well as staff redundancy payments. New GPs are increasingly preferring portfolio careers, viewing partnership with its attendant risks and considerable additional responsibilities as unattractive.
 - b) A lack of control over workload. There is no accepted mechanism by which GP practices can seek to work within safe limits.
 - c) Excess Demand. This is multifactorial, but, at its heart, includes the profound impact of demographic change coupled with the attendant demands of an increasingly broad and effective set of medical interventions upon the wider health care system
 - d) Until recently there has been no attempt by national systems to quantify or remedy the effects of various system changes on primary care. For example, the campaigns around mental health awareness and cancer symptoms have failed to model or compensate for the associated increase in primary care work.
 - e) As an illustration, in other primary care systems (Australia, NZ, Holland) it is generally accepted that around 25 patient interactions is a safe and reasonable workload and one which is generally adhered to. In contrast it is now not uncommon for Suffolk GPs to be expected to consult, in various formats with 40-50 patients per day alongside 20-30 blood test results, review, action letters from a multitude of sources, prescriptions, home visits alongside the supervision of junior staff and oversee the running of a small/medium sized business.
 - f) Adverse media coverage, coupled with a slow societal devaluation of GPs, when compared to hospital colleagues.
 - g) 'Care in the community' is a mantra that is accepted by the system as inherently good and has been the strategic direction for many years. There are often good outcome-based reasons, alongside cost savings, for schemes based on this rationale, but it has resulted in vast amounts of work moving out into the community and is coupled with a system pressure to

avoid hospital admissions. The default provider of medical cover in such situations is primary care.

- h) Reduction in job satisfaction. It is self-evident that dealing with 40-50 patients per day results in less time to spend with each patient. This, in turn, means it is very difficult to provide a high quality, caring service. The result is not only a poorer service, but one in which practitioners derive less job satisfaction.
 - i) Recruiting and retaining new GPs is a significant challenge. In several places across Suffolk it is commonplace for adverts for GP partnerships to lapse without a single applicant. Recruiting other clinical staff is also a challenge for Suffolk – the PCN programme provides funding for significant numbers of (non-GP) additional staff, but recruiting primary care trained clinicians remains difficult such that a proportion of this national budget looks to remain unspent.
 - j) Monitoring of prescription medications has become a significant workload burden. An average practice of 10,000 patients will be responsible for the safe monitoring & prescribing of over 20,000 prescription items every month. Mixed amongst the routine medications are high risk drugs such as immunosuppressives (devolved from hospitals over the past decade to create capacity) and high dose antidepressants requiring monitoring.
4. Solutions are available to mitigate the above, these include:
- a) Open access clinics for presentations where primary care adds little. For example, it is widely recognised that primary care adds nothing (other than a referral form!) to the management of patients with symptoms such as breast lumps, blood in stool, etc. Encompassed within this is a recognition that primary care has become a speciality in its own right and the traditional ‘gatekeeper’ role is becoming less appropriate.
 - b) Digital/AI technologies – particularly in the management of skin lesions and some longer-term conditions. This technology is very much still in its infancy.
 - c) A mechanism by which healthcare revenue follows workload. The current system having to fund large fixed costs (hospitals, large trusts) leaves commissioners little scope for flexibility and by extension, primary and community services relatively underinvested.
 - d) A mechanism by which the liabilities of individual practices/partners are underwritten.
 - e) Making Suffolk a GP friendly county by recognising, at every level of the system, that alternative routes exist for the majority of requests for information and help.
 - f) Self-care including self-referral to physios, podiatrists, mental health is prioritised. Where delays in accessing this self-care exist it should not fall to primary care to be the default provider.
 - g) Devolution of work to other providers & encouraging such providers to provide a comprehensive service rather than liaison/advice or ad hoc input.
 - h) Reduction in referral barriers and bureaucracy.
 - i) Redefining clinical responsibility for patients by pathology rather than location.

- j) Re-emphasising and valuing continuity and quality of care rather than quantity. This has system benefits in addition to those derived by the primary care practitioner. A 0.25% rise in referral rates across the board in Suffolk would equate, in a month, to doubling the entire ESNEFT waiting list.
- k) Widening the scope of local training hubs (such as the Integrated Care Academy) to improve the supply of clinicians with a local attachment. Where this is not possible collaborative or subsidiary training arrangements (such as the graduate medical training programme run at West Suffolk Hospital in conjunction with University of Cambridge) should be encouraged.
- l) Providing tangible support is needed, at a system level, to alleviate some of the risk from partnerships and rebalance the risk:benefit ratio.
- m) Acknowledging that instant access to your GP is not necessarily a good thing in all instances. A reducing proportion of patient contacts seen each day in practices are for self-limiting conditions which do not require GP input. This applies to a wide range of conditions including mild mental health and muscular skeletal issues.
- n) Streamlining access to Section 106 monies. The proportion of s106 that eventually reaches frontline practices is far too low and represents a missed opportunity.
- o) Where other providers are struggling with service delivery pressures an explicit acknowledgement of ownership rather than 'transformation by devolution (to primary care)'.
- p) Valuing our GPs and in particular dispelling the myth, in multiple forums, that system pressures ('I can't get an appointment') is as a direct result of GPs not working hard enough and that the solution lies in primary care working harder. The fact that primary care in Suffolk provides sufficient appointments, catering for complex medical needs, for around 40% of the entire population each month on a budget, at an individual level, less than that of most veterinary insurance premiums should be more widely known.
- q) Making some attempt at a public health and system level to model demand on primary care across Suffolk in a 5 and 10 year timeframe.

Recruiting and training new GPs

- 5. One outcome of the pandemic is a substantial increase in the number of university applicants for medical school. The issue is having sufficient student placements.
- 6. This is a key priority for the Primary Care School and Training Hub. We have received substantial funding to increase the number of placements for GPs and all clinical roles.
- 7. The process to become a training practice is being reviewed and a new system comes into place in September 2021.
- 8. This work will be devolved to Training Hubs which will give us a stronger link with our Practices and PCNs - the Primary Care School have developed a system that will allow all practices within a PCN to be quality assessed as a learning environment once rather than separately. This will reduce paperwork and encourage practices to work collaboratively to support students.

9. Training will form part of the CQC audit.
10. The majority of current GP trainees are International Medical Graduates (IMGs) (they achieved their primary medical qualification outside the UK). Last year 90% of trainees in Suffolk and North East Essex (SNEE) were IMGs
11. The Primary Care School know they have the greatest challenges to graduating as a GP and staying in the area.
12. Last year a pilot project "Transition into GP" developed a bespoke programme to support these trainees. This is currently in year 2 so it will be next year before we see the outcome.
13. Materials/training developed being used across year 2 and year 3 trainees.
14. Primary Care School have also appointed additional TPDs to support all trainees to address differential attainment issues and ensure everyone achieves in a timely manner.
15. Key issue for SNEE is the problem of trainees not achieving at the end of year 3. This creates pressure on training placements and delays trainees moving into the workforce.
16. Incentives to encourage GPs to become trainers/educators:

Newly appointed GPs

- a) New to Practice programme offers a two year funded programme to support GPs into their first post - consists of further academic training, mentoring;
- b) Networking offered through "First Five" groups;
- c) Portfolio GPs to reduce workload most GPs only work 2-3 days clinically;
- d) Increase in GP fellowships in either clinical, educational or leaderships roles.

Retaining GPs

- a) New to Partnership offer;
- b) Mid-career fellowships;
- c) Portfolio careers increased opportunities for GPs regionally and at system level with NHS England/Improvement (NHSEI), HEEoE (Health Education East of England) Training Hub and Integrated Care System (ICS);
- d) Welcome Back to Work programme to support GPs with health issues who may leave or want to return;
- e) Flexible working contracts;
- f) GP Support Hub local initiative to support GPs through the mirage of different national, regional and local offers;
- g) Review taking place of GPs who supported Covid work to explore options to keep them in the workforce;
- h) It is important to remember that one of the keys to retaining GPs is for the role to be manageable.

Data

- a) Better data collection to enable us to have a more accurate picture of our GP workforce as many now work as locums or on schemes such as GP+.

Wider workforce

- a) Increasing the workforce to ensure patients are seen by the most appropriate clinician;
- b) Training Hub is increasing clinical placements to support the growth of the whole workforce and ensure other areas do not suffer if we recruit into General Practice;
- c) Provide support for existing staff and training to ensure they can deliver new procedures and look after patients with Long COVID, mental health issues etc;
- d) Network existing clinicians to provide mentorship and peer to peer support;
- e) Make General Practice the preferred place to work for all staff and use it to offer work experience for all age groups.

To what extent are COVID-19 restrictions continuing to have an impact on the availability of GP services?

17. The need to adhere to the NHSE GP Standard Operating Procedure (SOP) and infection control guidance restricts free movement in practices, but this in turn has meant that no practices have closed due to a covid outbreak.
18. Compliance with the SOP and infection control processes have also taken up additional staff time, which could have otherwise been used to treat patients.
19. The SOP also requires all patients to be triaged, prior to being seen, which is sometimes construed as patients not being able to see their GP.

To what extent do internal processes within the wider health and care system impact upon practice workload?

20. Whenever a wider partner organisation is under pressure the net result will be additional pressure to the GP practice eg if an ambulance refuses to convey – the GP is called - if a patient is on a long waiting list the GP is called to expedite them, if a patient is planning to have an operation out of area – their local GP is called to perform the “pre-op”. The recent blood tube shortage resulted in GPs having to call patients to cancel clinics.

Making referrals to other health and care providers.

21. Some referral processes appear to be more involved than they need to be. DXS (the referral template software used in Suffolk) currently holds more than 100 different referral forms. Many of these forms extend to more than 1 page and contain some mandatory fields.
22. Some of this workload could be reduced by simplifying the process of requesting assistance in the first instance (using tasks to providers that indicate the patient has been reviewed in primary care & would benefit from their input – further details on the shared record; the same system (in reverse) operates for GP+, podiatry and some community services), simplifying/mail merging referral forms to a maximum of 1 page and having shared IT records (necessitating common IT systems) across providers. To this end, the recent news that Turning Points are to use SystemOne has been celebrated by both TP & primary care.

23. Of particular concern to primary care staff is the time consumed whilst waiting to discuss a case with the CRISIS team (NSFT), admit a patient to EAU (hospitals) and the downgrading/lengthy of acutely unwell patients in practices/with primary care staff by Ambulance services (EEAST).

Health and care providers holding waiting lists

24. This is increasing significantly. Where this does occur, the default position is that primary care should manage the patient until they are seen – the system continues to define patients by their location (community = primary care, hospital = secondary care) rather than their pathology or need.
25. The impact of this could be reduced by altering the above culture & increasing capacity in those organisations who are holding significant waiting lists. Whilst the latter is difficult, an interim solution, whereby organisations holding waiting lists are able to field patient queries and allow a 2-way dialogue around worsening symptoms would create capacity in primary care. A good example of this is the way in which West Suffolk Hospital Foundation Trust (WSHFT) are seeking to pro-actively manage orthopaedic waiting lists using Allied Health Professionals (AHP) physios.
26. A single point of contact for waiting list information would also greatly assist alongside disseminating the idea that your GP cannot upgrade you on the list unless there has been a (preferably objective) change in your clinical circumstances and that, as above, the first port of call in these circumstances should be the organisation holding the list.

Receiving information from health and care providers following an episode of care

27. There can be a delay in receiving this information. This can be a particular issue in regard to updating a patient's medication list following an outpatient encounter.
28. The impact of this could be reduced by enabling hospital teams to update a patient's GP clinical record directly, possibly adopting a common IT system and as previously noted, to facilitate the wider use EPS (with paper prescriptions as an interim measure).

Requests for primary care to undertake specific tasks by other health and care providers

29. Some providers are requesting primary care to undertake tasks such as blood tests when it is their role to do this. The drivers behind this are multiple and include:
 - a) Understaffing/lack of senior medical cover in a particular service - in the case of CAMHS and Suffolk Eating Disorder Services, who frequently request primary care perform regular physical examinations, bloods and an ECG, this arises out of an apparent inability to access appropriate senior medical input. In a similar vein the Community Heart Failure team in West Suffolk are not set up to monitor renal function or to prescribe diuretics (both core functions in the management of such patients).
 - b) Clinical governance is set up in such a way that the requestor of a test is, by default, the person responsible for reviewing and actioning the results. There is, therefore, an inherent driver to avoid becoming the initiator of tests particularly where there are not robust systems in place to deal with results received.

- c) The very necessary need to avoid duplication in pathology testing.
- d) Specific regulations – the local implications of IRMER regulations, for example, prohibits some physios from ordering X-Rays (in contrast to the pathway design which seeks to divert such patients away from GPs).
- e) Inability to prescribe – podiatrists, community outreach teams including palliative care & midwives all often seek prescriptions for interventions recommended by their service via primary care. The widespread use of PGDs (Patient Group Directions) and independent prescribing qualifications would solve this issue.
- f) Whilst the single solution for the cumulative effect of the above factors is not available there is an urgent need to recognise that a properly commissioned service ought to include the ability to (a) initiate & act on its own investigations & (b) prescribe and monitor an intervention without recourse to primary care. The new Gender Identity Service, with its inherent inability to prescribe or monitor hormonal manipulation therapy, is only one such example.

Accessing professionals from other health and care providers

- 30. Providing care necessitates working with professionals from other health and care providers but getting hold of them can be challenging (see previous examples around CRISIS mental health services and Ambulance services).

Internal NHS requests for information

- 31. Primary care receives a large number of requests for data, often at short notice. This has been particularly marked during the COVID vaccination campaign when multiple requests for data were made on an almost daily basis.
- 32. The impact of this could be reduced by filtering such requests via a single responsible officer who would collate and review such requests. Outside of COVID vaccinations the current regulations require practices to record multiple different types of appointments including that which would have previously been considered administrative time. This creates an addition burden which is often borne by clinical staff.
- 33. Central data extractions which do not require practice level input and where the information governance model is robust (noting GPs personal liability in this regard) can assist in this regard.

What can be done to improve patient experience in relation to telephone and digital (on-line) access?

- 34. A National campaign around when to use which services needs to be initiated before winter 2021 to try to reset patient expectations and ensure scarce resources are deployed effectively.
- 35. Many patients have found this approach more convenient and preferred it to a face to face appointment. One aspect of utilising this approach that can be improved in some practices is to provide a better indication of when they are likely to be phoned back by surgery staff. In addition, best practice in website layout to help patients navigate some of these approaches needs to be developed and rolled out across all practices.
- 36. Access to practice staff via phone and digital means is helpful but is not the rate limiting factor in provision of primary care - clinical capacity remains key.

**To what extent are system partners, (eg Integrated Neighbourhood Teams and pharmacies) alleviating the pressures on general practice?
Is this consistent across Suffolk?**

Integrated Neighbourhood Teams

37. There are eight Integrated Neighbourhood Teams (INTs) in Ipswich and East Suffolk. The team comprises community health and social care staff who work with primary medical care teams, social prescribing and mental health teams. Core Leadership Teams for each INT are now well established in most areas with a GP lead, community and social care team leader, mental health and voluntary sector lead. Each INT has a senior manager as a sponsor to support their development.
38. Each team has created its own local plan. Through weekly meetings during Wave 1 and 2 of Covid and the One Team development programme, relationships and understanding between the teams have progressed significantly and there is a strong sense of mutual aid and common purpose within the leadership teams however there is significant work to do to grow these day to day partnerships across all team members. Co-location of staff and shared or aligned digital systems are or will make a significant difference to the efficiency and effectiveness of integrated team working. The Alliance has made significant commitment to further developing and resourcing Integrated Neighbourhood Teams in support of admission avoidance, care in the community including on discharge.
39. Community and social care teams have experienced many of the same demand and capacity challenges which GP practices have. It is important to convey that INTs are intended as partnerships of equals, all focused on supporting patients and the public which they collectively serve.
40. In summary, there has been positive progress in the development of Integrated Neighbourhood Teams and joint working with GP practices but there is significant further ambition and support required to realise their full potential for patients and staff.

Local Pharmacies

41. NHS England recently introduced a scheme aimed at enabling patients who could be safely seen by a pharmacist rather than their local practice.
42. This scheme is being incrementally rolled out across Suffolk. When a patient contacts their practice, the care navigator using a pre-prepared list of conditions will, if appropriate and safe to do so refer the patient to their local pharmacy. The patient is then seen by at the pharmacy of their choice. If for any reason the pharmacist believes that the patient needs to be seen by someone at their practice, there is a mechanism in place to enable the patient to be referred back. This is currently running at 8%. The pharmacies are paid for providing this service.

What is being done to raise public awareness of the issues being experienced in general practice and to help manage patient expectations?

43. Significant work has been undertaken to improve public awareness of the issues facing general practice. They include;
 - a) Social media communications;

- b) Press and radio interviews with local GPs and others on these issues;
- c) Programme of media releases that deal with these issues;
- d) A local health reporter recently spent a day in a busy Ipswich surgery in order that future articles are well informed.

How can we move to a more sustainable model for the future?

- a) Value Primary Care;
 - b) Encourage patients to spread the calls throughout the day;
 - c) Encourage patients not to 'save it up for Monday';
 - d) Encourage the improved utilisation of GP+, especially at weekends;
 - e) Better information to enable patient's expectations to be managed so that patients who need to be seen can be seen quickly and those who want to be seen may have to wait a little longer;
 - f) Increased utilisation of PCN roles to provide additional capacity.
44. It is widely acknowledged that primary care is struggling at present. Any improvement will need to be achieved in the face of escalating demand.
45. The challenge is perhaps best illustrated by data derived as part of the Future Systems Program (a delivery team designed to deliver a replacement hospital in West Suffolk). Modelling done from this work shows that in order to accommodate growth in demand over the next 10 years the new hospital would need to be almost three times the size of the existing building (from 45,000 sqm to 111,000 square metres). Such a hospital would not be affordable and, as a result, the pressures are likely to pass into the community.
46. It is important to acknowledge that the magnitude of pressures placed upon primary and community care services is likely to be an order of magnitude greater than that produced by the mitigations offered. We therefore need to reframe the discussion around prioritising needs, be explicit about demand management, waiting times, patient/system expectations and, where possible, narrow the scope of general practice.

Primary care services in Suffolk: A report for the Suffolk Health Scrutiny Committee (September 2021)

1. About Healthwatch Suffolk

Healthwatch Suffolk (HWS) is the independent health and social care champion for Suffolk.

Established in law, it is independent and has the influence to shape, influence and improve local services. It can also help people to find the information they need to access local care and support through delivery of an information and signposting services (delivered by telephone, email and in the community).

HWS makes sure that providers and commissioners of services account for people's lived experiences when they are working to plan, deliver or scrutinise care. It believes strongly in working in co-production with local services, commissioners, regulators, voluntary, community and social enterprise organisations and communities to establish long-term cultural change and to improve services.

You can read more about HWS on its website (www.healthwatchesuffolk.co.uk) or access more information about its work and impact by download the latest annual report (<https://healthwatchesuffolk.co.uk/reports/our-annual-reports/>).

2. How can Healthwatch Suffolk help local GP practices?

Healthwatch Suffolk has a Community Development Team dedicated to engagement with local people about their local NHS and social care services. As a part of their role, the team visits local practices to talk to people about their experiences within all services. This is how their role supports local practices to hear from their community.

- I. Since August 2021, the HWS team has returned to face-to-face engagement activities. The opportunity to visit local GP practices varies according to facilities (e.g., the size of the waiting room) and surgery policy. A lot of engagement is taking place outside of practice buildings.
- II. The HWS team has an ongoing offer of visits to all GP practices roughly every quarter. In advance of visits to local practices, the team contacts the Practice Manager to understand more about the challenges they may be facing and to ask whether the practice needs support to communicate with patients about issues or key messages. The aim of each practice visit is:
 - a. Provide information and signposting to patients about other sources of health, social care and wellbeing support (e.g., other services, community groups and websites etc).
 - b. To support practices to manage patient expectation by talking to patients about the challenges facing local services and helping people to understand more about how modern GP practices operate.
 - c. To gather feedback from patients about their local practice and all other NHS and social care services. By engaging patients face-to-face, HWS staff can encourage people to make sure their feedback is constructive and that it can help their

practice to make improvements and/or share with practice staff what's working well.

- d. To offset the apparent polarisation of people's shared experiences by gathering balanced feedback from those who have managed to obtain access to practice services as well as from those who may have struggled.
- III. Following the visit, Practice Managers receive a summary of the experiences gathered so that they can address issues raised by patients wherever possible. Many practices report being able to make improvements to their services by responding to people's feedback collected in this way. The feedback, which is often positive, can also be used by practices to raise staff morale.
 - IV. Other support available to local practices includes:
 - a. Support for practices to engage, re-energise or focus Patient Participation Groups.
 - b. Help and support to develop communications for patients regarding service change (e.g. practice mergers or closures) and to be a source of independent feedback to inform plans and strategies.
 - c. Communication from our team (generally an infrequent email bulletin during the pandemic) with information about the work of HWS and other items our team felt would be of interest or help to practices.
 - V. HWS can support practices considering significant service change with communications activity and by ensuring practices have an independent body to which patients can direct their feedback.
 - VI. More generally, HWS is planning specific content to share widely regarding the pressures local practices are facing, how local people can help services (e.g., use of pharmacies, NHS 111 and other similar advice) and to raise awareness about the abuse staff have been facing within local services. This includes content with input from practices (e.g., quotes from practice managers) to ensure it has a local focus and impact.
 - VII. Recently, a HWS Community Development Officer visited a local practice to shadow staff and to record observations. This will be summarised in an article for the HWS website, and for the practice to share with patients. The aim will be to help people to understand more about the challenges local practices are facing, and the impact of abusive calls on staff.

3. Feedback about local services

What follows is a high-level summary of the feedback recorded on the Healthwatch Suffolk Feedback Centre (www.healthwatchesuffolk.co.uk/services) about GP practices in Suffolk. Comments were considered if they were received within the period September 2020 to August 2021.

The following information is intended to offer a general overview of some of the issues (both positive and negative) local people have raised about GP practices in Suffolk. A more detailed analysis can be generated if required for further scrutiny.

- I. HWS has recorded 774 comments about GP practices within the period. Of these comments, the HWS Informatics system has determined that 39% are positive, 18% are neutral and 42% are negative in sentiment.

- II. The overall average star rating for GP practices in Suffolk is 2.9 stars out of a possible five stars. This represents a fall in ratings from 3.9 stars for the same period 2019 to 2020 and 4.0 stars for the same period 2018 to 2019.
- III. It is important to note that, due to the pandemic, most of the feedback recorded within the period has been generated digitally. This might include through featured widgets on practice websites, from social media or visits to the Healthwatch Suffolk website from search engines and other sources.
- IV. In general, as the pandemic has progressed, HWS has noted increased polarisation in the sentiment of people's feedback. Broadly, people now tend to be either highly positive or highly negative about their care. This is most likely a symptom of the access challenges many patients have faced when contacting their practice.
- V. It is hoped that a return to community engagement by the HWS team will help to improve the balance of feedback on practice service listings and ensure the feedback held is broadly reflective of the experiences most patients have within services. Observations about primary care from HWS Community Development Officers since their return to the community in August 2021 are included later in this report.

What have people told HWS about their experiences?

- VI. Despite the pressures faced in primary care, hundreds of comments include positive sentiment about local services across many aspects of service delivery. This includes that practices have been responsive, that digital services have enabled people to access services in convenient ways, general positivity about staff and praise for supportive and compassionate care.

Comments include:

“The doctors and nurses are always so caring and helpful. The ladies in reception are all really friendly and go the extra mile, unlike in a lot of other surgeries. When I've had to call other departments, they've also been helpful and professional. We are so lucky to have such a wonderful surgery in Bury St Edmunds - thank you to all the staff for making it so.”

“I've been with my practice for years and have had nothing but excellent care and service throughout that time. They should be especially commended for how well organised they are during Covid. There's a really good system in place, so if you do have to go to the surgery, you still feel safe. The staff continue to be friendly and helpful, even while working under difficult circumstances. Well done to all, a really excellent surgery!”

“Whilst waiting in my car to attend an appointment, I was really impressed by the nurse who was dealing with patients in such a brilliant way. She was so happy and cheerful with people and helped a young mother with a baby waiting in the wet to get out of the rain. She herself was getting wet going in and out of the surgery to patient's cars but she remained cheerful throughout. I then needed to get a sample for my son tested before they were being picked up by the courier and she ensured this happened in time. It was so lovely to see someone so helpful and cheerful considering the more difficult circumstances she was obviously working in.”

“Cannot fault the surgery at all. They have been amazing; they've been very attentive when I've had to go in for an appointment & are always helpful & supportive.”

- VII. It is not true to suggest that positivity is consistently evident across parts of Suffolk. There is variation between services regarding the general sentiment of feedback across all themes. This reflects an inconsistency in primary care delivery that has been evident in patient feedback for some time. The pandemic has seemingly exacerbated this variation in

specific localities with some practices now facing significantly higher levels of negative patient feedback.

- VIII. Access concerns are a common feature within people's feedback, with 65% of more than 300 comments noting dissatisfaction about service access sub-themes. This might include issues like convenience of access, general lack of access to services, cancellations of booked appointments, inequalities (e.g., lack of adaptation for those with specific needs) and other similar sub-themes.
- IX. Some express that it is difficult to obtain appointments from their local practice. This might include general statements about not being able to obtain appointments, that patients are repetitively told to call back the next day or that they will receive a call back from a clinician that does not occur. For others, access has been much less of a concern, emphasising the considerable amount of variation in people's experiences across the county.

Comments include:

"I have waited in pain for 10 days 3 times the receptionist said they will contact me and 3 times they have failed."

"No one answers the phone or emails despite me completing eConsult and being advised to see a GP ASAP, appalling."

"You can't book an appt. unless you call within a 2-hour window. Call at the end and all the appts are gone, call at the start and you don't get through because of course everyone is calling at that time. They've got rid of online booking which was always effective. eConsult booking makes you answer questions with no option for "N/A" so you either have to leave it or lie. Then when you ever do manage to use that service effectively, they send you emails with different days of when they will call, neither of which they will actually call you on. You call back to find out what's going on and they say they'll call you today then don't. All in all COMPLETELY INACCESSIBLE."

"3 minutes to at least get through to phone options let alone someone pick up the phone. Called up about something very urgent. Waited over 4 hours for a call back. Only a couple of good GPs. You're lucky if you get given more than ibuprofen. And that's if you actually see a GP. It's rare that anyone will actually see you. And that was before covid. Then even when advised meds by the hospital consultant. They won't prescribe them because they don't agree! It's got to the point I don't want to go there for anything now. I'd rather call 111 and that's not how it should be at all."

"We (family of 4) have been patients at our surgery for several years. They are a large practice, so yes you may not see the same Dr but you will always get an appointment (whether face to face or in surgery) and the Dr's have always be fantastic. Yesterday I urgently needed a prescription organised. The dispensary was fab, as was the Dr. Within a couple of hours, they had organised everything for me."

"I am a very frequent user of the group practice, usually at one site, but also either of the other surgeries if necessary. Having 3 increases the likelihood of seeing someone. Also being disabled it can be hard sometimes for me to go, but whoever it is I wish to consult is more than happy to phone me. I find the medical staff to be good listeners and treat my opinion as very relevant, unlike in some places I've been."

"I was fed up at my previous practice with being unable to arrange an appointment unless the doctor thought it 'absolutely necessary'. Find this practice much easier and friendly. Highly recommend them."

"Two days of waiting for phone call explained several times to receptionist I needed to be seen as horrendous belly pain but kept getting lied to that I would be called and wasn't. Finally got called and the Dr was rude."

- X. Whilst patients frequently report positive experiences with staff, it is also very common for people to express high levels of dissatisfaction at the way in which staff have spoken with them or addressed their enquiry. This includes that both frontline staff and also, on occasion, clinicians have been “rude” or “dismissive” in their approach with patients. Such interactions with staff, whilst inevitable to some extent, tend to ‘set the tone’ for people’s overall perception of services.

Comments include:

“Every time I phone this surgery the person I speak to acts as though you are wasting their time and can’t get off the phone quick enough. Nothing is ever done about my enquiries, or they are completed weeks later. I have never complained in my life about a doctors surgery (or any other service) but having worked in Customer Service for many years, I know there is no excuse for making a customer feel angry and upset after every phone call. I wish something would be done regarding rude members of staff.”

“I am a patient-facing health care professional myself. I understand well the pressures facing key workers and often encounter distressed, angry and grieving patients. I endeavour always to smile, make eye contact, listen carefully and not pre-judge. I hate ringing this surgery. The staff are too frequently abrupt, don’t listen well, and seldom offer a kind word. Some serious customer relation training is needed to address some very ingrained ways of responding.”

“The staff doctors and nurses are doing their best in very difficult times. They are helpful, friendly and understanding.”

“Had an appointment with practice nurse. Very professional, made me feel at ease. I am 76 years old and in my opinion this person has people skills not found very often in this day and age.”

“Terrified to ring to make an appointment, you might get two words out before you are usually shot down or snapped at. I appreciate it’s a busy job but they need to remember it can be intimidating to phone through and perhaps some staff training is needed.”

- XI. Positive comments about staff tend to focus on attitudes (e.g., that staff have approached care with compassion, patience and understanding), the competency of staff in their practical delivery of treatments and a perception that staff have been attentive, supportive and willing to take the time to listen to the concerns of the patient.

“I visited with my mother-in-law. They were supportive and really listened to our concerns. She immediately booked us in to ambulatory care at the James Paget. Here they carried out thorough testing and we got a diagnosis. We will forever be grateful to their quick response. Thank you.”

“When I had an operation and need my staples removing, doctor was gentle and considerate to how much pain I was in, I have always found them understanding, I feel I have been treated kindly in the surgery.”

“My Dr has been my GP for 23 years now. I have many physical and mental health issues. He listens. He doesn’t fire questions or judge you he listens to how you are. Given the pressure the NHS is under my Dr always goes above and beyond and for that I am extremely grateful.”

“The Nurse was so kind, gentle and very caring when dealing with my surgical wound.”

- XII. People are generally more positive about online systems than they are about telephone systems. In fact, HWS has recorded high levels of negative sentiment (77% of more than 100 mentions) within comments that mention telephone systems. Problems include being cut off, lengthy waiting times for calls to be answered (up to an hour or more in some cases) and not being able to get through at all.

"I called the other day and was second in the queue, but I was cut off a few times and had to ring back which was a bit frustrating. When I did get through the receptionist was lovely and extremely helpful and with a cheerful attitude, a real asset."

"I was unable to get through on the phone on several occasions yesterday and so I was forced to call 111 due to concerns about my child. They requested the surgery call me but I never heard from them. I chased the surgery directly this morning and was told I would hear from a clinician very soon as my son is so young. I had a return call after waiting for over an hour by the phone but, unfortunately, I missed the call when it eventually came. I was left a very rude voicemail about how I'd missed the call and I'd receive another call at some point today. I've waiting again for another 2 hours and there's been no call. I'm left with the only option but to go to A&E."

"Two sessions of 45 mins on hold, as I was cut off when finally at the front. Hold music is liable to cause stress and irritation. Information given regarding yearly diabetes review turns out to be incorrect!!"

"I waited 46 min for someone to answer the when the line went dead and said it's their lunch time. Next time I waited 40 mins for them to get doctor to call me urgently the receptionist hung up before taking my details to contact me back then called back and on call doctor had gone home at 5 pm. I had been in hospital having a district nurse come out and needed more antibiotics I then had to wait over 24 hours until I see district nurse who helped me lots."

- XIII. Patients have found value in digital triage. This appears to be particularly true of people with family and work responsibilities who trust that their concerns are being considered without the inconvenience of trying to contact their practice by telephone. Whilst this has been the case for many, it is not true of every person and some express concerns that problems and symptoms may be missed because of reduced face-to-face contact with clinicians.

Comments include:

"I think the online service is brilliant. In the old days, you'd phone up and then have to await a call at any time of the day - inevitably when you're in a meeting at work. The online service works so much better - the opportunity to share photos, choosing a call back (specifying your own availability) or email, and being seen on the day if you need it. I am sure there are challenges with it for some members of the community, but this service better reflects the fact that people needing health advice might be working or managing other responsibilities and can't sit around waiting for a phone call. My perception is that the online service is freeing up doctors and nurses to be able to see those who really need it, and there is less time pressure than in the old system."

"For me the triage system where the doctors call you back works well and it means you only visit the surgery when needed. It also seems to have reduced the waiting times to be seen when attending an appointment. The changes that have been put in place seem to have had a positive effect."

Please see Healthwatch Suffolk's digital health and social care research for more detail about people's experiences of digital care, including digital exclusion from services: www.healthwatchsuffolk.co.uk/digitalhealthandcare

- XIV. A number of people made a reference to issues associated with communication. This is a predominantly negative feature of people's feedback with problems highlighted including lack of responsiveness to enquiries, poor communication about medication and treatment and problems associated with communication between services.

Comments include:

"My mum had seen an A & E doctor in a different area with what could be, he thought, potentially very serious symptoms. We were told to ensure we saw her local GP URGENTLY, and the doctor followed this up with a letter/email to my mum's surgery, which I also emailed to the receptionist that day. Three days later, my sister and I have called the surgery four times and still my mum hasn't even received a phone call from a doctor. Disgusting."

"Requested a repeat prescription but after a week it hadn't been sent through to the pharmacy so had to contact the surgery only to be told that she had been off sick! Is there only one person dealing with prescriptions? More importantly they hadn't dealt with a new item that had been requested by the hospital, apparently, they had a backlog of communication from the hospital, took over a week to sort out with numerous phone calls, trips to the pharmacy hoping that the new item had been sent through, only once the hospital got involved did they resolve the problem, my husband had almost run out of very important eye drops for his glaucoma, terrible service."

"Used my GP service to get a face-to-face appointment. They said the GP I requested was not on until Monday and would I like her to call then. I sent a message back to say any GP would be fine as wanted help today. No reply. I then sent a further message to see if my request had been updated still no reply. Sent a 3rd to ask if anybody was going to call me today no reply."

"Visited today. The nurse was fantastic. Returned home to find 4 messages on my voicemail made in the space of four minutes. Each one said who the message was from, but no reason given for the call. Tried to phone but medical centre is closed????? Website shows it should be open. No way to leave a message. Ridiculous."

- XV. Analysis is available across many other core themes and associated sub-themes, but it is not considered necessary to include the details of those within this report. However, a more thorough analysis of HWS feedback can be generated at the request of the committee or local commissioners.

4. Observations from HWS Community Development Officers

Since August 2021, HWS Community Development Officers have returned to community engagement activities, and this includes within local GP practices. As outlined above, the team visits local practices to speak directly with their visiting patients about their experiences of using all NHS and social care services.

Whilst attending a local practice, the team will support the service to communicate with patients about important issues and to help people to understand more about how their local practice is working to deliver its services. Following their visits, the team provides a summary of patient feedback to practice managers for service improvement and records the feedback onto our Feedback Centre. This, combined with direct digital feedback, helps to ensure HWS service listings offer a balanced perspective as to people's current experiences of the services.

The team has highlighted the following observations from their work relating to people's perceptions of primary care provision.

- HWS is noticing an increased polarisation of people's feedback submitted to its Feedback Centre (www.healthwatchesuffolk.co.uk/services) or collected on practice visits by HWS

staff. Without the involvement of HWS Community Development Officers, feedback tends to be either very negative or very positive, with less balanced sentiment. This has become increasingly noticeable as although the pandemic has continued other aspects of life are slowly returning back to pre-pandemic 'normal'.

- Generally, many of the people we engage with continue to recognise the pressures staff have faced working in primary care during the pandemic.
- Some patients still feel face to face access is too limited and would like to see a return to "normal" practice at some point. People have shared their concern that not seeing a doctor in person means they are less confident in their diagnosis. See more information about people's experiences of digital care below.
- People are more understanding about changing means of access (e.g., online systems and telephone appointments) if practices have communicated with them about how they are working (e.g., that face-to-face appointments are being offered if clinically necessary).
- As various facets of people's lives have become less and less restricted, public perceptions of services have become misaligned with the ways in which services are expected to operate differently. This is evidenced in comments such as "I was told by a receptionist that the doctors are very busy, how are they busy when they are restricting the number of patients that they see?". This misalignment of expectation and understanding about how practices are working is leading to frustrations amongst local communities. Communication with patients is critical to improving awareness.
- Phone systems are a significant source of frustration for both patients and local services. Waits of up to an hour have been reported, with dissatisfaction expressed about call management and technical problems (e.g., being cut off).
- Online systems (e.g., eConsult) are viewed positively by those who work, and those who are unable to spend lengthy periods of time waiting on practice telephone systems.

Healthwatch Suffolk 'Guiding Principles' for digital health and care

Throughout 2020/21, Healthwatch Suffolk and Healthwatch Essex completed research on behalf of the Suffolk and North East Essex Integrated Care System to explore people's experience of digital NHS and social care services. This included digital offers and solutions provided within primary care settings (e.g. telephone and online consultation, appointment systems, triage systems and other services).

The aim was to:

- Develop the best possible understanding about people's experiences of using health and care services, including things that might have prevented them from accessing digital care (digital exclusion).
- To gather people's thoughts on how things need to be different in the future to avoid inequality and to make sure everyone can access the care and support they need.

Completed in two phases, this research has been comprehensive. Opinions and experiences were recorded in surveys, online workshops, guided telephone conversations, digital toolkits and as a part of our engagement with local services and Voluntary, Community and Social Enterprise (VCSE) organisations.

Broadly, people liked having quicker access to health advice and the reduced need for travel, including the associated savings on parking or public transport. Digital services have also enabled people to continue to access care safely during the pandemic, something particularly valued by those who had been shielding.

However, digital care has not benefitted everybody. Some experienced poorer physical and mental health outcomes because care had been provided remotely (including misdiagnosis), others had been disadvantaged because services were not accessible (such as for those with specific communication needs), and some felt their relative or friend had lost independence due to a new reliance on others helping them access services.

It is possible to learn more about this research, and to download the full experience report with example comments and detailed analysis, from this page:
<https://healthwatchesuffolk.co.uk/digitalhealthandcare/>

As a part of this research, HWS has worked with patients, carers and professionals to co-produce a set of 'Guiding Principles' for anyone involved in the planning and/or delivery of local services. The principles have been highly impactful and are currently being incorporated into local, and regional, commissioning arrangements. More information about the impact of the research can be found on:
<https://healthwatchesuffolk.co.uk/digitalhealthandcareimpact/>

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Decisions Plan: 1 November 2021 to 31 May 2022

Report number:	OAS/WS/21/023	
Report to and date(s):	Overview and Scrutiny Committee	11 November 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 November 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 November 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 November 2021 to 31 May 2022

Publication Date: 8 October 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.

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
09/11/21 Page 72	Council Tax Base for Tax Setting Purposes 2022 to 2023 The Cabinet will be asked to recommend to Council the basis of the formal calculation for the Council Tax Base for West Suffolk Council for the financial year 2022 to 2023.	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 technical changes 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.

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
09/11/21 Page 73	<p>Animal Welfare Licensing Policy Statement</p> <p>The Cabinet will be asked to consider a new Animal Welfare Licensing Policy Statement, 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 to public consultation and</p>	Not applicable	(D)	Cabinet	Andy Drummond Regulatory and Environment 07710 027343	Jen Eves Director (HR, Governance and Regulatory) 01284 757015	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
	having taken responses into account, is now presented to Cabinet for approval.						
09/11/21 Page 4 (New)	Statement of Gambling Policy Review The Cabinet will be asked to consider a revised Statement of Gambling Policy (SoGP) for West Suffolk Council. The SoGP sets out the Council's approach to gambling licensing across the district. The Council is legally obliged to have regard to the SoGP when making decisions on licence applications or reviews. The policy has been subject to public consultation and having	Not applicable	(R) Council – 14/12/21	Cabinet/ Council	Andy Drummond Regulatory and Environment 07710 027343	Jen Eves Director (HR, Governance and Regulatory) 01284 757015	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
	taken responses into account, is now presented to Cabinet and Council for adoption.						
09/11/21 Page 15 (New)	<p>Innovation/Incubation Units: Suffolk Business Park, Bury St Edmunds</p> <p>The Cabinet will be asked to recommend to Council, approval of a business case for an investment in proposed innovation/incubation units located on Suffolk Business Park, Bury St Edmunds.</p>	Exempt appendices: Paragraph 3	(R) – Council 14/12/21	Cabinet / Council	Susan Glossop Growth 01284 728377	Julie Baird Director (Planning and Growth) 01284 757613	Report to Cabinet with exempt appendices and 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
09/11/21 (New) Page 76	West Mildenhall Masterplan Approval is sought for Suffolk County Council going out to public consultation on their draft Masterplan for West Suffolk (SALP Allocation SA4)	Not applicable	(D)	Cabinet	David Roach Planning 01284 728377	Julie Baird Director (Planning and Growth) 01284 757613	Report to Cabinet with draft masterplan document attached.
07/12/21 (deferred from 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.

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 77	<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.
07/12/21	<p>Financial Resilience Report – September 2021</p> <p>The Cabinet will be asked to consider the recommendations of the</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

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 78	Performance and Audit Scrutiny Committee regarding seeking approval for the Financial Resilience activities between 1 April 2021 and 30 September 2021.						Cabinet and Council.
07/12/21	Revenues Collection Performance and Write Offs The Cabinet will be asked to consider writing-off outstanding debts, as detailed in the exempt appendices.	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.
08/02/22 (deferred from 11/01/22)	Applications for Community Chest 2022 to 2023 The Cabinet will be asked to consider the	Not applicable	(KD); however, some funding allocations	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

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 79	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.		may be subject to the budget setting process.				Cabinet.
08/02/22	<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</p>	Not applicable	<p>(R) – Council 22/02/22</p> <p>Unless separate proposals are recommended by Cabinet, consideration by</p>	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 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 88	on proposals for achieving a sustainable budget in 2022 to 2023 and in the medium-term.		Council will take place as part of the separate budget setting paper on 22/02/22				
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 to 2026 for West Suffolk Council, prior to its approval by Council. This report includes the Minimum Revenues</p>	Not applicable	<p>(R) – Council 22/02/22</p> <p>Unless separate proposals are recommended by Cabinet, consideration by Council will take place as part of the</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
	Provision (MRP) Policy and Prudential Indicators.		separate budget setting paper on 22/02/22				
08/02/22 Page 81	<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 undertaken before the start of each financial year.</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
08/02/22 Page 82	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 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.						

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.
- 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, Housing and Strategic 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	Maurice Cook	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: 8 October 2021



Scrutiny Work Programme 2022 Update

Report number:	OAS/WS/21/024	
Report to and date(s):	Overview and Scrutiny Committee	11 November 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 2022, attached at Appendix 1.**

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 Review Groups, and items currently agreed, but yet to be programmed for 2022 is attached at **Appendix 1**.

2. Proposals within this report

2.1 Rolling Work Programme

- 2.1.1 The Committee is asked to note the current status of its rolling work programme attached at **Appendix 1**.

3. Appendices referenced in this report

- 3.1 Appendix 1 – Scrutiny Work Programme 2022

4. Background documents associated with this report

- 4.1 None

Overview and Scrutiny Committee: Rolling Work Programme (2022)

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
13 January 2022 (Time: 5.00pm) Venue: TBC (Thursday)		
Report from the West Suffolk Markets Review Working Group	Chair and Vice-Chair of the Markets Review Working Group.	To receive the outcomes from the work carried out by the West Suffolk Markets Review Working Group.
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.
17 March 2022 (Time: 5.00pm) Venue: TBC (Thursday)		
Suffolk County Council: Health Scrutiny Committee – 26 January 2022	Councillor Margaret Marks	To receive an update from the Council's appointed representative on discussions held by the Suffolk County Health Scrutiny Committee on 26 January 2022.
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 to 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.		

Description	Lead Member - Officer	Details
4) 20mph Zones and Signage – Agreed at meeting held on 2 September 2021.		

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 James Lay David Palmer Marion Rushbrook Ian Shipp</p>	<p>November 2021</p> <p>January 2022</p>

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