
Written Questions: 17 October 2019

1 Written question from **Dr Walsh** for reply by the **Leader**

Question

Can the Leader please confirm that the former Chief Executive has left the Council by mutual agreement? I understand that the terms are confidential, but will he confirm that it includes a 'compensation payment', which in due course will have to be made public?

Can he also confirm that repayment of his 'relocation' expense of £47,000 will be made, on the disposal of his second home purchased in Chichester, which clearly no longer requires public subsidy?

Answer

The Leader can confirm that the Chief Executive has left the Council by mutual agreement. It is the case that all payments made to the former officer during the current financial year must be published with the Council's accounts.

Members have previously been informed of the contractual basis for the payment made to the chief executive at the time of his appointment in 2016 as part of his recruitment package.

2 Written question from **Mr Smytherman** for reply by **Cabinet Member for Adults and Health**

Question

Could the Cabinet Member please provide the following information regarding dementia care in West Sussex:

- (a) As far as the Council is aware, how many West Sussex residents are diagnosed with dementia and having to pay over £100,000 to cover the cost of care from the time they are diagnosed?
- (b) What can the County Council do to address these costs for those residents that we are aware of?
- (c) Dementia is a terminal disease of the brain, just like any other terminal disease. What can the County Council do to ensure that those diagnosed with dementia have all their care costs paid for by the NHS, which is only fair and equitable?
- (d) Carers continue save the NHS and government millions of pounds each year; many suffer great physical and emotional stress because they do not get the help and support they need and deserve. What is the County Council doing to ensure that carers receive a high level of free help and support when they need it?

Answer

- (a) There is estimated to be 13,878 people living with dementia in West Sussex. The average diagnosis rate in September was 65.9% which equates to around 9,152 people with a formal diagnosis of dementia.

Around 45% of the estimated number of people living with dementia (6,245) have moderate to severe needs. For people with moderate to severe needs more support and perhaps long term care is likely to be needed. The County Council currently funds around 850 people over the age of 65 requiring support with their memory and cognition at an average total weekly net cost of £290,000. Much of this cost (85%) is accountable for by long term residential and nursing care but 15% is accountable for by services such as care and support at home and specialist day care.

Unfortunately, we cannot break down into how many self-fund in homes with a diagnosis of dementia. What we can say is that across care homes and nursing homes, some of which will be registered for dementia, around 54% of people fund their own care.

- (b) With the ageing population of West Sussex expected to rise exponentially in the next 10 years, resources need to focus on supporting people at home for longer and away from more expensive residential and nursing care. A timely diagnosis enables people with dementia and their family and friends, the ability to maximise control over their lives by planning ahead and accessing support to ensure they can live independently for longer. In West Sussex, the Memory Assessment Service (MAS) provides a high-quality diagnosis to around 1,500 individuals annually.

Post-diagnosis, there is an offer of psychological/psychosocial interventions from the MAS for both the individual and their family carer. In 2018/19 the MAS supported 1,251 people with post-diagnostic interventions as well as 990 family carers. There is an ongoing universal offer of support for the individual and their families from the Dementia Adviser/Support service. This is a person-centred service that aims to make it easier for people with dementia to self-manage, live more independently and seek out the right support at the right time. In 2018/19 there were over 2,000 referrals into this service.

For people with dementia whose needs have increased to the point that there is a risk of an unplanned admission to residential and nursing care, services such as Dementia Crisis, Living Well and Community Dementia Matrons will work with the individual and their family to support the person to remain at home. They will link in with other services to provide a co-ordinated approach and to shift the balance of care away from reactive crisis intervention and unplanned care towards independent living. The Dementia Crisis Service avoids around 400 care home admissions annually.

Family and friend carers are influential in supporting the person with dementia to remain at home for longer and it is, therefore, key that we support them in their caring role. Interventions and training such as the Carer Information and Support Programme (CrISP), 'Understanding Dementia' workshops and dementia specific carer groups provide up-to-date, relevant information in a group environment, where carers can share experiences and find out about

local and national services that are able to offer support. Admiral Nurses in the north of the county provide a proactive approach to ensuring that family carers receive support such as specialist training and education in their caring role particularly at times of crisis. Last year, there were 231 referrals into the Admiral Nurse service.

In West Sussex, The Council continues to actively engage and support the market development of care and support 'at home providers' to ensure excellent standards of care for people accessing these services. The Council recognises that good quality domiciliary care and access to community-based opportunities for active engagement is able to contribute to maintaining a person's independence, as well as reduce social isolation, prevent admission and/or delay the permanent admission to care homes and/or hospital. The Council will continue to focus on building these opportunities for developing local markets and working with providers in order to deliver this.

- (c) NHS care costs are already free at the point of delivery. In addition, the CCGs commission a range of local services for diagnosing patients with dementia and post diagnostic support up to the end of life. Detail around dementia and services commissioned is outlined as follows;

From an NHS health perspective:

- Dementia is a progressive neuro-degenerative condition, for which there is currently no cure, although there is promising research ongoing. Notwithstanding this however, even though dementia is progressive, the overall journey to end of life may often be as long as 7 to 15 years, during which time the needs of the patient (and carers) change significantly with each stage of the disease – from mild/moderate through to severe. Promoting self-care and self-empowerment is often a primary requirement for patients who want to stay in their own homes, with their own families, for as long as possible.
- Our efforts are currently focused on:
 - (1) **Prevention of dementia** – we know 'what is good for the heart is good for the brain'. In conjunction with Public Health England, we are promoting the benefits of a healthy diet/lifestyle to all residents in West Sussex.
 - (2) **Identification of dementia** – for those people with suspected dementia, there has been a very strong national and local move to break the stigma around the disease, to encourage patients and families to consider the diagnosis and discuss symptoms with their GPs. GPs in turn are being encouraged to positively consider a diagnosis of dementia and initiate the diagnostic process if appropriate (via the Memory Assessment Service (MAS) – which will soon be re-named as the Dementia Assessment Service). In advanced cases, GPs are also empowered to make a diagnosis of dementia, so that patients (and carers/families) may access post-diagnostic support.
 - (3) **Living well with dementia** – A description of dementia specific services aimed at supporting the person with dementia and their

families is given in the response to question (b). In addition, the Proactive Care teams pre-emptively identify people with advanced needs/frailty (including dementia) so that a 'proactive' care plan and processes for support may be provided, in preparation for any crises. All these services are free for patients (and carers) at the point of delivery. In fact, Proactive Care & Carers Support West Sussex are independent of diagnosis, access being based completely on need.

- (4) **End of life care** – Coastal West Sussex CCG has commissioned the ECHO end of life pathway, which aims to improve coordination and delivery of end of life care, including dementia, for all patients across CWS. Although each disease (e.g. cancer/dementia/COPD, etc.) has different symptoms and profiles and, therefore, care nuances, ECHO is the single point of contact for patients with a terminal illness or approaching the end of life, which provides advice and support.
- (5) **Outside of these services** – the charity/voluntary sectors provide a plethora of services which health professionals are often linked in to e.g. Dementia Support at Sage House in Tangmere. Some of these services are free, but some are charged for, as per the rules of the relevant organisation. These services are often adapted to the local needs of the communities they serve.
- (6) **For the future** – the Memory Assessment Service is currently redesigning itself and will be re-launched as a DAS (Dementia Assessment Service) in Jan 2020, which is expected to have a much quicker diagnostic process, to reduce the time from referral to treatment, thus allowing earlier provision of support to the people affected. The focus on greater dementia identification continues, with engagement with GP services and involvement of wider community teams. The Council has active dementia action alliances in various parts of the community, which act as points of engagement for all stakeholders in the local community – including statutory and voluntary services. The County Council and the CCGs are also developing a refreshed joint Dementia Strategy to run for 3 years from 2020 for which there has already been a considerable amount of public consultation and this will seek to identify and address gaps and strengths in current service provision, thus forming a road map for the next few years.

- (d) The identification and support of carers is a strategic priority for West Sussex County Council and its NHS partners and together we are identifying and assessing more carers than ever before.

A range of jointly commissioned services currently support over 25,000 carers per annum. As might be expected with an ageing population, carers of people aged over 65 with long term conditions and carers of people with Dementia represent the highest proportion of new registrations. Last year (2018/19) we registered 3,700 new carers of which over 17% identified as caring for someone with dementia, as their sole or primary caring role.

All dementia carers have the following on offer to them:

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- Advice, information and support service e.g. 50 carer support groups running each month
 - [Carers support leaflet](#)
 - Carers assessments
 - Carer Learning and Wellbeing Programme (Modula training, 10 topics)
 - Emotional support and counselling
 - Emergency planning and support - Carers Alert Card
 - Subsidised carer short break respite services (planned & emergency)
 - Health and wellbeing payments
 - Assistive technology/equipment for independence offer
 - Specialist carer bereavement support
 - Return to work/training support

In addition to this universal offer, targeted support is provided by a Carer Health Team (CHT), the first service of its kind in the country. The strategic aim of this, award winning, nurse led team is to intervene at the point where a referring professional regards the health of a carer as being adversely affected by their caring roles and responsibilities. Carers can often neglect their own health and/or miss health appointments because of caring commitments.

Analysis of CHT data demonstrates that by far the most prevalent condition among those being cared for is dementia at around 33%, followed by degenerative and neurological conditions. The clinicians work in partnership with the carer to provide personalised advice and information. This could include:

- Advice and training to help in the caring role, such as safe moving and handling techniques
- Review of medication and managing medication
- Navigating the health and social care system
- How to plan for the emergencies and the future
- Information and referral on to other service
- Healthy lifestyle information
- Falls prevention

Over 400 referrals are dealt with by the Carer Health Team every quarter. Targeted support is also provided by Carer Support Workers in each of the county's acute and community hospitals. A relative or friend coming out of hospital often marks the beginning or a change in a caring role.

Over 4,000 carers a year are receiving this service which seeks to support family and friends carers within the hospital setting and link them to appropriate community support at the point of hospital discharge. On an average month around 40-50 dementia carers are supported by this service and many are referred on to the Volunteer Carer Home from Hospital scheme run by our commissioned partner, the British Red Cross.

In addition to the above commissioned services we are seeking to make carers 'everyone's business'. Workers at the operational front line must all understand the 'carer's agenda' and their role in supporting it. This is for two main reasons;

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- we require all professionals to help identify carers and signpost them for support if required for many carers do not self-identify. Also;
 - carers tell us that their wellbeing is as much about their experiences of the health and social care system as it is about services for them. We need 'the system' therefore not only to recognise carers, but to listen to them and involve them as appropriate.

To this end we have regular communications campaigns to our workforce to remind them of the need to 'Think Carer'. Early in 2020 a new carer Discount Card will be launched in West Sussex and it will be an ideal time to ask local businesses who sign up to consider being, if they are not already, dementia friendly.

3 Written question from **Ms Sudan** for reply by **Cabinet Member for Adults and Health**

Question

In May 2018 the Cabinet Member published a decision regarding the variation of the Shaw Healthcare Contract. This is a 30-year term contract which had 16 years remaining (now 15) for the provision of community day care, residential and nursing across twelve care homes and care homes with nursing with an annual contract value of £19m per annum.

There were to be three phases of the contract variation. Phase one would enable discharge to assess with reablement service for Crawley residents at East Surrey Hospital. Phase two would see an investment made by the County Council to enable increased workforce to be employed and additional equipment purchased to increase dementia beds, short term beds and respite provision. Phase three would result in changes to the day services offer delivered by Shaw Healthcare.

It was intended that the contract variation be implemented by September 2018 but I understand there has been a delay in agreeing the contract variation with Shaw Healthcare.

Can the Cabinet Member, therefore, please tell me:

- (a) Which of the three phases (as summarised above) have been paused as a result of the delay in agreeing the contract variation?
- (b) If phase one has been affected, how many Crawley residents in East Surrey Hospital have been required to stay in hospital longer than necessary since September 2018?
- (c) How many additional dementia and short term beds have been delivered since September 2018?
- (d) Whether there have been any delays in accommodating additional day care residents following the closure of day care services around the county?
- (e) What the issue is in agreeing the new arrangements?

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- (f) Whether the County Council has invested any additional money in the contract to enable equipment or additional staff to be employed since May 2018 (other and above the existing contract arrangements)?
 - (g) Whether any of the additional 71FTE staff, that were to be funded by the County Council, have been employed since September 2018?
 - (h) How many of the Shaw Health Care facilities are currently regarded as 'requires improvement' by the Care Quality Commission (and the extent to which this has changed since May 2018)?
 - (i) When the Cabinet Member anticipates the contract variation being resolved?

Answer

- (a) Phase 1 has been delivered; the County Council have commissioned 10 discharge to assess beds under the contract with Shaw Healthcare. This compliments other arrangements across the county.

Phase 2 was paused in April 2019 due to significant quality concerns following three homes rated as inadequate by CQC. The pause was to provide an opportunity to address those quality issues. Delivery of safe service is paramount; therefore, the Council also took the decision to not make any new placements into an inadequate rated service.

The Council and Health Partners, working with Shaw Healthcare, have supported improvements in the services by deploying resources to undertake targeted work to embed change to practice and process. This has been a really positive piece of partnership work, which at the same time assured the safety of individuals living in the homes. This has resulted in two homes moving from inadequate to requires improvement with progress being made in the third home.

Now, the Council is moving forward with a phased variation starting with the services that the Council and Shaw Healthcare are confident can provide services at an acceptable level of quality and performance.

- (b) Phase one has been implemented and is supporting hospital discharge as part of the overall discharge to assess offer.
- (c) At this time there has been no change to the bed profile within the homes, as this is dependent on the additional investment under the variation which has not yet been made.
- (d) Maidenbower (Crawley) and Glen Vue (East Grinstead) services run by the Council were closed in March 2019. All customers were offered alternative arrangements by the closure date, most of which were taken up. Some individuals took up day care places in two Shaw services, Deerswood and Burleys Wood.
- (e) Please see response to (a), above.

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- (f) To date the Council has not invested any additional money for Shaw Healthcare under the variation to provide additional staff, however the Council has funded additional staff on an ad hoc basis to meet the increased needs of individuals living in a service.

Under the variation the Council has purchased and delivered additional profiling beds. This equipment roll out was completed in early 2019 to support the care and support needs of individuals now being referred to the services.

- (g) At this time the Council has not invested the money to facilitate the additional 71 FTE. However, Shaw Healthcare Ltd are running a programme of recruitment (with recruited hours and hours to be recruited) and new opportunities for existing staff and bank staff. Details on arrangements to cover the 'hours' are within a mobilisation plan held by the Contracts Manager.
- (h) Shaw Healthcare operate 12 care homes in West Sussex. Currently five of these are rated Good, six are rated Requires Improvement and 1 is rated Inadequate. This compares to May 2018 when the Care Quality Commission published reports rated six as Good and six as Requires Improvement. Throughout this period there has been an increased frequency of inspection resulting in changes in ratings, however, a significant amount of work has been undertaken by Shaw Healthcare and statutory partners over this time to improve or maintain quality in services.
- (i) The Council is currently in negotiation with Shaw Healthcare to initiate a phased variation starting from December 2019, subject to agreement by Shaw Healthcare and the Council, with regards to the preparedness of each service in terms of staffing, quality and safety. By the end of January 2020, subject to the aforesaid, the Council anticipate investment into seven of the 12 services under the Contract variation with a further four by the end of March 2020. The investment into the service which is currently rated as Inadequate by the Care Quality Commission will be made at such a time as the Council and Shaw Healthcare are confident that the service is able to deliver services to the level required under the variation.

The day care variation was scheduled to follow on from the investment for the care homes. The review of the six services is currently underway with an anticipated delivery by the end of March 2020, subject to necessary consultation.

4 Written question from **Mr Oxlade** for reply by **Cabinet Member for Economy and Corporate Resources**

Question

I understand that an informal public consultation in respect of a proposal for a city-wide Parking Management Plan (PMP) across Chichester took place in March 2019. In total, 1,341 questionnaire responses were received, alongside e-mails, letters from the public and stakeholders. In answer to the question "Would you support or oppose the proposals, as they stand, progressing to detailed design and further public consultation later in 2019?" 67% were opposed and 27% were in support.

In a report officers have stated that "It is accepted that there is a significant level of objection to the proposals as they stand, particularly from people who live outside of the proposed PMP area and who might come into Chichester to work etc. Unfortunately, in many cases, it will not be possible to resolve these objections or meet everyone's expectations but despite this, officers are of the view that the proposal for a city wide PMP is still feasible, especially as a series of mitigation measures could be put forward in order to make the proposal more workable and acceptable".

It is understood that modified proposals are being prepared for statutory advertisement likely to be published in January 2020.

The outcome of public consultations in respect of the proposed re-organisation of rural and small schools and a review of the library service are currently awaited.

I would be grateful if the Cabinet Member could tell me, in respect of those decisions taken by a Cabinet Member which were preceded by a public consultation since January 2017, how many:

- (a) How many of the proposals being consulted were supported by the majority of the consultees?
- (b) How many of the decisions were amended as a result of the majority view expressed by those who responded?
- (c) How many of the decisions ignored the outcome of the majority of those who responded to the consultation?

Answer

West Sussex County Council very much values public consultation as an approach to developing services. Approximately 119 public consultations have been carried out since January 2017. Because of the number of consultations it has not been possible to collate this information in time for the written answer. The full details will be shared with all members as soon as practicable.

5 Written question from Mr Bradbury for reply by Cabinet Member for Environment

Question

The positive findings of the recent Glover Review on Areas of Outstanding Natural Beauty (AONBs) highlight, inter alia, the valuable work of AONB Joint Advisory Committees and management boards, including the High Weald, which this year celebrates its 30th anniversary.

Will the Cabinet Member continue to support the work of this excellent body to maintain some of the most beautiful and special places in the county and will she maintain our very modest financial support for the High Weald AONB which represents such excellent value for money?

Answer

The report from the Landscape Review Panel is welcomed, particularly in its general praise of AONBs and their achievements. The Government's response to the Panel's findings are awaited with interest.

The County Council remains committed to supporting the work of the High Weald AONB Unit. This includes:

- supporting the Joint Area Committee through member representation and officer support;
- supporting the Officers' Steering Group with officer representation, support for consultations, provision of advice, and contributions to studies;
- ongoing financial support as agreed within the recently signed Service Level Agreement; and
- the delivery of Management Plan objectives when discharging statutory duties and undertaking other functions.

6 Written question from **Mr Jones** for reply by **Cabinet Member for Environment**

Question

Fracking for shale gas is the subject of considerable public interest. In October the National Audit Office published a report setting out the facts about the Government's plans to support shale gas development in England to help Parliament consider whether taxpayers' interests were being protected effectively.

The report found that fracking has already placed financial pressures on local bodies, including local authorities. The full costs of supporting fracking to date are not known but the NAO estimates that at least £32.7m has been spent by public bodies since 2011.

Can the Cabinet Member please let me have an estimate of what the County Council has spent in relation to fracking over the past 10 years, to include member training, additional security measures, Planning Committee meetings and site visits and legal advice.

Answer

The County Council, as a mineral planning authority, has not spent any money over the past ten years on activities that only relate to hydraulic fracturing.

Any spend has been in relation to either: (1) the general issue of onshore oil and gas exploration, appraisal and development (including the potential, or otherwise, for hydraulic fracturing in the county); or (2) the consideration of specific development proposals for onshore hydrocarbons (none of which have involved hydraulic fracturing).

Therefore, it is estimated that approximately £280,000 has been spent on the past ten years on (1) and (2). None of this spend could be described, however, as being incurred solely on 'fracking' as the question asks.

This figure includes costs primarily associated with: officer time (Planning Services and Legal Services); Planning Committee member training; processing planning applications (including security and webcast for committee meetings, consultancy support, legal support; attending liaison groups); a planning appeal (including legal support); and a planning legal challenge (including legal support).

It does not include any officer time for other services which may be associated with the planning process, for example, Democratic Services, Communications, and Highways.

7 Written question from **Mr Quinn** for reply by **Cabinet Member for Environment**

Question

The Cabinet Member took a decision in October to implement the requirement that West Sussex residents present identification at any of the West Sussex Household Waste Recycling Sites (HWRS) with effect from 1 December 2019, despite a recommendation from the Environment, Communities and Fire Select Committee to delay the implementation date and carry out a public consultation.

Whilst I appreciate that the changes have only been implemented for a short period of time, I would be grateful if you could tell me:

- (a) How many residents have attended the HWRSs without the required documentation?
- (b) Of these how many were turned away from the HWRSs?
- (c) Whether there have been any complaints made either to the staff at the HWRSs or to anyone at the County Council in respect of these changes?
- (d) Whether the Cabinet Member has any anecdotal information about the new arrangements?
- (e) Whether any further publicity regarding the new arrangements is planned for after the Christmas period (when residents may be wishing to use the facilities)?

Answer

- (a) From 1 to 11 December 2019 (inclusive) 4,304 visitors (8.76% of the total) were not able to show one of the single forms of ID required. The percentage has reduced from 11.3% on 1 and 2 December to 6.8% on 10 and 11 December. The data is not available to determine what proportion of these were from out of county.
- (b) A very small percentage of West Sussex residents without ID were allowed entry, based on the special circumstances of the visitor. All other West Sussex residents were asked to return with ID before entering the site.

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- (c) Most users affected understood the reasoning for being asked to return with ID. A small minority did not accept what they were being told and were involved in more animated conversations with site staff.

The customer service centre experienced a small increase in enquiries. In the first week there were 35 calls relating to this subject and 15 in week two. There have, up to 13 December, been 17 formal complaints. This number is much lower than expected based on reaction to previous changes made at the sites. The main reason for complaint (10 out of 17) was lack of awareness of the scheme or lack of a period of grace and five out of 17 were about the behaviour or attitude of staff implementing the policy. It should be noted that at least one of these complaints was about staff behaviour when the customer refused to accept the policy. During the last two weeks more than 60,000 site visits were made.

- (d) Comments received from several non-West Sussex residents confirmed the conclusion that they used County Council-sites to avoid charging or because of non-availability at their own sites.

Several residents have suggested digital ID. However, this has been discounted to avoid staff handling customers' mobile phones. Others have suggested using a windscreen sticker instead of ID.

- (e) Further publicity is planned for the first few days of the new year and next March ahead of the 'spring surge'. The New Year publicity will be alongside the annual 'recycle your Xmas tree' message.

8 Written question from **Dr Walsh** for reply by **Cabinet Member for Finance**

Question

At the last Council we were provided with a list of senior officers who had taken early retirement or severance deals in the last 10 years, totalling around 70 officers. Could I be provided with the total financial cost of these leavers, to include severance payments, pension contributions and any other additional payments?

Answer

The list of officers provided at the Council meeting on 18 October 2019 was a list of all post-holders from Director to Head of Paid Service level at West Sussex County Council from 2010 to 2019 who had been in post and had left during that period. It was not a list of officers who had taken early retirement or severance or whose departure had otherwise incurred a cost to the Council.

The total cost incurred by the Council in respect of those on the original list who left WSCC during the period is £1,676,133.

This figure comprises all:

- Redundancy payments;
- Settlement payments including contractual payments;
- Pension strain costs

No pension contributions were made.

9 Written question from **Mr Jones** for reply by **Cabinet Member for Fire & Rescue and Communities**

Question

I understand that the Joint Fire Control Centre went live on 4 December. I would be most grateful if the Cabinet Member could:

- (a) Provide full details of the control room's staff establishment and the minimum number of staff who will be on duty at any given time;
- (b) Confirm what arrangements are in place for boosting staffing levels in the event of a major incident or increase in hoax calls;
- (c) Confirm how many staff have transferred from the Sussex control and how many were originally employed in the West Sussex control room;
- (d) Confirm what has been agreed in respect of call handling time and whether this arrangement includes any expectation that callers will be challenged (to verify whether it is a hoax caller or not); and
- (e) Confirm what the average call handling time has been since the new Control Centre went live.

Answer

- (a) The Joint Fire Control establishment is five teams of six people, providing a total of 30 control operators and an additional two managers. The Joint Fire Control minimum crewing is five at any one time. This consists of four control operators and an officer in charge.
- (b) During exceptional circumstances the control room would have the support of a fire officer from the impacted service. There is also the ability to recall control operators to duty. The Joint Fire Control is also buddied up with another fire and rescue service control, this arrangement assists in times of significantly increased call handling.
- (c) Nine staff have transferred into the Joint Fire Control from the Sussex Control Centre under the TUPE arrangements.
- (d) West Sussex Fire & Rescue Service (WSFRS) have a robust performance management system agreed with Surrey Fire & Rescue Service (SFRS) as part of the section 16 legal agreement. There are numerous performance standards with targets assigned. For example call handling times, appliance mobilisation and officer mobilisations. This will allow WSFRS to challenge the level of service in an agreed collaboration governance structure.

SFRS has agreed a robust call challenge protocol with WSFRS to ensure fire and rescue resources are not mobilised to unnecessary calls including hoax calls. This ensures our resources are available when needed.

- (e) As the cut over is in its first week we have not held a performance review meeting against the performance and governance arrangements. These meetings will report to WSFRS. We are monitoring performance as part of the cut over and have experienced mobilisations of under 2 seconds for fire appliances demonstrating exceptional system performance.

10 Written question from **Mr Quinn** for reply by **Cabinet Member for Highways and Infrastructure**

Question

This time last year I expressed my concern about road signs across the county which were dirty, broken, falling down, and obscured by overgrown vegetation. I asked the then Cabinet Member for Highways and Transport for his assurances that these would be dealt with, particularly in the light of the decision to withdraw community support teams in August 2016.

Can the Cabinet Member please advise:

- (a) Whether there will be a winter clearance and clearing programme on high speed roads to include checking on road signs to ensure they are easily visible so our residents and visitors can travel safely through our lovely county; and
- (b) What arrangements are in place in each district and borough to ensure road signs on other roads across the county are regularly monitored and maintained in such a way that they are easily visible for residents and visitors.

Answer

(a) and (b)

As Highways Authority, the County Council is responsible for the inspection and maintenance of signs on the network. There is no formal countywide programme to undertake clearance of vegetation or clearance of signs. However, there is a fixed cost resource for road signs (a sign gang) and the focus of this resource is repairing and/or the replacing of existing safety critical and regulatory signs. During this financial year (2019/20), where resources have allowed, vegetation clearance has been undertaken on a number of strategic roads, such as the A285, A283 and the A259 and it is hoped that more work of this nature will be undertaken between January and March next year.

As well as this, when the contractor is delivering a works order, whether that be to repair or replace existing signs, it is often specified that sign cleaning and cutting back of vegetation is undertaken in the vicinity, to ensure that resources are maximised our resource and good value for money is being achieving.

As Highways Authority, there is a responsibility and statutory duty to ensure that, as far as reasonably practical, the highway is safe for all users. As part of this duty, the

County Council operates a regime called Safety Plus and from this is derived a programme of driven, walked and cycled inspections for all the roads, footways and cycle ways for which the County Council is responsible.

The frequency of the programmed inspections varies depending on the road classification, with an A road being subject to a monthly driven inspection and a quiet residential road usually subject to an annual, driven, carriageway inspection.

As part of the routine inspections, any safety related defect will be identified and a works order raised. For signs, this would mean focusing on safety signs which are damaged or obscured by vegetation, as well as any missing safety related sign.

As well as programmed inspections, ad-hoc inspections are undertaken in relation to customer enquiries - customers report issues and concerns directly to the County Council and potential highway safety issues can then be resolved efficiently and expediently. Highway Stewards will also cut back or clean any signs where it is safe and practical for them to do so.

Graffiti removal partnerships are in place with district/boroughs and town councils and they will ensure that graffiti and flyposting are removed from highway signs.

Through the highways community offer, 'Improving Local Spaces and Places', work is being undertaken with communities who wish to undertake non-safety work. Some communities are already proactively cutting back vegetation and cleaning signs and others have expressed an interest.