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SOUTHEND-ON-SEA CITY COUNCIL

**People Scrutiny Committee**

Date: Wednesday, 6th December, 2023

Time: 6.30 pm

Place: Committee Room 1 - Civic Suite

Contact: Stephanie Cox (Principal Democratic Services Officer)

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**A G E N D A**

- 1 **Chair's Introduction & Apologies for Absence**
- 2 **Declarations of Interest**
- 3 **Questions from Members of the Public**
- 4 **Minutes of the Meeting held on 31 October 2023 (Pages 3 - 6)**

\*\*\*\* **OTHER SCRUTINY MATTERS**

- 5 **Ofsted Focus Visit 23-24 May 2023 (Pages 7 - 22)**
- 6 **Vecteo - progress brief on the provision of Key Performance Indicators (Pages 23 - 48)**  
At its meeting on 31 January 2023, the Committee supported an undertaking of the Cabinet Member for Highways, Transport and Parking that the performance of Vecteo be reported on a quarterly basis going forward.  
  
Quarterly report of Executive Director (Neighbourhoods and Environment) attached.
- 7 **HealthWatch Southend - GP Access (GP Patient Survey 2023) (Pages 49 - 98)**
- 8 **Primary Care Access Recovery Plan - (GP Access) - Mid & South Essex ICB (Pages 99 - 106)**  
A presentation from the Mid and South Essex ICB on GP Access and the Primary Care Access Recovery Plan.
- 9 **NHS Waiting Times - Mid and South Essex NHS Foundation Trust (Pages 107 - 118)**  
An update from Mid and South Essex NHS Foundation Trust on waiting times and the 'Waiting Well' initiative programme.

**Chair & Members:**

Cllr T Cowdrey (Chair), Cllr K Murphy (Vice-Chair), Cllr B Beggs, Cllr S Buckley, Cllr C Campbell, Cllr P Collins, Cllr A Dear, Cllr N Folkard, Cllr J Harland, Cllr D Jones, Cllr

G Leroy, Cllr A Line, Cllr R Longstaff, Cllr C Nevin, Cllr M O'Connor, Cllr D Richardson, Cllr N Ward, O Richards, A Quinn, T Watts and L Williams

# SOUTHEND-ON-SEA CITY COUNCIL

## Meeting of People Scrutiny Committee

**Date: Tuesday, 31st October, 2023**

**Place: Committee Room 1 - Civic Suite**

# 4

**Present:** Councillor T Cowdrey (Chair)  
Councillors K Murphy (Vice-Chair), B Beggs, S Buckley, C Campbell,  
P Collins, A Dear, N Folkard, J Harland, G Leroy, A Line, C Nevin,  
M O'Connor, D Richardson, F Evans\*, N Ward, O Richards, A Quinn,  
T Watts and L Williams

\*Substitute in accordance with Council Procedure Rule 31.

**In Attendance:** Councillors H Boyd and J Moyies (Cabinet Members)  
J Ayao, L Babbington, S Hall, T Harris, M Harvey, M Marks,  
H Van Der Puije and S Cox

**Start/End Time:** 6.30 - 9.00 pm

### 26 Chair's Introduction & Apologies for Absence

#### (a) Chair's Introduction

Prior to the consideration of the matters set out in the agenda, the Vice-Chair outlined their expectations of the standard of conduct and behaviour to be shown at the meeting.

#### (b) Apologies for Absence

Apologies for absence were received from Councillor J Harland (substitute: Councillor F Evans), Councillor D Jones and Councillor R Longstaff.

### 27 Declarations of Interest

The following interests were declared at the meeting:

- (a) Councillor C Nevin – (all Health related items) – NHS Employee.
- (b) Councillor N Folkard – (all Health related items) – relative works for Broomfield Hospital and part of fundraising team for Southend Hospital.
- (c) Councillor D Richardson – (all Health related items) – employed as a therapist.
- (d) Councillor K Murphy – Minute numbers 31 and 33 (Transitions) – employee of Great Ormond Street Hospital.
- (e) Councillor A Line – Minute number 32 (Food for Learning) – Fans Supporting Southend Foodbanks Co-Founder.

## **28 Questions from Members of the Public**

The Committee noted the response of the Cabinet Member for Children's Services, Education & Learning to a question presented by Mr Webb, which was presented by Councillor K Murphy in Councillor H Boyd's absence.

## **29 Minutes of the Meeting held on 30 August 2023**

O. Richards (Healthwatch Southend) requested a clarification to minute number 24, to read: The Committee also considered the evidence which Healthwatch Southend had submitted to the House of Commons Select Committee on Health and Care in respect of NHS dentistry.

Resolved:

That the minutes of the meeting of the Committee held on 30 August 2023 be confirmed as a correct record and signed.

## **30 Healthy Lifestyles Services Procurement 2024**

The Committee considered the report of the Executive Director (Children and Public Health) by way of pre-cabinet scrutiny, presenting the proposed decision for the re-procurement of the Healthy Lifestyles services for a new contract in September 2024.

The Committee discussed the report in detail and asked a number of questions which were responded to by the Director of Public Health.

During the discussion, the Healthwatch Southend representative questioned the extent to which local residents were involved in local procurement processes and the opportunities going forward surrounding this.

Action:

In response the Director of Public Health confirmed that he would ask the Head of Procurement.

Resolved:

That the report to Cabinet be noted.

## **31 Transition Planning between CAMHs and Adult Mental Health**

The Committee received a presentation from the Assistant Director, SET CAMHS and Children's Services for South Essex & Thurrock, providing an overview of transition planning between CAMHs and Adult Mental Health.

The Committee welcomed the presentation and asked a number of questions which were responded to by the Assistant Director from SET CAMHS.

Resolved:

That the presentation on Transition Planning between CAMHs and Adult Mental Health be noted.

## 32 Food for Learning Briefing

The Committee received a presentation from M Faulkner-Hatt (Member of Youth Parliament for Southend) and J. Ayao (Youth Mayor). Key highlights included:

- An update on the 'Make Your Mark' campaign – the outcome of which was the prioritisation of Health and Wellbeing as the biggest issue affecting 11-18 year olds.
- The outcomes from the 'Spill the tea' event held in Southchurch High School to discuss why free school meals for everyone was so vital.

During the presentation a number of free school meal cost comparisons were highlighted alongside the challenges that faced young people in the cost and nutrient quality of meals. A number of ideas had been suggested by under 18s which were reported to the Committee during the briefing.

The Committee commended both the Member of Youth Parliament and Youth Mayor for their excellent and comprehensive work on this subject.

It was reported that a London Borough school were opting in children and young people into free school meal entitlement automatically, with parents then having to 'opt out' if they so desired. Some concern was expressed about the financial burden of such an initiative, and whether this was paid by local funds or nationally.

Action: In response to this the Executive Director for Children and Public Health confirmed that he would investigate the funding arrangements for an opt-in scheme, (whether free school meals were charged back to Central Government) and report back to the Committee and Young People outside of the meeting.

Action:

The Cabinet Member for Children's Services, Education and Learning, along with the Chair and Vice-Chair, agreed to coordinate a meeting with the Member of Youth Parliament to discuss possible next steps as a way forward.

Resolved:

That the Food for Learning presentation be noted.

## 33 EPUT transition programme

The Committee received a presentation from the Director for Community Delivery and Partnerships, Southeast Essex and Assistant Director for Community Specialist Children's Services, Southend and Essex (EPUT).

The presentation set out EPUT Children's Specialist Health Services and the young people's transition programme using "Ready, Steady, Go". This programme was designed to help young people with the transition to adult age services.

The Committee asked a number of questions which were responded to by the EPUT representatives.

Resolved:

That the presentation on the EPUT "Ready Steady, Go" transition programme be noted.

**34 Co Production Framework**

The Committee received a presentation from the Co-production Lead and Head of Communities regarding the draft co-production framework and toolkit. It was reported that the toolkit was in development and once finalised would be available to all staff within the Council.

The Committee asked a number of questions which were responded to by the Co-production lead and voluntary sector partners expressed their desire to input into this work.

Resolved:

That the presentation on the draft co-production framework be noted.

**35 Southend SEND Area Partnership: SEND Strategic Action Plan 2023-2026**

The Committee received the Southend SEND Area Partnership: SEND Strategic Action Plan 2023-2026 which was an information only item. The Chair advised that an update on the implementation of the action plan was scheduled for the Committee meeting in February 2024.

**Chairman:** \_\_\_\_\_

**Meeting:** People Scrutiny  
**Date:** 6 December 2023  
**Classification:** Part 1  
**Key Decision:** No  
**Title of Report:** Ofsted Focus Visit 23-24 May 2023

**Executive Director:** Michael Marks  
**Report Author:** Michael Marks  
**Executive Councillor:** Cllr Helen Boyd

## 1. Executive Summary

- 1.1. From the 23 – 24 May 2023, Southend-on-Sea City Council's Children's Service were subject to a 2-day Focus Visit by Ofsted. Ofsted do not provide a judgement for a Focus Visit (FV), as they would for an ILACS (Inspection of Local Authority Children's Service), but they do produce a letter with their findings which is attached as appendix 1.
- 1.2. Since the last ILACS inspection and a judgement of Requires Improvement (RI) in 2019 the service has prioritised work to improve practice identified in the 2019 Ofsted report. The positive impact of this work was recognised in the May 2023 Focussed Visit (paragraph 3.10).
- 1.3. For this FV inspectors looked at 'the local authority's arrangements for children in need or subject to a protection plan' and identified as a result of their inspection 3 key areas that need to improve in this area of social work practice.
  - Specificity and timeliness of child in need (CiN) and child protection (CP) plans.
  - The response to children who are living with chronic neglect and/or domestic abuse.
  - Clarity about the legal status, assessment and support provided to those children placed with family and friends due to safeguarding concerns.
- 1.4. Section 3.9 highlights the actions that have been taken so far to address the areas that the FV in May 2023 identified as areas that need to improve and further work is planned to improve that area of practice.
- 1.5. Whilst there is still much to do to improve the service and outcomes for children and young people, this is the most positive Ofsted report on Children's Services in Southend since a Fostering report 2013.

- 1.6. Sections 3.7 and 3.8 of the report captures some of the findings from the FV but to read the full report please see appendix 1.

## **2. Recommendations**

### **It is recommended that People Scrutiny:**

- 2.1. Notes the outcome from the Ofsted Focus Visit undertaken on 23 – 24 May 2023 and the actions taken so far in response to those findings.

## **3. Background**

- 3.1. Southend Children's Services has been judged as RI in its last 2 full Ofsted inspections in 2016 and 2019.
- 3.2. Following the RI judgements, the Council established a Children's Services Improvement Board. Approximately 18 months ago a retired Director of Children's Services was appointed to be the independent chair of the Improvement Board to accelerate the pace and impact of the improvement programme, providing independent challenge and scrutiny. He will provide his annual update on the improvement programme to the People Scrutiny meeting at its next meeting in February 2024.
- 3.3. Between full inspections Ofsted usually undertake 2 FVs. In March 2022 Ofsted inspectors looked at 'the local authority's arrangements for matching, placements and decision-making for children in care, the experience and progress of disabled children in care and the progress of children living in unregulated or unregistered provision' (a link to that Ofsted report can be accessed at the end of this report).
- 3.4. In addition to the 3 key areas that Ofsted identified need to improve in this area of social work practice (para 1.3) the FV report identified that progress was evident but that some practice areas needed further strengthening.
- 3.5. Ofsted recognised that corporate and political leaders have shown their commitment to the improvement journey and the whole council approach emphasises the priority given to children's social work services.
- 3.6. The report is also positive that the service has engaged external partners to provide independent scrutiny of the service to support and help progress the improvement programme.
- 3.7. Evidence of progress in practice captured in the FV report includes:-
- Social workers know their children well and most children develop strong and trusting relationships with their social workers.
  - For some children direct work is creative and intuitive.
  - Most assessments capture the child's voice, their experiences and family histories. Information is shared by and with the wider professional network, which supports accurate risk assessment.
  - Management oversight is routinely in place and effective.



- The vast majority of children's needs are appropriately identified.
- Strengthened management oversight is supporting effective pre-birth planning and protection for unborn children.
- Leaders have focused on the integration of fathers into social work assessments and interventions, and this is having a positive impact for some children, with fathers supported in their caring roles.
- Multi-agency core groups are held regularly and are effective in supporting the progression of most children's CP plans.
- Comprehensive multi-agency information-sharing takes place at the Multi-Agency Risk Assessment Conference (MARAC), to develop effective initial safety planning. Information provided from MARAC is regularly shared with the child's social worker and available on the child's record.

3.8. Practice areas that need further strengthening captured in the FV report includes:-

- Children's records are variable in quality – some records are too focused on adult self-reporting.
- For some children, plans do not contain specific, time-bound actions and therefore plans are not always progressed within appropriate timescales.
- For a small number of children, gaps in assessment information are evident and assessments are not always updated when children's circumstances change.
- Multi-agency strategy meetings are used effectively to share information to inform risk assessments, although next steps are not always sufficiently detailed, or timebound.
- Core groups and plans for children are not informed by MARAC information; this does not assist in providing a comprehensive understanding of children's experiences
- Some children experience chronic neglect and exposure to domestic violence for too long without positive, sustained change, despite prolonged and repeated social work involvement.
- The graded care profile model of practice to understand and work with children where neglect is a feature is not consistently used.
- There is a lack of clarity and understanding about the legal status, assessment and support provided to a small number of children unable to live safely with their birth parents and a period of alternative care is provided by family and friends.
- For a small number of social workers, high workloads impact on their ability to undertake all the work necessary to build and sustain relationships with children.

3.9. Response and actions taken to the findings and recommendations from the FV.

- Children's service is driving forward work to improve the practice on neglect and domestic abuse including.

- A conference on neglect hosted by the Southend Safeguarding Partnership Children attended by over 200 people from a range of partners agencies and professional backgrounds has been held. Children's services staff also attended this conference.
- A conference for Children's Services staff has been held with a focus on domestic abuse.
- A new threshold document was launched in October 2023 following extensive consultation with partners to ensure the right intervention at the right time by the right person, as part of a new approach to the Early Help offer across the City.
- A new front door, Children's Single Point of Contact (C-SPOC) was launched at the same time as the threshold document in October as the referral route for any safeguarding concerns to Children's Services, including those relating to neglect and/or domestic abuse.
  - Although only recently launched information from the C-SPOC indicates that there is a decrease in the number of referrals to children's services and that the referrals that have been made better align to the thresholds in the revised and relaunched threshold document.
- The Graded care profile has been promoted with partners and with children's services staff to increase its use to help better understand and work with children where neglect is a feature.
- A focussed piece of work with practitioners has been implemented to ensure practitioners better capture on children files information from the MARAC and that social workers consistently attend the MARAC.
- Supervision has and will be used with social workers to improve the specificity and timeliness of CiN and CP plans.
- There has been a decrease in caseloads for social workers since the FV.

3.10. The service has prioritised and worked hard to improve practice identified in the RI Ofsted judgements of 2019 and 2016. The impact of some of this work was captured by Ofsted in the FV in May 2023. It includes:-

- **Supervision** - regularity is improving, although not fully realised for all social workers, and the quality is variable. In better records, supervision provides reflection, analysis, and appropriate case direction although more work is needed to provide time-bound actions.
- Management oversight helps clarify decision-making for children and is mostly consistent.
- **Quality Assurance** – A clearly structured and comprehensive quality assurance framework is in place and used effectively to inform the continuous professional development offer. Quality assurance provides rich information.
- The views of children and young people are integrated into the quality assurance framework
- **Capturing the voice of the child** – Children's records reflect the restorative practice model and records are compassionate and thoughtful.

- **Culture within the service** – Social workers who were spoken to during this visit were positive about working for Southend and reported feeling safe and ‘belonging.’
- Social workers reported that management is thoughtful, considers successes and celebrates good practice.
- Social workers feel supported by the team managers, the senior leadership team are visible and social workers can discuss issues affecting their work with children.
- The workforce benefits from insightful strategic planning to recruit newly qualified social workers over the service establishment; they are given every opportunity to settle in Southend and gain experience so that they do not want to leave.
- The bespoke individual approach to social work learning and development needs is appreciated by staff, and this positively impacts on staff morale, development, and retention.

3.11. There is still more to do but the opportunity to ensure that Southend children and young people that work with the service achieve good or better outcomes is captured towards the end of the FV report when the inspectors recognise that *‘Social workers experience an open, supportive management team and work in an environment where social work practice is developing and beginning to flourish.’*

#### **4. Reasons for Decisions**

4.1. To ensure that the outcomes from the FV in May 2023 are reported to, and scrutinised by, Councillors through the Council’s People Scrutiny Committee.

#### **5. Other Options**

5.1. N/A

#### **6. Financial Implications**

6.1. N/A

#### **7. Legal Implications**

7.1. N/A

#### **8. Policy Context**

8.1 All Local Authority (LA) Children’s services are subject to inspection by the regulator Ofsted. In January 2018, Ofsted adopted a new framework for inspecting local authority services for children in need of help and protection, children we care for (Children in care) and care experienced (care leavers). As well as a full inspection every 3 years (timeframes have slipped slightly due to the pandemic) an LA judged to be RI usually has 2 FV between each full ILACS which focusses on a particular theme.

- 8.2 The ILACS inspects the LA’s services and arrangements for
- The impact of leaders on social work practice with children and families.
  - The experiences and progress of children who need help and protection.
  - The experiences and progress of children in care.
  - The experiences and progress of care leavers.
  - Overall effectiveness.

**9. Carbon Impact**

9.1. N/A

**10. Equalities**

10.1. N/A

**11. Consultation**

11.1. N/A

**12. Appendices**

12.1. **Appendices and links:**

**Appendix 1 - Ofsted Focus Visit Report 28 June 2023 - [50221559](https://www.ofsted.gov.uk/inspections/50221559) ([ofsted.gov.uk](https://www.ofsted.gov.uk))**

**Ofsted Focus Visit Report 9 May 2022 – [50182671](https://www.ofsted.gov.uk/inspections/50182671) ([ofsted.gov.uk](https://www.ofsted.gov.uk))**

**13. Report Authorisation**

<b>This report has been approved for publication by:</b>		
	<b>Name:</b>	<b>Date:</b>
S151 Officer	Joe Chesterton	24 Nov 2023
Monitoring Officer	Kim Sawyer	24 Nov 2023
Executive Director(s)	Michael Marks	23 Nov 2023
Relevant Cabinet Member(s)	Cllr Helen Boyd	24 Nov 2023

28 June 2023

Michael Marks  
Executive Director, Children and Public Health  
Southend-on-Sea City Council  
Civic Centre  
Victoria Avenue  
Southend on Sea SS2 6ER

Dear Michael,

### **Focused visit to Southend-On-Sea children's services**

This letter summarises the findings of the focused visit to Southend-On-Sea children's services on 23 May 2023. His Majesty's Inspectors for this visit were Naintara Khosla and Tracey Scott.

Inspectors looked at the local authority's arrangements for children in need or subject to a protection plan.

This visit was carried out in line with the inspection of local authority children's services (ILACS) framework.

### **Headline findings**

Leaders in Southend are firmly centred on delivering strengthened social work practice and creating the culture and environment for effective child-focused services. This has led to some significant improvements in the areas considered by this visit. A thorough, comprehensive self-assessment provides accurate information on service performance and informs priorities for development.

Leaders have spent time creating an environment for social workers to build strong and trusting relationships with children. Supervision and management oversight are evident on children's records, but quality and regularity are not yet sufficiently consistent. The views of partner agencies are routinely integrated in assessments, strategy meetings and plans to protect children. However, for some children living in neglectful and/or with domestic abuse, help is not provided consistently; they remain living in circumstances without sustained progress being made. For a few social workers, their high workloads impact on their ability to engage sufficiently with children and impedes the progression of plans.

## **What needs to improve in this area of social work practice?**

- Specificity and timeliness of child in need and child protection plans.
- The response to children who are living with chronic neglect and/or domestic abuse.
- Clarity about the legal status, assessment and support provided to those children placed with family and friends due to safeguarding concerns.

## **Main findings**

Corporate and political leaders have shown their commitment to the improvement journey and this whole-council approach emphasises the priority given to children's social work services. The director of children's services is engaging with independent improvement partners, who assist in providing robust external scrutiny. While progress is evident, inspectors identified some areas of practice which require further strengthening.

Most children are seen regularly at a frequency proportionate to presenting need and are safer because of the help they receive. Social workers know their children well and most children develop strong and trusting relationships with their social workers. For some children, direct work is creative and intuitive. This assists in understanding children's views and informs social workers' understanding of children's day-to-day lives. This contributes to social workers' assessment of risk and allows appropriate safety plans to be developed.

Children's records are variable in their quality, with stronger examples capturing observations, interactions, direct work, reflections and hypotheses. Some records were too focused on adult self-reporting rather than an objective social work evaluation.

Most assessments capture the child's voice, their experiences and family histories. Information is shared by and with the wider professional network, which supports accurate risk assessment. Management oversight is routinely in place and effective. Stronger practice places children at the heart of the assessment, is curious and provides strong evidence of considering the child's experiences and their views; analysis considers risks and potential hypotheses effectively. For a small number of children, gaps in assessment information are evident and assessments are not always updated when children's circumstances change. Leaders have focused on the integration of fathers into social work assessments and interventions. This is increasingly evident and having a positive impact for some children, with fathers supported in their caring roles.

The progression of multi-agency child in need plans are supported through regular reviews, and for many children their circumstances improve. Parents are supported to attend and participate. Their voices are heard. The vast majority of children's needs are appropriately identified. For some children, plans do not contain specific,

time-bound actions and therefore plans are not always progressed within appropriate timescales.

Comprehensive multi-agency information-sharing takes place at the Multi-Agency Risk Assessment Conference (MARAC), to develop effective initial safety planning. Information provided from MARAC is regularly shared with the child's social worker and available on the child's record. However, core groups and plans for children are not informed by MARAC information; this does not assist in providing a comprehensive understanding of children's experiences.

Multi-agency strategy meetings are used effectively to share information to inform risk assessments, although next steps are not always sufficiently detailed, or time-bound. Strengthened management oversight is supporting effective pre-birth planning and protection for unborn children.

Some children experience chronic neglect and exposure to domestic violence for too long without positive, sustained change, despite prolonged and repeated social work involvement. The preferred model of practice to understand and work with children where neglect is a feature is not consistently used.

Practitioners are not assisted with a framework for intervention that supports measurable change in parenting capacity or the sustainability of any changes. When children are subject to child protection planning, multi-agency core groups are held regularly and are effective in supporting the progression of most children's plans. For a small number of children, plans end too early. For some children, child protection conference minutes do not include the full analysis of risks and therefore safety planning is not sufficiently comprehensive. For a small number of children who are unable to live safely with their birth parents and a period of alternative care is provided by family and friends, there is a lack of clarity and understanding about the legal status, assessment and support provided to those arrangements.

Since the last inspection, leaders' response to children in pre-proceedings under the Public Law Outline has been strengthened. Children are regularly reviewed at panel and there is greater management oversight; however, it is not yet consistently effective and prompt for all children. Senior leaders recognise the need to improve letters before proceedings to ensure that they are jargon-free, avoid the use of professional language and are easily accessible to parents.

Social workers who were spoken to during this visit were positive about working for Southend and reported feeling safe and 'belonging'. Social workers reported that management is thoughtful, considers successes and celebrates good practice. Social workers feel supported by the team managers, the senior leadership team are visible and social workers can discuss issues affecting their work with children.

Where there is a need for support with personal issues, this is provided. For a small number of social workers, high workloads impact on their ability to undertake all the work necessary to build and sustain relationships with children.

The leadership team promotes a Southend recruitment and retention social work employment offer; this is beginning to show impact, with the workforce slowly becoming more stable. In a national environment which is challenging for recruitment, recruitment and retention of staff is an area of relentless focus for leaders. The workforce benefits from insightful strategic planning to recruit newly qualified social workers over the service establishment; they are given every opportunity to settle in Southend and gain experience so that they do not want to leave.

The bespoke individual approach to social work learning and development needs is appreciated by staff and this positively impacts on staff morale, development and retention. Children's records reflect the restorative practice model and records are compassionate and thoughtful.

Supervision regularity is improving, although not fully realised for all social workers, and the quality is variable. In better records, supervision provides reflection, analysis and appropriate case direction. Supervision does not always provide time-bound actions. Management oversight helps clarify decision-making for children and it is mostly consistent.

A clearly structured and comprehensive quality assurance framework is in place, and used effectively to inform the continuous professional development offer. Quality assurance provides rich information, along with an audit tool which provides opportunities to develop social work practice. Where it works well, collaboration takes place with the auditor and social work practitioner, and reflective social work practice is supported. The views of children and young people are integrated into the quality assurance framework.

Social workers experience an open, supportive management team and work in an environment where social work practice is developing and beginning to flourish. Strengthening confidence, knowledge and expertise in complex areas of social work, for example family and friends care, remain areas for the local authority to focus on.

Ofsted will take the findings from this focused visit into account when planning the next inspection or visit.

Yours sincerely

Naintara Khosla  
**His Majesty's Inspector**



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9 May 2022

Michael Marks  
Executive Director (Children and Public Health)  
Southend-on-Sea Borough Council  
Civic Centre  
Victoria Avenue  
Southend-on-Sea  
Essex  
SS2 6ER

Dear Mr Michael

### **Focused visit to Southend-on-Sea Borough Council children's services**

This letter summarises the findings of the focused visit to Southend-on-Sea Borough Council children's services on 22 and 23 March 2022. Her Majesty's Inspectors for this visit were Tom Anthony and Tracey Scott.

Inspectors looked at the local authority's arrangements for matching, placements and decision-making for children in care, the experience and progress of disabled children in care and the progress of children living in unregulated or unregistered provision.

This visit was carried out in line with the inspection of local authority children's services (ILACS) framework. Inspectors were on site for the visit. They looked at a range of evidence, including children's records. They talked to members of the Children in Care Council, a foster carer, practitioners and managers, leaders of the virtual school and representatives of partner agencies.

### **Headline findings**

Senior leaders recognise the need to improve the support and stability that they provide to children in care. Recently appointed senior officers are changing arrangements to oversee the progress of all children in care. By streamlining decision-making processes and establishing permanency tracking meetings, they are taking steps to improve how quickly permanence is achieved for children. Leaders know that they need to accelerate progress. Social workers are positive about the way in which leaders engage them in developing and improving services to children and their families.

The authority continues to face challenges in identifying suitable long-term homes for children to grow up in. In response, leaders have increased staff numbers in the

placement team, enhancing capacity to search for placements for children who need care. As a result, work done to assess prospective placements is more thorough, which improves the quality of matching decisions. Leaders know that progress for some children is hindered because of disruption and changes to where they live or changes of social worker. Some children's social workers do not have a clear enough understanding of the information that they need to provide to enable the authority to find the right care for them.

### **What needs to improve in this area of social work practice?**

- The quality and impact of management oversight and supervision.
- The priority given to direct work with children.
- Matching and placement stability for children in care.
- The timeliness of achieving permanence for all children in care.
- The quality of recording in capturing children's experiences and the decisions made for them.

### **Main findings**

During COVID-19 restrictions, managers and social workers individually risk-assessed children's circumstances and ensured that those most at risk continued to receive face-to-face visits. For children in more stable and secure placements, visiting was appropriately undertaken virtually. Multi-agency meetings, including statutory reviews, continue to be delivered using virtual technology. For some children, this has improved the participation of professionals who support them, and enabled a more comprehensive multi-agency review of their progress.

Most children in care in Southend-on-Sea are living in homes that adequately meet their needs. However, too many children live a long way from Southend and, for some, this has a significant impact on the support and services provided to them.

Children in care supported by the adolescent intervention and prevent team receive skilfully tailored support and planning that improves their lives and enables them to make progress. Workers maintain high levels of contact with children and know them very well. Frequent visits, phone calls and text messages underpin the development of trusting and meaningful relationships, helping children to develop confidence that their best interests are central to the support being offered. They receive good multi-agency support. Children's plans, including disruption and safety plans, reduce the risks that they face. This team's records provide a vibrant and nuanced picture of each child, with up-to-date information and progress reports. Older children benefit from careful planning for the transition to adulthood, and effective support from personal advisers.

Leaders recognise that some social workers do not have sufficient experience to make the best plans for children who cannot live within their extended families. In

response, they have created a dedicated looked after children team in which workers are able to develop their understanding and experience of effective care planning. As a result, children in care with social workers from this specialist team receive more focused and effective support.

Assessments for children are not consistently updated even when there is a significant change in circumstances. This means that plans to support children are not always based on an up-to-date understanding of their needs. While reviews and revised care plans provide updates on progress, they are not full assessments of children's needs.

Disabled children are well supported by workers in a specialist team. Despite limited specialist resources to help staff communicate with children who have limited language use, they know children well. Children are cared for in suitable homes where their individual needs are met, although too many are placed at distance from Southend. This has made it more difficult for some to spend time with their families.

The pace and quality of planning is not providing all children with timely permanence or responding swiftly enough to their changing circumstances. Arrangements to confirm permanence for children by linking them to long-term foster carers have only very recently been put in place.

Independent reviewing officers (IROs) are not routinely providing clear, timebound recommendations or raising impactful challenges to ensure that children's needs for stability and security are given urgent and effective support. Staff absences within the service have meant that some children have not had their care plans and progress reviewed within the timescales needed. Increased caseloads have also limited the ability of IROs to drive progress in obtaining the right placements and services for children. Reviews are not currently written in a way that is easy for children to understand.

Placement planning meetings do not take place for all children. This causes delays in some foster carers gaining written delegated authority and receiving the child's care plan. It also means that, for some children who are starting a new placement, there is a lack of clarity about how they will be supported and by whom.

Children are visited regularly and in line with the authority's practice expectations. However, for some children, the impact of visiting is not sufficient to develop and sustain a proper relationship or to progress key pieces of work, such as life-story work.

It is not clear that creative direct work with children is given sufficient priority. Children's views, wishes and feelings are not always well captured in their records. This means it is not clear that children's views are appropriately shaping the support that they receive. Also, gaps in their records sometimes make it difficult to understand the rationale for decisions that have been made. This includes strategy

meetings that are central to decisions for children to remain in placement or to move placement.

When children's placements appear unstable and the prospect of disruption is identified, the edge of care service provides intensive, tailored, flexible support to families and children. This support reduces the likelihood of children having a change of placement.

At the time of this visit, the local authority, having been unable to identify suitable provision, was having to use unregistered children's homes for two children. Leaders and managers know these children well. They take appropriate responsibility and authorise these arrangements. These children have a range of additional vulnerabilities, including to criminal exploitation. An inconsistent approach to making referrals to the National Referral Mechanism and carrying out return home interviews means that the impact of support to reduce the likelihood of harm for these children is variable.

The local authority has responded to the need to care for a greater number of unaccompanied asylum-seeking children. Workers use interpreters to support their assessments and visits, and children are helped to access education swiftly. While they are completed at pace, many initial assessments of newly arrived children lack depth. They do not give a real sense of the child, their background or the impact of traumatic experiences in their country of origin or during the journeys they have undergone.

The virtual school has a positive impact on the lives of children in care. They are consulted during the process of identifying placements for children and are active, not only in ensuring that children receive good education and support, but also in trying to support placements when there are concerns about stability.

Health provision and involvement in health planning for children in care are, however, less consistent. Although arrangements are in place to make timely referrals for initial health assessments, children are not yet routinely receiving their health assessments and dental checks on time. Health and social care leaders have recently established a joint working group to improve performance in this area.

The Children in Care Council involves an inclusive and enthusiastic group of children who are confident that leaders listen to their views and act in response. Children have helped develop 'care bags' of useful items and information, given to children when they enter care. They have also selected a range of anti-discrimination books now available in school libraries and were actively involved in the selection of the new Director of Children's Social Work, Early Help and Youth Support, who is due to take up the post in May 2022.

Staff speak positively about recent changes in leadership and the impact that this has had on their working environment. They describe senior leaders as being more

visible and accessible and more involved in decision-making. They value the fact that they feel well supported, are involved in developing the service and that risks are shared. An ongoing programme of training and development is available to staff, who routinely access opportunities to develop their practice.

A new approach to case file auditing has been established. The 'beyond auditing' approach means that children, families and practitioners are expected to be part of the auditing process. This is providing senior leaders with fuller information about the quality and impact of frontline practice. There is more work to do to ensure that audits and audit moderation provide constructive professional challenge to improve the support provided to children.

Leaders have recently taken steps to sensibly streamline panels, to increase their oversight of permanence, children in residential provision and the most vulnerable children. At this stage, however, children's progress is still hindered because there remains confusion about the processes for permanence decision-making. Some children experience delay because of gaps in tracking of progress in achieving permanence. Leaders know this and are putting in place arrangements to strengthen oversight and the urgency given to this work.

Most children's progress is reviewed in monthly supervision. However, in many cases, there is not a full exploration of children's presenting behaviours and the reasons that may explain them. Managers provide specific but limited direction about what needs to happen next. Actions are often task orientated and there is limited evidence of discussion and support to develop relationships with children. Supervision is not regularly being used to explore approaches and techniques to enable workers to gain a better understanding of children's views and feelings, and is not yet consistently leading to timely improvements in children's experiences.

Ofsted will take the findings from this focused visit into account when planning the next inspection or visit.

Yours sincerely

Tom Anthony  
**Her Majesty's Inspector**

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# Southend-on-Sea City Council

## Briefing Note For the People Scrutiny Committee

# 6

6<sup>th</sup> December 2023

Report prepared by: Anne Warburton  
Service Manager – Integrated Transport and Fleet Services  
Civil Engineering Group

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### Vecteo – progress brief on the provision of Key Performance Indicators

Cabinet Member: Councillor Tony Cox, Leader

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#### 1. Purpose of Briefing Note

- 1.1 To provide members on the Key Performance Indicators (KPIs), provided by Vecteo on their performance.

#### 2 Summary

- 2.1 This brief details the ongoing operational performance of Vecteo. Feedback is still positive from stakeholders. There remains a lot of support and trust in Vecteo, who are maintaining their good reputation.
- 2.2 Vecteo are continuing to improve the contract management of their sub-contractors. As there has been a huge decrease in drivers for passenger carrying work across the UK, Vecteo have a limited number of sub-contractors they can use. Vecteo are actively and consistently working with these sub-contractors to raise performance and where required work with the market to engage with potential new suppliers.
- 2.3 Whilst there have been some operational gaps that have become evident since the new term, these are being addressed with all parties to improve the internal process, so that it benefits the end users and will assist in reducing the administration time spent on verify data.
- 2.4 SCC have asked Vecteo to provide a paper, whereby they detail where they have been able to give discounted or free transport/services to SCC and charities. This is included as Appendix 4.

#### 3 Background

- 3.1 A report on the performance of Vecteo has been made to each meeting of the People Scrutiny Committee in accordance with the decision of the Council on 25 November 2021.
- 3.2 At its meeting on 31 January 2023, the Committee supported an undertaking of the Cabinet Member for Highways, Transport and Parking that the performance of Vecteo now be reported on a quarterly basis going forward.

- 3.3 Therefore it was agreed that the next briefing note on Vecteo Performance, would be for January-March 2023 quarter will be reported to the first meeting of the Committee in the new municipal year in June 2023. We are presenting July to September's figures of this briefing paper.
- 3.4 In July 2022 Members requested that the scheduled briefing notes on Vecteo's performance detailed;
- 3.4.1 The circulation of the full schedule of KPIs applicable to the Services Agreement with Vecteo for the provision of special educational needs and disabilities (SEND) home to school transport would be provided for every subsequent meeting.
- 3.4.2 The provision of a comprehensive report on the performance of Vecteo against each of the key performance indicators applicable to the contract to each future meeting of the Committee, setting out actual performance figures rather than percentages.
- 3.4.3 Details of performance against each of the Minimum Service Requirements for the contract for the provision of special educational needs and disabilities home to school transport services.

#### **4.0 Information and progress requested**

- 4.1 The full schedule of KPIs within the Services Agreement is attached as Appendix 1 and have been annotated for the months July – September 2023.
- 4.2 Appendix 2 is a table of the Minimum Service Requirements (MSRs) for the Services Agreement that includes all core services Vecteo perform. This has been annotated to cross reference the KPI data that gives us an overall position of performance of core services against the MSRs.
- 4.3 Appendix 3 is a social value brief supplied by Vecteo for July – September 2023 regarding social value that Vecteo are providing to various groups within our community.

#### **5.0 Recommendation**

- 5.1 There are no recommendations as a result of this brief.

#### **6.0 Financial Implications**

- 6.1 There are no financial implications as a result of this brief.

#### **7.0 Legal Implications**

- 7.1 There are no Legal implications as a result of this brief.

#### **8.0 People Implications**

- 8.1 There are no People implications as a result of this brief.

#### **9.0 Property Implications**



9.1 There are no implications as a result of this brief.

## **10 Equalities and Diversity Implications**

10.1 There are no Equality or Diversity implications as a result of this brief.

## **11 Risk Assessment**

11.1 None

## **12 Value for Money**

12.1 N/A

## **13 Community Safety Implications**

13.1 None.

## **14 Environmental Impact**

14.1 None

## **15 Other Options**

15.1 There are no other options proposed.

## **16 Background papers**

16.1 Appendix 1 – KPI schedule

16.2 Appendix 2 – MSR requirements

16.2 Appendix 3 – Social Value Brief

16.3 Appendix 4 – Financial Added Value Brief for the social value provided by Vecteo

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Customer Service	15	Communication with all relevant stakeholders to notify of any forseen changes of service giving a minimum of 24 hours notice.	100% achieved	100% achieved	100% achieved	100% achieved	100%	100% achieved	100%	100%	100%	98%
Customer Service	16	Response times to the Council's requests for general management information within 3 working day.	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
Invoicing	17	Invoice queries dealt with to satisfaction within 5 working days	100%	100% one query resolved within 5 days	100% one query resolved within 5 days	100%	100% No Queries	100%	100% No Queries	100%	100% No Queries	100%
Passenger Management	18	Number of incidents on-board a vehicle that were reported to the provider via Driver/Passenger Assistant	100% reported	100% reported	100% reported	100% reported	100% reported	100%	100% reported	100% reported	100% reported	100%
Passenger Management	19	Number of new applications for home to school/college transport to be processed and allocated a route within 10 working days including meet and greet.	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%
Passenger Management	20	Number of new applications for adults with learning disabilities transport to be processed and allocated a route within 3 working days.	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%
Passenger Management	21	Inability to operate a Route, or any part of a Route, this must be reported to the Council's representative Transport and Contracts Manager, by the provider, in writing on the same day on which the default takes place	100% all routes operated	100% all routes operated	100% achieved, one Jny delayed and covered by the school	100%	100% all routes operated	100%	100% all routes operated	100% no H2S routes operating	100% all routes operated	< 5 per month and 100% reported
Passenger Management	22	Number of new applications for Dial-a Ride transport to be processed and allocated a route within 3 working days.	100% one new application	100% 3 new members this month	100% three new applications	100%	100% 8 new applications	100%	100% 8 new applications	100%	100%	90%
Social Value Outcomes	23	Case studies and Qualitative and Quantitative report provided evidencing social value outcomes	Glen to give update for Jan at SPB	Glen to give update for March SPB	now reported on a rolling basis	yearly report updated monthly and shared with SCC	report updated monthly	report updated every month	report updated monthly	report updated monthly	report updated monthly	Quarterly reporting in line with SPB
Passenger Management	24	Number of passengers per route/service	100% reported	100% reported	100% reported	100% reported	100% reported	100%	100% reported	100%	100% reported	100%
Passenger Management	25	Number of route changes over 3 month period	100% reported	100% reported	100% reported	100% reported	100% reported	100%	100% reported	100%	100% reported	100%
Passenger Management	26	Driver changes to allocated routes over a monthly period	99%	100%	99.4%	99.6%	99.4%	99.2%	99.3%	no H2S routes this monthg	99.2%	98%
Passenger Management	27	Passenger Assistant changes to allocated routes over a monthly period	99%	99.20%	99%	99.3%	98.8%	99.2%	99.1%	no H2S routes this monthg	98.4%	

**APPENDIX 2**

**PARTNERSHIP SPECIFIC MINIMUM SERVICE REQUIREMENTS – July – September 2023**

**March 2023**

Minimum Service Requirements	Linked KPIs	Comments
<p>1 To deliver the home to school service during the schools’ academic year (although on occasions transport may be required during the school holidays for clubs). This service includes the requirement of wheelchair accessible minibuses that operate with pick-ups and drop offs either at a bus stop or a door to door service. Epileptic and diabetic trained Passenger Assistants are also to be provided (where required) <a href="#">see 6.1.1 above</a>).</p>	<p>KPI 1 – Written report of Accidents            KPI 2 – Specialist Equipment            KPI 3 – Maximum journey times primary            KPI 4 – Maximum journey times secondary            KPI 5 – Pre transport comms            KPI 6 – Response for further information relating to safeguarding            KPI 7 – Acknowledgment of receipt of complaint            KPI 8 – Response of complaint            KPI 9 – DBS and training records – quarterly            KPI 10 – Immediate notification of GDPR breach            KPI 11 – Data Protection training            KPI 12 – Onboard incidents notified to Council            KPI 14 – Emergency measures to cover business continuity            KPI 15 – Comms to stakeholders of foreseen changes            KPI 16 – Response times for management information            KPI 17 – Response times to invoice queries            KPI 18 – Nu of incidents on board a vehicle reported            KPI 19 – Number of new applications for home to school            KPI 21 – Inability to operate a route            KPI 23 – Qualitive and quantitative social value outcomes            KPI 24 – Number of passengers per route/service            KPI 25 – Number of route changes over a 3 month period            KPI 26 – Driver changes within a month            KPI 27 – Passenger Assistant changes over a 3 month period</p>	<p>For the months July – September 2023 Minimum Service Requirement 1 within the Services Agreement has been met.</p>

<p>2 To provide one Passenger Assistant (PA) per eight seater mini-bus and two PAs for 16 seater minibuses or larger vehicles as a standard requirement for the home to school transport service. However, vehicles of less than eight seats used for home to school, supervised contact and children’s respite care may also require a PA where this is required. Where the PA is accompanying an epileptic service user it is expected that the PA will be trained in being able to administer Buccal Midazolam and other requirements as set out in 7.2 below.</p>	<p>KPI 9 – DBS and training records – quarterly</p>	<p>All Training and DBS records have been supplied and verified.</p>
<p>3 To provide a meet and greet introduction with service users for the home to school provision during the school summer holidays to allow service users and parents/carers familiarisation with the PA/driver and transport as outlined in Appendix C (see also 7.3 below).</p>	<p>KPI 5 – Pre transport comms</p>	<p>For the months July – September 2023 Minimum Service Requirement 3 within the Services Agreement has been met.</p>
<p>4<sub>0</sub> To ensure the maximum “end to end journey” time for a service user does not exceed 1 hour for primary school pupils and 1 hour and 15 minutes for secondary school age pupils and adults (which includes walking time to pick-up and drop-off points) where travelling is within the Borough of Southend-on-Sea. The stated times must also take into account the loading and unloading of service users with wheelchairs/mobility scooters (see 7.4 below).</p>	<p>KPI 3 – Maximum journey times primary KPI 4 – Maximum journey times secondary</p>	<p>For the months July – September 2023 Minimum Service Requirement 4 within the Services Agreement has been met.</p>
<p>5 To deliver the adults with learning disabilities service between Mondays-Fridays 7.30am and 5.30pm all year round except during the bank holidays and Christmas through to the New Year</p>	<p>KPI 6 – Response for further information relating to safeguarding KPI 7 – Acknowledgment of receipt of complaint KPI 8 – Response of complaint KPI 9 – DBS and training records – quarterly KPI 10 – Immediate notification of GDPR breach</p>	<p>For the months July – September 2023 Minimum Service Requirement 5 within the Services Agreement has been met.</p>

<p>bank holiday. This service includes the requirement of wheelchair accessible minibuses that operate with pick-ups and drops-offs either at a bus stop or a door to door service. Epileptic and diabetic trained Passenger Assistants are also to be provided (where required) – see 6.1.2 above.</p>	<p>KPI 11 – Data Protection training  KPI 12 – Onboard incidents notified to Council  KPI 14 – Emergency measures to cover business continuity  KPI 15 – Comms to stakeholders of foreseen changes  KPI 16 – Response times for management information  KPI 17 – Response times to invoice queries  KPI 18 – Number of incidents on board a vehicle reported  KPI 20 – Number of applications for Adults LD  KPI 21 – Inability to operate a route  KPI 23 – Qualitive and quantitative social value outcomes  KPI 24 – Number of passengers per route/service  KPI 25 – Number of route changes over a 3 month period  KPI 26 – Driver changes within a month  KPI 27 – Passenger Assistant changes over a 3 month period</p>	
<p>6 To deliver the Supervised Contact service seven days a week between 9.00am and 5.30pm (including bank holidays except Christmas Day) after school or during the school holidays including weekends. This service can vary from a return to and from a child's home or a one-way trip. This service is usually provided by a taxi. However there may be occasions where this involves a number of siblings and the requirement of multiple car seats, so a minibus may be used on occasions (see 6.1.3 above).</p>	<p>KPI 1 – Written report of Accidents  KPI 2 – Specialist Equipment  KPI 6 – Response for further information relating to safeguarding  KPI 7 – Acknowledgment of receipt of complaint  KPI 8 – Response of complaint  KPI 9 – DBS and training records – quarterly  KPI 10 – Immediate notification of GDPR breach  KPI 11 – Data Protection training  KPI 12 – Onboard incidents notified to Council  KPI 14 – Emergency measures to cover business continuity  KPI 15 – Comms to stakeholders of foreseen changes  KPI 16 – Response times for management information  KPI 17 – Response times to invoice queries  KPI 18 – Number of incidents on board a vehicle reported  KPI 21 – Inability to operate a route  KPI 23 – Qualitive and quantitative social value outcomes  KPI 24 – Number of passengers per route/service  KPI 25 – Number of route changes over a 3 month period  KPI 26 – Driver changes within a month  KPI 27 – Passenger Assistant changes over a 3 month period</p>	<p>For the months July – September 2023 Minimum Service Requirement 6 within the Services Agreement has been met.</p>
<p>7 To deliver the respite care service Monday-Friday during the school academic year and school holidays. This service can vary from a return to and from the child's home or a one-way trip. These return trips could be spread over a</p>	<p>KPI 1 – Written report of accidents  KPI 2 – Specialist equipment  KPI 6 – Response for further information relating to safeguarding  KPI 7 – Acknowledgment of receipt of complaint  KPI 8 – Response of complaint  KPI 9 – DBS and training records – quarterly</p>	<p>For the months July – September 2023 Minimum Service Requirement 7 within the Services Agreement has been met.</p>

<p>weekend or a couple of days (see 6.1.3 above).</p>	<p>KPI 10 – Immediate notification of GDPR breach  KPI 11 – Data Protection training  KPI 12 – Onboard incidents notified to Council  KPI 13 – Processing new applications for LAC  KPI 14 – Emergency measures to cover business continuity  KPI 15 – Comms to stakeholders of foreseen changes  KPI 16 – Response times for management information  KPI 17 – Response times to invoice queries  KPI 18 – Number of incidents on board a vehicle reported  KPI 21 – Inability to operate a route  KPI 23 – Qualitive and quantitative social value outcomes  KPI 24 – Number of passengers per route/service  KPI 25 – Number of route changes over a 3 month period  KPI 26 – Driver changes within a month  KPI 27 – Passenger Assistant changes over a 3 month period</p>	
<p>8 To manage the bookings for the provision of 'on demand' Dial-a-Ride services Monday to Friday (10.00am-2.30pm) using wheelchair accessible minibuses that operate a door to door service. This service may also require assistance with carrying the service users shopping to the front door of the service user (see 6.1.4 above).</p>	<p>KPI 1 – Written report of Accidents  KPI 6 – Response for further information relating to safeguarding  KPI 7 – Acknowledgment of receipt of complaint  KPI 8 – Response of complaint  KPI 9 – DBS and training records – quarterly  KPI 10 – Immediate notification of GDPR breach  KPI 11 – Data Protection training  KPI 12 – Onboard incidents notified to Council  KPI 14 – Emergency measures to cover business continuity  KPI 15 – Comms to stakeholders of foreseen changes  KPI 16 – Response times for management information  KPI 21 – Inability to operate a route  KPI 22 – Number of new applications  KPI 23 – Qualitive and quantitative social value outcomes</p>	<p>Dial-A-Ride is currently in operation and Vecteo are promoting this service. Ridership has been increasing during the reporting period.</p> <p>For the months July – September 2023 Minimum Service Requirement 8 within the Services Agreement has been met.</p>
<p>9 The vehicles used in delivery of this service must meet the standards set out 7.5 and 7.6 below and be fully compliant with all relevant Licencing Regulations and Southend Licencing (where applicable) including the use of signs which must also comply with 7.7 below.</p>	<p>No KPI linked to this MSR</p>	<p>All vehicles and licence plates are verified during SCC compliance inspections.</p>



<p>10 To ensure all drivers and passenger assistants comply with the requirements set out in 7.8 below.</p>	<p>KPI 1 – Written report of Accidents  KPI 10 – Immediate notification of GDPR breach  KPI 11 – Data Protection training  KPI 12 – Onboard incidents notified to Council</p>	<p>For the months July – September 2023 Minimum Service Requirement 10 within the Services Agreement has been met.</p>
<p>11 To ensure all Drivers and Passenger Assistants employed by the Partnership have an enhanced Disclosure Barring Service check before commencement on any service (see 7.9 below).</p>	<p>KPI 9 – DBS and training records – quarterly</p>	<p>All DBS records have been supplied and verified.</p>
<p>12 To ensure all Drivers and Passengers Assistants undertake the necessary training as set out in 7.10 below.</p>	<p>KPI 1 – Written report of accidents  KPI 9 – DBS and training records – quarterly  KPI 10 – Immediate notification of GDPR breach  KPI 11 – Data Protection training  KPI 12 – Onboard incidents notified to Council</p>	<p>For the months July – September 2023 Minimum Service Requirement 12 within the Services Agreement has been met.</p>

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Social Value Report  
2023

## Local Recruitment

Vecteo has recognized that it should employ its staff in the local area and that the staff should reflect the diversity of the local communities that it serves.

We firmly believe in local jobs for local people and recognize how local employment feeds into the local economy

To achieve this, we have

- Recruited our employees locally through the job site Indeed and a mixture of local posters on vehicles, social media, local shopping areas and through word of mouth from existing staff
- We have proactively looked and employed where it is possible to do so employees with disabilities, as an example we currently have five employees with various levels of SEND (Special Educational Needs and Disabilities) and one who is an amputee
- When working with contractors, where work is tendered out to other operators, preference is given to local companies to ensure that those employed by these companies is also kept local.

## Supporting Local Groups and Charities

At Vecteo we believe that we are not just here to deliver and service a contract, we feel it is our duty to help and support within the local community and deliver transport services where we can, helping groups and charities within the local communities.

On occasions we have managed to offer support and vehicles free of charge and where we can do this we will, this can often be achieved by utilizing available staff and vehicles at a time when they might be available, our staff are committed to this ethos and on occasions especially for charities they donate their time free to enable us to give this much needed support.

We are aware that we are a business that has to offer best value to both SCC (Southend City Council) and the communities we serve so sometimes we may have to make a small charge to help support some groups and charities, this is normally to cover any fuel costs and possibly some staff costs depending on what is being asked for, however it still supports the groups and charities as they are able to minimize spend on transport that may otherwise have cost them more enabling them to get more services for their available funds.

## **Social Interaction**

We have a Vecteo public page on Facebook and have set up two private groups one for staff (Vecteo teams) and one for parents of those children we carry on our services (Vecteo Family) this is designed to improve communications, gain feedback and to be better involved with the community we serve, this is proving to be a great way to provide information and keep in touch with the community

We use these platforms to promote/share local groups and charity's information from their FB sites, we also share SCC information and posts, Cllrs information that they may have posted and helpful information and guidance for SEND carers and parents.

We actively attend coffee mornings for various groups and charities, making us available to give out information about our services and to promote Dial a Ride services, but more importantly to be available for parents to give us feedback on our services and receive new ideas on how we can improve ourselves

### **Recently we have supported.**

03/01/23	Attended the Southend Insight coffee morning at the Ekco sports club to promote Dial a Ride, took 3 people home from the coffee morning
17/01/23	Southend Adult Community Collage to Garons Park and return (free of charge)
19/01/23	Southend Adult Community Collage to Garons Park and return (free of charge)
19/01/23	Garons Park, UK Frienship Group evening Meal – a vehicle was provided at cost only and operated two runs from Southend City center to Garons Park and two trips back later in the evening, (done at cost price)
24/01/23	Southend Adult Community Collage to Garons Park and return (free of charge)
26/01/23	Southend Adult Community Collage to Garons Park and return (free of charge)
31/01/23	Turning Tides – trip into Southend City center – (Done at Cost)
31/01/23	Southend Adult Community Collage to Garons Park and return (free of charge)
02/02/23	Southend Adult Community Collage to Garons Park and return (free of charge)
07/02/23	Southend Adult Community Collage to Garons Park and return (free of charge)
09/02/23	Southend Adult Community Collage to Garons Park and return (free of charge)
23/02/23	Welcome to the UK, trip to look round Southend Hospital (Done at Cost)
07/03/23	Turning Tides – trip to Caddies and return – (done at Cost)

10/03/23	Attended the SEND The Right Message Support session, said a few words and provided an opportunity to receive any feedback from parents whilst being able to supply support and information to existing and potentially new parents/carers for SEND home to school transport
13/03/23	Had a meeting at the Haven Hub to promote Dial a Ride to them and to see how we may be able to help them get clients to and from the Haven Hub events
14/03/23	Meeting at Southend Insight Office in Hamlet Court Road, to discuss transport needs and how Vecteo may be able to assist and how Dial a Ride might meet some of their needs
15/03/23	One Love Project working in Collaboration Southend Food Alliance and Southend Community Investment Board. Vecteo transported food and provisions from Southend to St Cedds Church and return to Southend (free of Charge)
24/03/23	Pholk Care – following the theft of their minibus, Vecteo operated a trip to Top Golf, Chigwell to save it having to be cancelled, (Free of charge)
24/03/23	Vecteo held a Curry and Quiz night at the Ambleside Club and raised £1314.50 to help get one of their passenger assistants and his team mates out to Berlin to take part in the Special Olympics representing Team GB in Football
26/03/23	Vecteo reached out to the Southend Air Cadets following the theft of their vehicle – although no trips have been made to this date, they have thanked us and told Vecteo that they will be speaking to their insurance company but if they are stuck for transport they will contact us.
30/03/23	Pholk Care – Following the theft of their minibus, Vecteo operated a second trip for them to save it being cancelled, this one was to Barleylands (free of Charge)
05/04/23	One Love Project working in Collaboration Southend Food Alliance and Southend Community Investment Board. Vecteo transported food and provisions from Southend to St Cedds Church and return to Southend (free of Charge)
12/04/23	One Love Project working in Collaboration Southend Food Alliance and Southend Community Investment Board. Vecteo transported food and provisions from Southend to St Cedds Church and return to Southend (free of Charge)
12/04/23	Private hire - at Cost for Turning Tides to Hadleigh Park
13/04/23	Private Hire - at cost for Southend Youth Support to Shoebury youth center
14/04/23	Private Hire – at cost for Safer Steps to Southend Fire station
17/04/23	Attended SSIF coffee Morning at SAV's
18/04/23	Attended a meeting with Age Concern Southend at the Haven Hub to discuss a Transport Bid that they were considering putting in for, following a discussion we are promoting Dial a Ride to meet their transport needs
18/04/23	16 seater - Ambleside adult community college over to Garon Park and return Free of charge

20/04/23	16 seater - Ambleside adult community college over to Garon Park and return Free of charge
21/04/23	Attended Anna Firth event where a member of the Vecteo Team was awarded a Community Champions award
24/04/23	Attended the Shoebury Transport Group meeting to discuss the new Shoebury to Garon park shuttle service.
25/04/23	16 seater - Ambleside adult community college over to Garon Park and return Free of charge
27/04/23	16 seater - Ambleside adult community college over to Garon Park and return Free of charge
11/05/23	SSIF SEMINAR - HOME TO SCHOOL TRANSPORT SESSION with Vecteo & SCC Transport Officer
31/05/23	Southend Air Cadets to Royal Air force museum, London - Free of charge due to their minibus being stolen
08/06/23	Turning Tides – Southend Fire Station- at cost only
13/06/23	Attended SSIF coffee morning
13/06/23	Attended afternoon tea at St Nicolas school, meeting existing and new parents/carers
21/06/23	Provided free transport for the “In Conversation with event in Shoeburyness” This was focusing upon health inequalities and the wider impact of social determinants of health.
21/06/23	Attended the Viking center’s summer fair
23/06/23	Meeting with Turning Tides at SAV’s to discuss how we can help with transport
11/07/23	Attended SSIF coffee morning
19/07/23	Attended St Christophers school open evening, meeting existing and new parents/carers
01/09/23	Supplied Soccability a minibus when their vehicle had failed an MOT, this allowed them to be able to hold their event rather than cancel.
26/09/23	Provided free transport for the visit to Southend by Mayor of Maritopol and the Deputy Mayor of Mariopol.
28/10/23	Providing two vehicles in the Halloween parade, one supporting Little Heroes ASD and the other for Project 49.
Nov 23	We are helping the communities’ team with the slipper swap

**Compliments received.**

10/01/23	Headteacher, Lancaster School	Thank you for going the extra mile with HT
10/01/23	Parents - HT	Explained how happy HT was with his transport and was happy when he returned home from school and allowed Donna (Vecteo PA) to unbuckle him and he was smiling – also please thank the boss of Vecteo as he actually turned up with the transport this morning to help out and get HT settled on the transport

16/01/23	Parents - TS	<p>I just wanted to say thank you to yourself and the crew, TS should not have been handed over to you by the school in his condition, however as you know TS became further unwell as the journey progressed and your crew were amazing in caring for TS and how you followed up on how is he doing and carrying out the relevant reporting.</p> <p>This is a serious failing of the school and is being investigated by them.</p> <p>We are lucky to have you and our dedicated crew, who always show professionalism and care.</p>
10/02/23	Zakk;s Mum	Thank you for being a great driver and always taking such good care of Zakk
10/03/23	Send The Right Message	Thanked us on Social media for attending their support session
16/03/23	One Love project and soup kitchen	Thanked us on social media for helping them transport food supplies to St Cedds Church
28/03/23	Haley Byatt	<p>Just to let you know Ollie seems alot happier on the bus. Infact, now he doesn't want to get off the bus to go into school! 😊. I don't know what it is as he cannot tell me as you know but he does seem happier and I have to go by his reactions and that really helps me cope with him. Lorretta is lovely and makes a fuss of the kids, Paul seems happier. I hope Kayleigh is loving her new bus crew and is getting the support. Thank you all for much for being so supportive. We appreciate all you do.</p>
30/03/23	Pholk Care	<p>I just wanted to say a huge thank you to you and your lovely team. I've heard nothing but great feedback from service users and my staff whilst I've been off. Without your assistance, our service users wouldn't have been able to have their days out, which is extremely important to them!</p> <p>Thank you again,</p>
21/04/23	Anna Firth MP	<p>Attended an award ceremony with our PA Jack Venturini as he was awarded a community Champions award for his work with Vecteo, Jack has SEND and has also been selected to represent the team GB football team in the special Olympics in Berlin in June 2023</p>




07/05/23	Howard spurling	<p>Today was my dad's stone setting in Rainham... we asked Vecteo to help with our transport... The van turned up.. the driver helped my mum get out of the bungalow and onto the van (wheelchair bound)...</p> <p>we arrived in perfect time at Rainham.. had service and on way back picked up my grandson (in car seat) Then back home...Driver helped mum back into bungalow..</p> <p>This is just to say how great Kevin has been.. Very helpful considerate friendly and professional...</p> <p>Thank you Vecteo but massive thank you to Kevin... Excellent service...</p>
12/05/23	HJ Parent H2S	<p style="text-align: center;">12 MAY AT 21:35</p> <div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Can you please send a big big thank you to Loretta and Paul for making my birthday so special today. Not only did they drop Ollie off at my parents where I've spent the day but they had all the kids on the bus singing Happy Birthday to me. Even Paul was singing! it brought a tear to my eye. It really did make my birthday, thank you, thank you, thank you...Hayley ( [REDACTED] mum) xxxx</p> </div> <div style="border: 1px solid #ccc; padding: 10px;"> <p>they got me a lovely card and chocolates too, I was so overwhelmed, they go above and beyond. As a single mother who feels isolated often, this made my day xx</p> </div>
10/10/23	Rob Tinlin	<p>A thank you e-mail for our help and assistance amongst others (we provided the transport) for the visit to Southend by Mayor of Maritopol and the Deputy Mayor of Mariopol.</p>

Posts About Videos More ▾

 **The One Love Project & Soup Kitchen - Southend** · Follow

15 Mar · 🌐

 **FOOD SUPPORT ACROSS SOUTHEND**

On Wednesday's The One Love Project is working in collaboration with the [Southend Food Alliance](#), Southend Community Investment Board and [Southend-on-Sea City Council](#)

Today we took Food Support to St Cedds in the Westcliff area. One of the new initiatives the charity is involved in, in 2023

Thank you to [Vecteo](#) for your support and help with transportation of food and provisions! 🚚

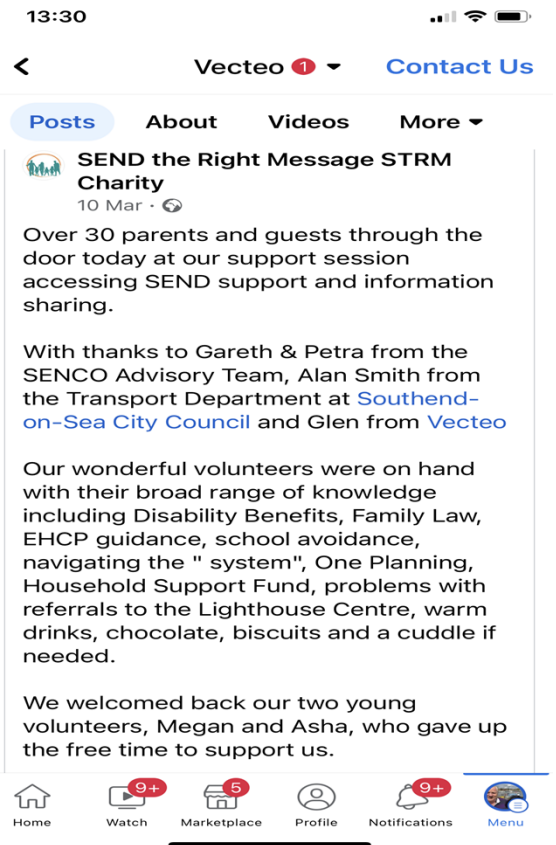
It means that people who struggle to visit to current food support providers can access to food and essentials they need to help feed themselves or their family during the cost of living crisis.

Posts About Videos More ▾

• Elizabeth53@svp.org.uk  
• <https://www.facebook.com/profile.php?id=100071858318480>

[#onelove](#) [#soupkitchen](#) [#foodbanks](#)  
[#fightingfoodpoverty](#)  
[#kindness](#) [#donations](#) [#southend](#) [#essex](#)  
[#charity](#) [#homeless](#) [#volunteers](#)  
[#costoflivingcrisis](#)





12:54

Vecteo



Posts About Videos More

great work in our community and have always been one of our local Heroes

**Pholk Care Ltd · Follow**  
16 h ·

We would like to give a huge thank you to our lovely friends from Vecteo who have helped with our transport over the last two weeks! We honestly cannot thank them enough, they have enabled us to continue with our day trips and make sure our wonderful service users don't miss out!

A huge shoutout to our lovely driver Kevin, thank you so much, we have all loved having you along on our days out! 🥰💜

Home Ads + Notifications 3 Menu

**Vecteo**  
21 Apr ·

So proud of our Jack today as he received his Community Champion award from the Mayor of Southend and Anna Firth MP

Jack has been recognised for all of the great work he does at Vecteo as a Passenger Assistant on one of our SEND Home to School vehicles

Not only does he do a wonderful job looking after the Children on his vehicle along with John his driver and Tina his fellow PA, he has been selected to represent Team GB, playing football at the Special Olympics in Berlin later this year.




AGE Concern  
**Age Concern Southend on Sea · Follow**

2 d · 🌐

**\*NEED A LIFT TO OUR SPRING FAYRE??\***

We are pleased to be working with VECTEO's Dial a Ride service who are able to provide transport to our Spring Fayre to those most in need, including wheelchair users. To book, please call number 01702 908888 then choose option 3.



THE HAVEN COMMUNITY HUB  
AGE Concern  
ESTABLISHED IN 1964

# SPRING FAYRE

**SUNDAY 21 MAY 2023  
11AM - 3PM**

**AT THE HAVEN COMMUNITY HUB  
138-140 HAMLET COURT ROAD, SSO 7LW**

STALLS SELLING HOMEMADE GIFTS, ARTS AND CRAFTS, BOOKS, JEWELLERY, TOYS, CONFECTIONERY AND MORE. INCLUDING OUR SPRING TOMBOLA AND RAFFLE TO WIN SOME GREAT PRIZES.



**Vecteo**




Posted by Glen Shuttleworth

6 d · 🌐

Great News if you are looking to get to Garon Park from Shoeburyness

... See more



## SHOEBURY - GARON PARK SHUTTLE

**Every Tuesday & Wednesday  
from 9th May to 21st July**


In response to the need to support local residents to access the Garon Park Leisure and Wellbeing Services we are launching a new community transport scheme using VECTEO minibuses which has been funded through the Community Investment Fund.

Pick-up from **Shoebury Youth Centre and Asda at 10am** - Drop off and return pick up from Southend Tennis & Leisure Centre Bus stop.  
**Return pick up will be at 1:30pm sharp.** Please arrive at the bus stop at least 5 minutes before departure as the bus is not able to wait or return.

**All seats MUST be booked in advance by calling 01702 908888 option 3** Mon - Fri 10am - 5pm- quoting Shoebury - Garon Park Shuttle Service  
**Cost is £3 per person.** Family Ticket is available for 4 persons cost £10

**Payment by phone or on the bus** - if a person books and does not turn up, they will need to pay in advance the future.  
Tickets are not refundable or transferable. All persons under 18 must be accompanied by an adult (18 and above)  
A tour and introduction to Wellbeing at Garon Park will be provided alongside an information and activity programme for the day.  
A Free Tea /Coffee/Water per person from Wellbeing at GP included

**PHONE 01702 908888 option 3**





SSIF SEMINARS

## HOME TO SCHOOL TRANSPORT SPECIAL

### How does the service work?

Alan Smith (Transport Entitlement Officer at Southend City Council) and Glen Shuttleworth (Transport & Operations Manager at Vecteo) together with Team Members Marc Berry and Anoushka Judd will be providing information and answering questions about the service.

**The Panel will discuss a range of topics such as eligibility criteria, how to apply, the appeals process, how they will be communicating with you and more. They will also be available to answer any questions you may have about the delivery of the service**

This event is suitable for both existing and new users who are residents of Southend.

Register here!



 Thursday, 11th May at 10am - 12noon

 Tickfield Centre (Darwin Room)

Free parking and light refreshments will be provided.  
Please note recording of the event will not be permitted.

**Added Value to SCC and Community provided by Vecteo**

**Appendix 4**

<b>Date</b>	<b>Event</b>	<b>Cost</b>	<b>actually charged</b>	<b>Value Add</b>
17/01/23	Southend Adult Community Collage to Garons Park and return (free of charge)	£105		£105
19/01/23	Southend Adult Community Collage to Garons Park and return (free of charge)	£105		£105
19/01/23	Garons Park, UK Frienship Group evening Meal – a vehicle was provided at cost only and operated two runs from Southend City center to Garons Park and two trips back later in the evening, (done at cost price)	£105	£70	£35
24/01/23	Southend Adult Community Collage to Garons Park and return (free of charge)	£105		£105
26/01/23	Southend Adult Community Collage to Garons Park and return (free of charge)	£105		£105
31/01/23	Turning Tides – trip into Southend City center – (Done at Cost)	£105	£60	£45
31/01/23	Southend Adult Community Collage to Garons Park and return (free of charge)	£105		£105
02/02/23	Southend Adult Community Collage to Garons Park and return (free of charge)	£105		£105
07/02/23	Southend Adult Community Collage to Garons Park and return (free of charge)	£105		£105
09/02/23	Southend Adult Community Collage to Garons Park and return (free of charge)	£105		£105
13/02/23	Welcome to the UK, trip to look round Southend Hospital (Done at Cost)	£105	£35	£70
07/03/23	Turning Tides – trip to Caddies and return – (done at Cost)	£105	£60	£45
15/03/23	One Love Project working in Collaboration Southend Food Alliance and Southend Community Investment Board. Vecteo transported food and provisions from Southend to St Cedds Church and return to Southend (free of Charge)	£105		£105
24/03/23	Pholk Care – following the theft of their minibus, Vecteo operated a trip to Top Golf, Chigwell to save it having to be cancelled, (Free of charge)	£260		£260
30/03/23	Pholk Care – Following the theft of their minibus, Vecteo operated a second trip for them to save it being cancelled, this one was to Barleylands (free of Charge)	£176		£176
05/04/23	One Love Project working in Collaboration Southend Food Alliance and Southend Community Investment Board. Vecteo transported food and provisions from Southend to St Cedds Church and return to Southend (free of Charge)	£105		£105
12/04/23	One Love Project working in Collaboration Southend Food Alliance and Southend Community Investment Board. Vecteo transported food and provisions from Southend to St Cedds Church and return to Southend (free of Charge)	£105		£105
12/04/23	Private hire - at Cost for Turning Tides to Hadleigh Park (2 buses)	£290	£175	£115
13/04/23	Private Hire - at cost for Southend Youth Support to Shoebury youth center	£150	£100	£50
14/04/23	Private Hire – at cost for Safer Steps to Southend Fire station	£150	£81.60	£68.40

18/04/23	16 seater - Ambleside adult community college over to Garon Park and return Free of charge	£105		£105
20/04/23	16 seater - Ambleside adult community college over to Garon Park and return Free of charge	£105		£105
25/04/23	16 seater - Ambleside adult community college over to Garon Park and return Free of charge	£105		£105
27/04/23	16 seater - Ambleside adult community college over to Garon Park and return Free of charge	£105		£105
31/05/23	Southend Air Cadets to Royal Air force museum, London - Free of charge due to their minibus being stolen	£304		£304
08/06/23	Turning Tides – Southend Fire Station- at cost only	£105	£60	£45
21/06/23	Provided free transport for the “In Conversation with event in Shoeburyness” This was focusing upon health inequalities and the wider impact of social determinants of health.	£60		£60
01/09/23	Supplied Soccability a minibus when their vehicle had failed an MOT, this allowed them to be able to hold their event rather than cancel.	£105		£105
26/09/23	Provided free transport for the visit to Southend by Mayor of Maritopol and the Deputy Mayor of Mariopol.	£210		£210
7/10/14/21/28 Nov 23	We are helping the communities’ team with the slipper swap initiative.	£585		£585
16/11/23	Helped SAV’s move a donated File cabinet over to the Havens Hub	£60		£60
19/11/23	Provided transport to enable those that cannot access regular transport to be able to attend the Haven Hub Christmas Fair on a Sunday, our driver provided their time free of charge.	£150		£150
23/11/23	Providing transport from the Civic over to and from the launch event of the retrofit show home at 7 Juniper Road, Southend - for council staff and Cllr’s.	£150		£150
		£4,750	641.60	£4,108.40

please note:- that the management team at Vecteo have also attended a number of coffee mornings and transport meetings where our advice, guidance and

We have also supported Little Heroes for two years now in the Halloween Parade and this year we also supported Project 49 in the Parade too.



## GP ACCESS

### Introduction

1. Healthwatch Southend is the independent voice of Southend residents who use NHS and social care services. The Local Government and Public Involvement in Health Act 2007, (which was amended by the Health and Social Care Act 2012), sets out our role and the basis for our independent status. We are funded by Southend City Council, but hosted by a registered charity to ensure our impartiality. We offer advice and guidance on local services, capture the lived experience of local people to inform service improvement and hold local commissioners and providers to account.

### Access to general practice

2. In line with other Healthwatch across England, we are regularly contacted by local residents trying to access general practice. The vast majority of our contacts relate to issues about making appointments, rather than the actual care received.
3. We do receive queries about how patients are seen – telephone versus face-to-face, or by other clinicians. We believe that a meaningful conversation needs to be had with local residents about how the changes they have experienced (during lockdown and subsequently) arose, and how patient feedback can be used to ameliorate any problems faced by certain patients.

### What do we know?

4. As part of our role in providing information and advice, we do seek to share intelligence about access and where Southend GPs are out-performing English averages – the percentage of Southend patients seeing a GP face-to-face on the day of booking, or the following day is higher than the English average, for example. We feel it is important to support colleagues in general practice by reassuring patients, whilst

challenging areas where patients are not experiencing the access they should – our work with users of British Sign Language is an example.

5. In addition to the feedback we receive, a sample of patients in Southend are also able to contribute through the national GP Patient Survey. This is a valuable tool to inform the work of the Integrated Care Board, which commissions primary care services on behalf of its residents. A selection of the results are appended.
6. Healthwatch Southend often hears comments like “I have to wait two weeks for an appointment”. We are beginning to analyse some of the NHS data about activity at practice level. Two example charts are appended. In Southend in September 2023, 91% of GP appointments took place within 14 days of booking; this is not to minimise any concern felt by the 8% at waiting longer.
7. It is important to remember that these are raw data; no attempt has yet been made to dig deeper with the insight of staff within general practice. They are included to stimulate discussion. Are some patients choosing to wait slightly longer for appointments because of work or other commitments? Are GPs asking patients to return to see how well a new medicine is controlling symptoms after a couple of weeks.

#### NHS Plans

8. The Mid & South Essex Integrated Care Board (ICB) has been working with practices to improve access, as part of a national drive. An update paper was discussed at its last meeting.
9. Working with patients will be critical to successful implementation of the ICBs plans; the Board paper references the use of the GP Patient Survey, but Healthwatch Southend believes that more engagement with local people must take place. An example of this would be to gain a better understanding of patients' ability and willingness to embrace digital solutions and to get reassurance that those patients choosing not to use digital solutions will not be disadvantaged.

## Conclusion

10. The work being undertaken to improve access to general practice is welcome. We know that practices are working hard to deliver care that is fit for the future, but there remains a disconnect between some residents' experiences and what the data tells us.
11. The co-production of solutions to current issues, as well as future developments such as the rollout of total triage or integrated neighbourhood teams remains a critical success factor in our eyes.

Owen Richards

**Chief Officer**

November 2023

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# GP Access

## GP Patient Survey 2023

# Introduction

- The slides which follow are taken from the results of the 2023 GP Patient Survey for each of the four primary care networks in Southend. Each slide also contains the national results for comparison
- The Survey has just under 50 questions, relating to different aspects of the general practice experience
- This slide deck focuses on three questions:
  - Generally, how easy is it to get through by phone
  - Overall experience of making an appointment
  - Were the patient's needs met in their last appointment
- It is important to note that in general patients' needs are being met
- However, the degree of variation between practices needs to be addressed
- Full results can be found here: <https://gp-patient.co.uk/practices-search>

# SS9 PCN

GP PATIENT SURVEY **NHS**

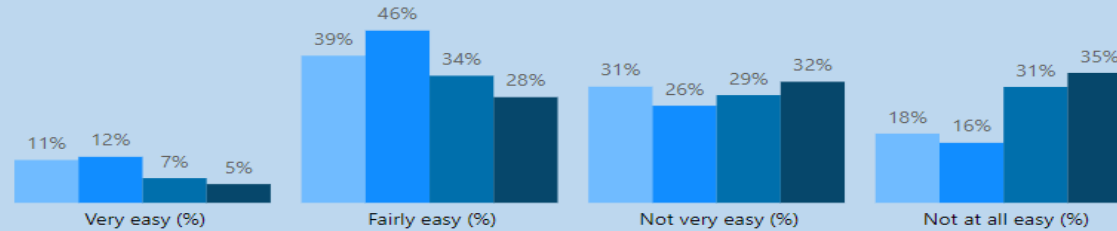
## Local GP services



Generally, how easy is it to get through to someone at your GP practice on the phone?

SS9 PCN

● 2020 ● 2021 ● 2022 ● 2023



PCN base: 2020 (632), 2021 (639), 2022 (521), 2023 (606)

	Easy (%)	
	National	PCN
2023	50%	33%
2022	53%	40%
2021	68%	58%
2020	65%	51%

PCN name

SS9 PCN

Question

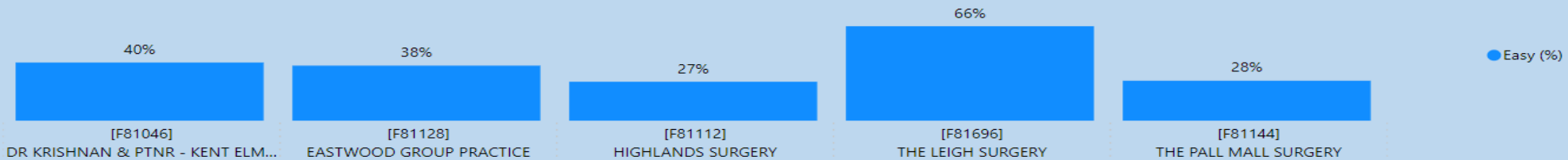
Q1 - Generally, how easy is i...

Practice name

All

55

### PRACTICE RESULT 2023



Practice bases range from: 114 to 138

For more details about how the results are calculated please see the ['Presentation of Statistics'](#) document.

# SS9 PCN

## Making an appointment

PCN name

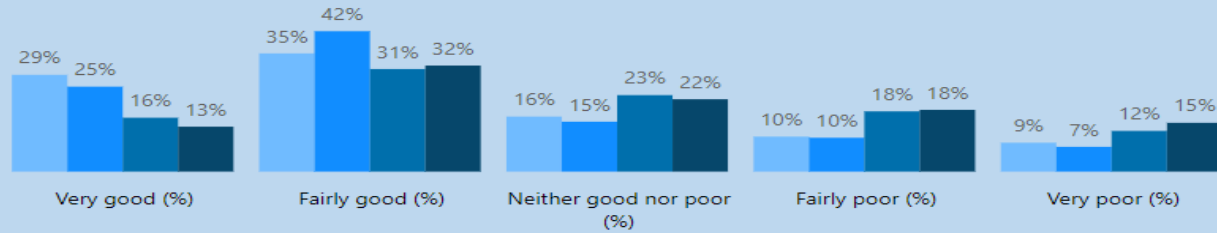
Question

Practice name

### Overall, how would you describe your experience of making an appointment?

SS9 PCN

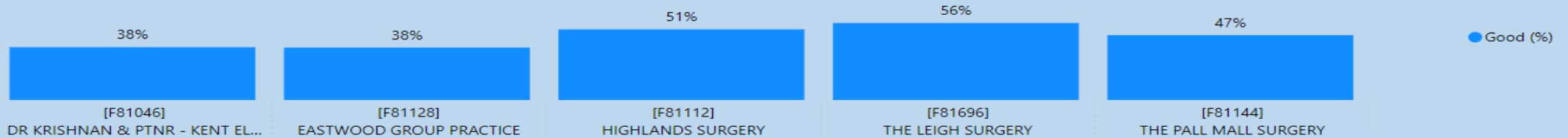
● 2020 ● 2021 ● 2022 ● 2023



PCN base: 2020 (603), 2021 (610), 2022 (508), 2023 (590)

	Good (%)	
	National	PCN
2023	54%	45%
2022	56%	47%
2021	71%	68%
2020	65%	64%

### PRACTICE RESULT 2023



Practice bases range from: 113 to 133

For more details about how the results are calculated please see the ['Presentation of Statistics'](#) document.



# SS9 PCN

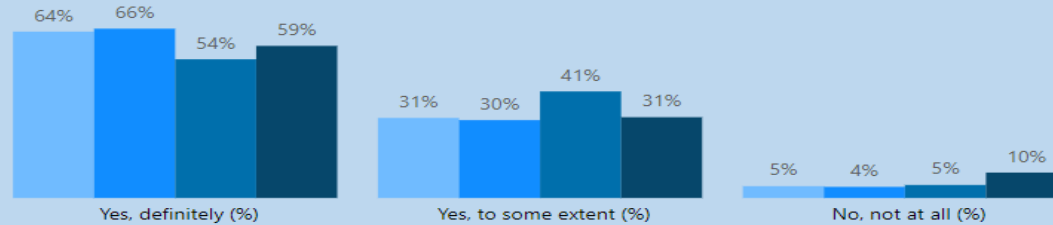
## Patient's last appointment



Thinking about the reason for your last general practice appointment, were your needs met?

SS9 PCN

● 2020 ● 2021 ● 2022 ● 2023



PCN base: 2020 (597), 2021 (610), 2022 (504), 2023 (573)

	Yes (%)	
	National	PCN
2023	91%	90%
2022	91%	95%
2021	94%	96%
2020	94%	95%

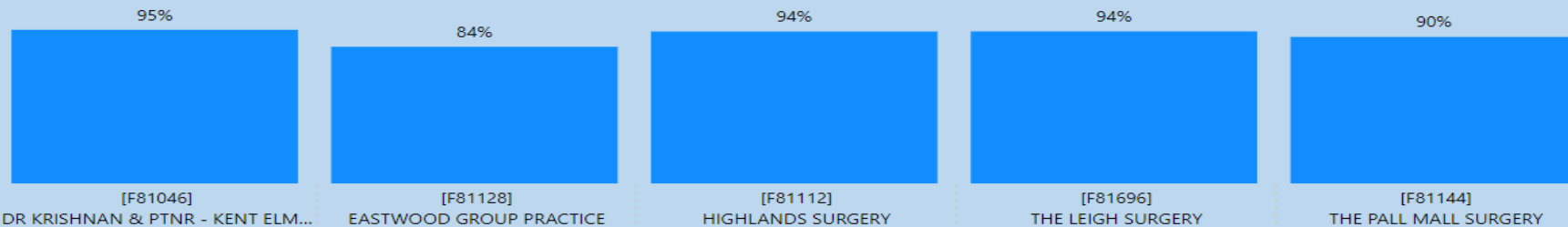
57

PCN name  
SS9 PCN

Question  
Q31 - Thinking about the re...

Practice name  
All

### PRACTICE RESULT 2023



Practice bases range from: 103 to 130

For more details about how the results are calculated please see the ['Presentation of Statistics'](#) document.

# Southend E PCN

## Local GP services



PCN name  
SOUTHEND EAST PCN

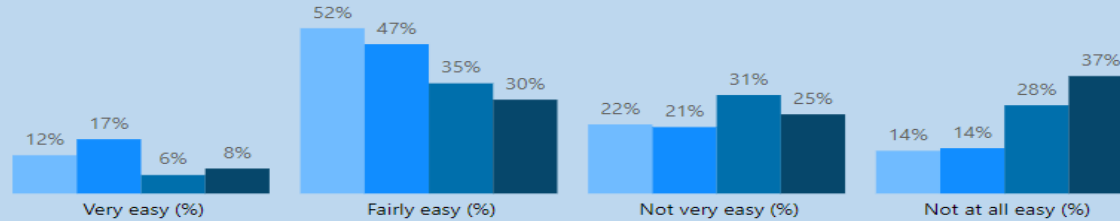
Question  
Q1 - Generally, how easy is i...

Practice name  
All

Generally, how easy is it to get through to someone at your GP practice on the phone?

SOUTHEND EAST PCN

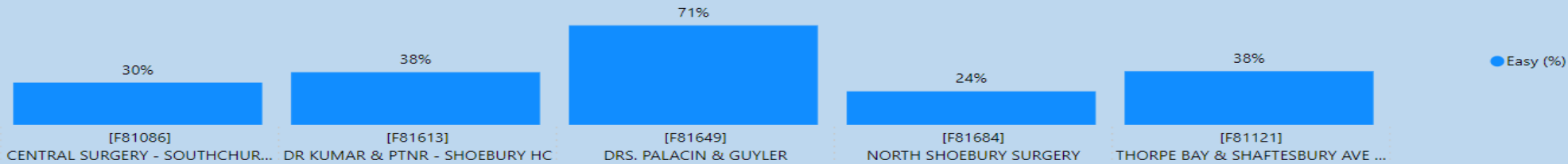
● 2020 ● 2021 ● 2022 ● 2023



PCN base: 2020 (645), 2021 (727), 2022 (677), 2023 (532)

	Easy (%)	
	National	PCN
2023	50%	38%
2022	53%	41%
2021	68%	65%
2020	65%	65%

### PRACTICE RESULT 2023



Practice bases range from: 89 to 126

For more details about how the results are calculated please see the ['Presentation of Statistics'](#) document.

# Southend E PCN

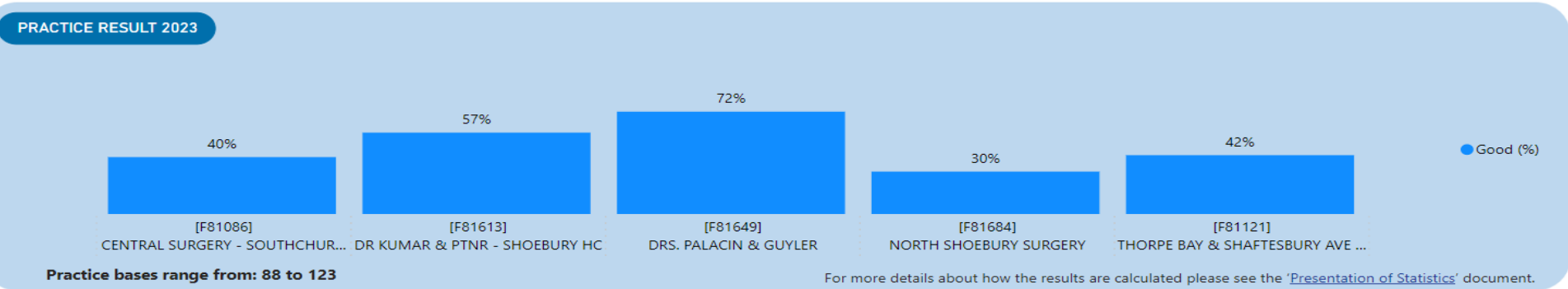
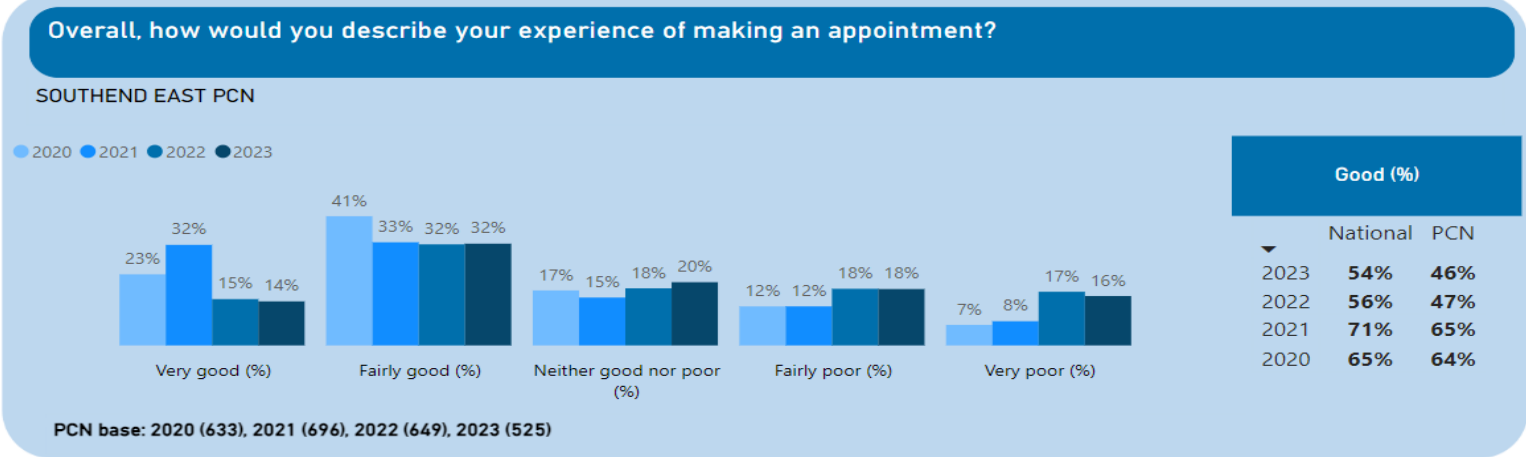
59

## Making an appointment

PCN name  
SOUTHEND EAST PCN

Question  
Q21 - Overall, how would y...

Practice name  
All



# Southend E PCN

GP PATIENT SURVEY **NHS**

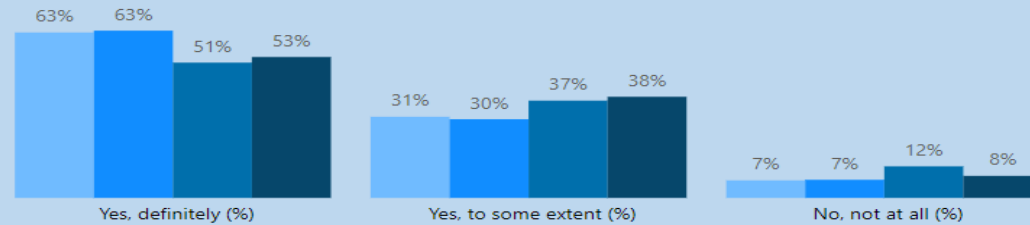
## Patient's last appointment



Thinking about the reason for your last general practice appointment, were your needs met?

SOUTHEND EAST PCN

● 2020 ● 2021 ● 2022 ● 2023



PCN base: 2020 (632), 2021 (683), 2022 (640), 2023 (514)

	Yes (%)	
	National	PCN
2023	91%	92%
2022	91%	88%
2021	94%	93%
2020	94%	93%

PCN name

SOUTHEND EAST PCN

Question

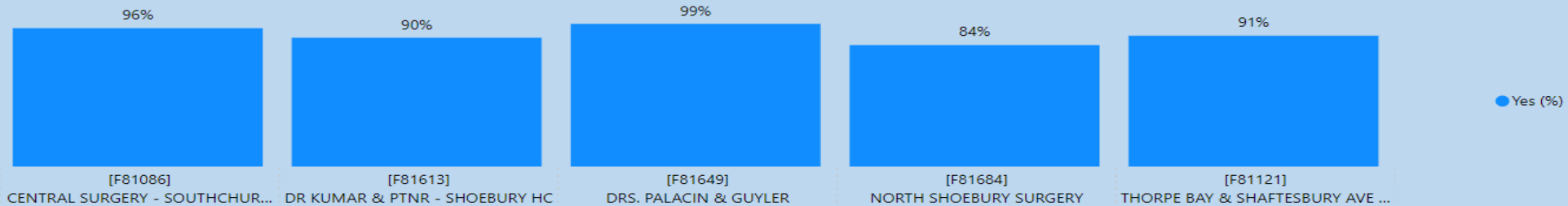
Q31 - Thinking about the re...

Practice name

All

09

### PRACTICE RESULT 2023



Practice bases range from: 85 to 119

For more details about how the results are calculated please see the '[Presentation of Statistics](#)' document.

# Southend Victoria PCN

61

## Local GP services



PCN name  
SOUTHEND VICTORIA PCN

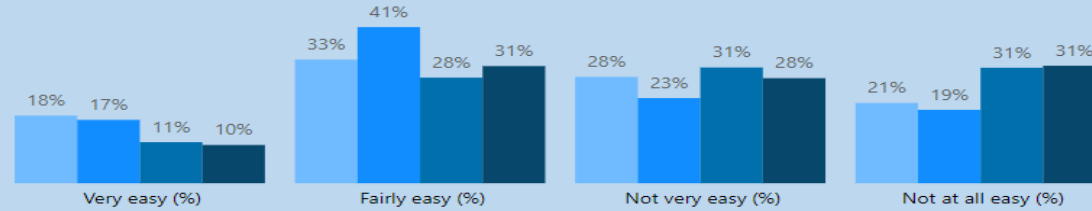
Question  
Q1 - Generally, how easy is i...

Practice name  
All

Generally, how easy is it to get through to someone at your GP practice on the phone?

SOUTHEND VICTORIA PCN

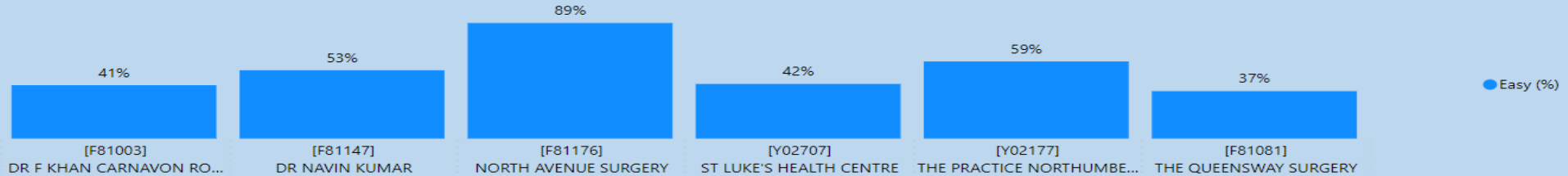
● 2020 ● 2021 ● 2022 ● 2023



	Easy (%)	
	National	PCN
2023	50%	41%
2022	53%	39%
2021	68%	58%
2020	65%	51%

PCN base: 2020 (422), 2021 (475), 2022 (889), 2023 (988)

### PRACTICE RESULT 2023



Practice bases range from: 110 to 137

For more details about how the results are calculated please see the ['Presentation of Statistics'](#) document.

# Southend Victoria PCN

GP PATIENT SURVEY **NHS**

## Making an appointment



PCN name

SOUTHEND VICTORIA PCN

Question

Q21 - Overall, how would y...

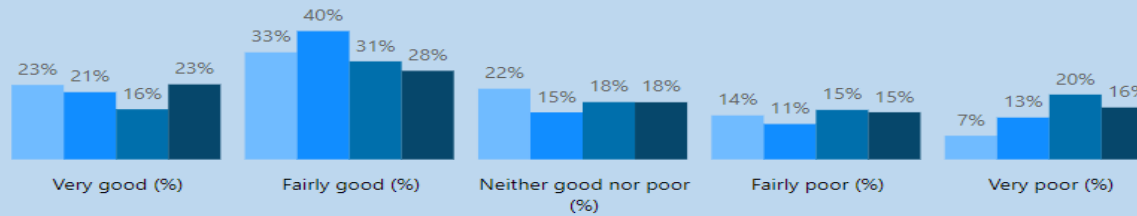
Practice name

All

Overall, how would you describe your experience of making an appointment?

SOUTHEND VICTORIA PCN

2020 2021 2022 2023

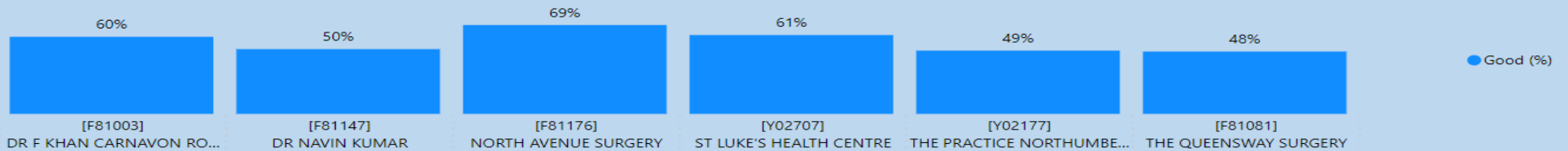


PCN base: 2020 (399), 2021 (453), 2022 (854), 2023 (971)

Good (%)

	National	PCN
2023	54%	51%
2022	56%	46%
2021	71%	61%
2020	65%	57%

### PRACTICE RESULT 2023



Practice bases range from: 107 to 139

For more details about how the results are calculated please see the '[Presentation of Statistics](#)' document.

# Southend Victoria PCN

63

GP PATIENT SURVEY **NHS**

## Patient's last appointment



PCN name  
SOUTHEND VICTORIA PCN

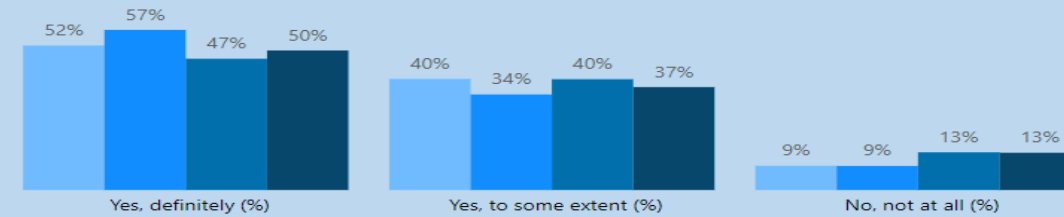
Question  
Q31 - Thinking about the re...

Practice name  
All

Thinking about the reason for your last general practice appointment, were your needs met?

SOUTHEND VICTORIA PCN

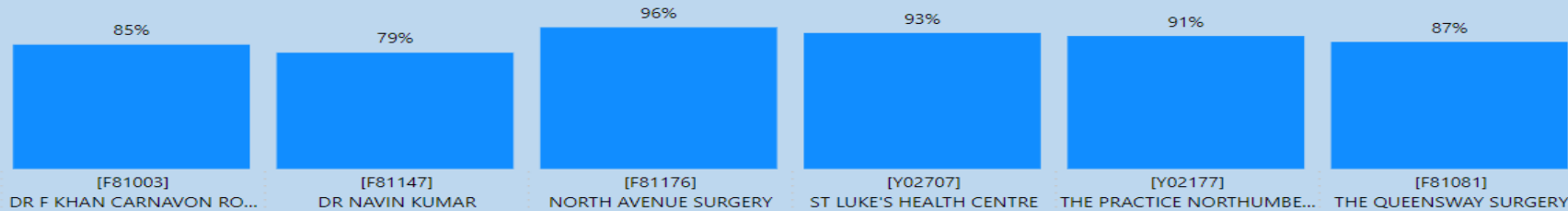
● 2020 ● 2021 ● 2022 ● 2023



PCN base: 2020 (395), 2021 (448), 2022 (836), 2023 (932)

	Yes (%)	
	National	PCN
2023	91%	87%
2022	91%	87%
2021	94%	91%
2020	94%	91%

### PRACTICE RESULT 2023



Practice bases range from: 104 to 133

For more details about how the results are calculated please see the '[Presentation of Statistics](#)' document.

# Southend W Central PCN

## Local GP services



PCN name  
SOUTHEND WEST CENTRAL... ▾

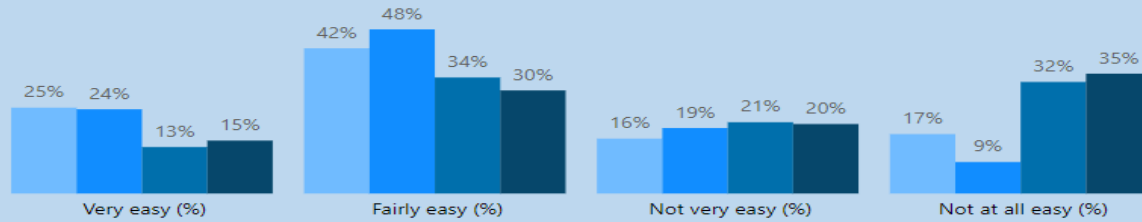
Question  
Q1 - Generally, how easy is i... ▾

Practice name  
All ▾

Generally, how easy is it to get through to someone at your GP practice on the phone?

SOUTHEND WEST CENTRAL PCN

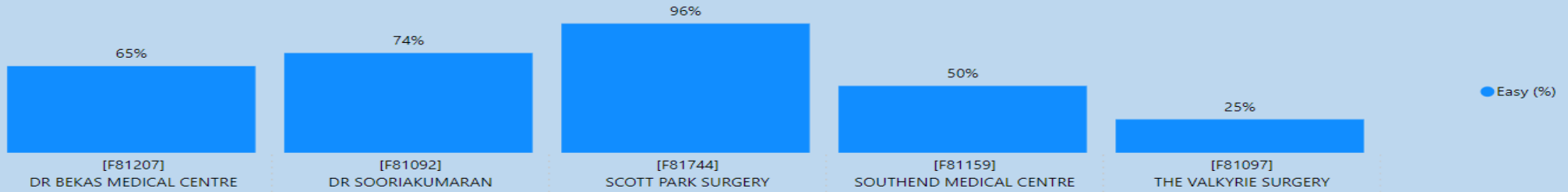
● 2020 ● 2021 ● 2022 ● 2023



PCN base: 2020 (550), 2021 (690), 2022 (686), 2023 (550)

	Easy (%)	
	National	PCN
2023	50%	45%
2022	53%	47%
2021	68%	72%
2020	65%	67%

### PRACTICE RESULT 2023



Practice bases range from: 101 to 135

For more details about how the results are calculated please see the '[Presentation of Statistics](#)' document.



# Southend W Central PCN

## Making an appointment



PCN name

SOUTHEND WEST CENTRAL...

Question

Q21 - Overall, how would y...

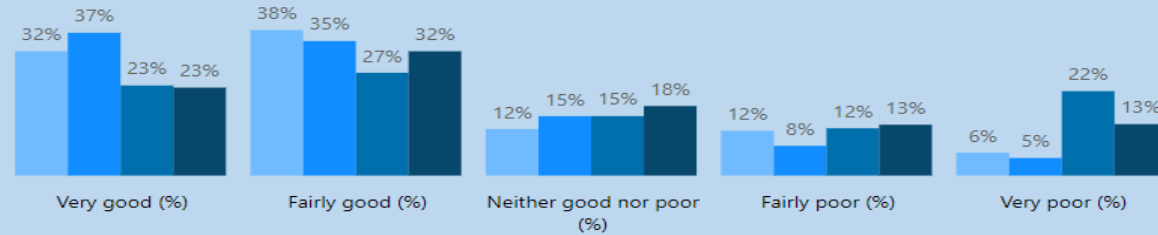
Practice name

All

Overall, how would you describe your experience of making an appointment?

SOUTHEND WEST CENTRAL PCN

● 2020 ● 2021 ● 2022 ● 2023

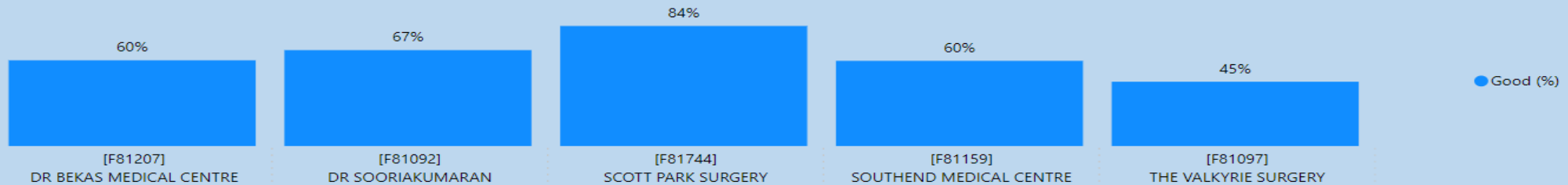


PCN base: 2020 (518), 2021 (644), 2022 (637), 2023 (532)

Good (%)

	National	PCN
2023	54%	55%
2022	56%	50%
2021	71%	72%
2020	65%	70%

### PRACTICE RESULT 2023



Practice bases range from: 95 to 131

For more details about how the results are calculated please see the ['Presentation of Statistics'](#) document.

# Southend W Central PCN

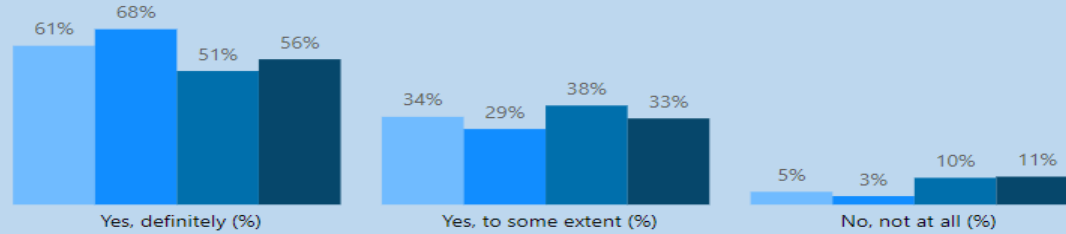
## Patient's last appointment



Thinking about the reason for your last general practice appointment, were your needs met?

SOUTHEND WEST CENTRAL PCN

● 2020 ● 2021 ● 2022 ● 2023



PCN base: 2020 (514), 2021 (623), 2022 (628), 2023 (518)

	Yes (%)	
	National	PCN
2023	91%	89%
2022	91%	90%
2021	94%	97%
2020	94%	95%

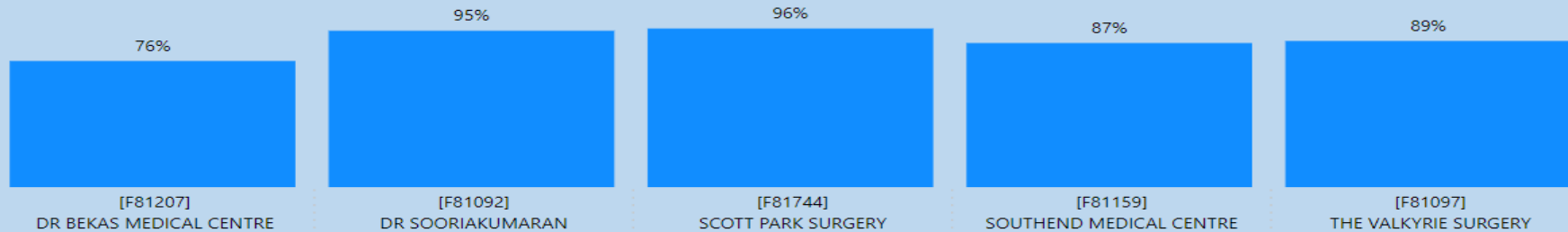
PCN name  
SOUTHEND WEST CENTRAL... ▾

Question  
Q31 - Thinking about the re... ▾

Practice name  
All ▾

99

### PRACTICE RESULT 2023



Practice bases range from: 95 to 128

For more details about how the results are calculated please see the ['Presentation of Statistics'](#) document.

# Conclusion

- This data only presents a snap-shot of local patients' experiences
- However, it does back up the feedback we hear from local residents
- As well as the differences between primary care networks and practices, we know that certain groups find it harder to make appointments – this may be because of caring responsibilities, a disability or ethnicity
- We know that the NHS locally is developing plans to improve access. We will monitor the impact which these have

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# Making a GP appointment

# Introduction

We heard many people saying the way in which they make GP appointments was difficult. The Covid-19 pandemic made every practice change the way appointments were made and took place.

We asked people what they thought about using a computer or mobile phone to make appointments. Not everyone can or wants to use them to make appointments, but it can free up phone lines for other patients to reach the surgery.

The NHS wants GPs to make more use of online or virtual consultations – where patients use their computer or phone. Locally, groups of practices, called primary care networks, are making plans to improve access.

326 people replied to the survey on our website. We know that we will not have heard from people who cannot use the internet.

# The Delivery Plan for Recovering Access

In May 2023, NHS England published the **Delivery plan for recovering access to primary care**.

This recognised the changes forced on general practice and patients by Covid-19, as well as patients' frustration at long waits to speak to a receptionist, only to find no appointments were available. The Plan has four main aims:

1. Helping patients take more control – more use of the NHS app, or access to services from a community pharmacy, for example
2. Better access to the surgery through improved telephone systems and better booking systems
3. More funding for general practice
4. Improving the way GPs and hospitals etc work together, so that GPs have more time for patients

# What did we ask?

We asked people whether they could use a computer or mobile phone to contact the surgery for appointments, and what they thought about it.

Where practices were not using online system, we asked whether this would be helpful for patients.

So that we could also see if different groups felt the same way, we also asked about issues like disability or long term conditions like asthma.

72



# What did you tell us?

We looked at all the feedback you gave us.

The charts on the next slides try to pull out the key messages.

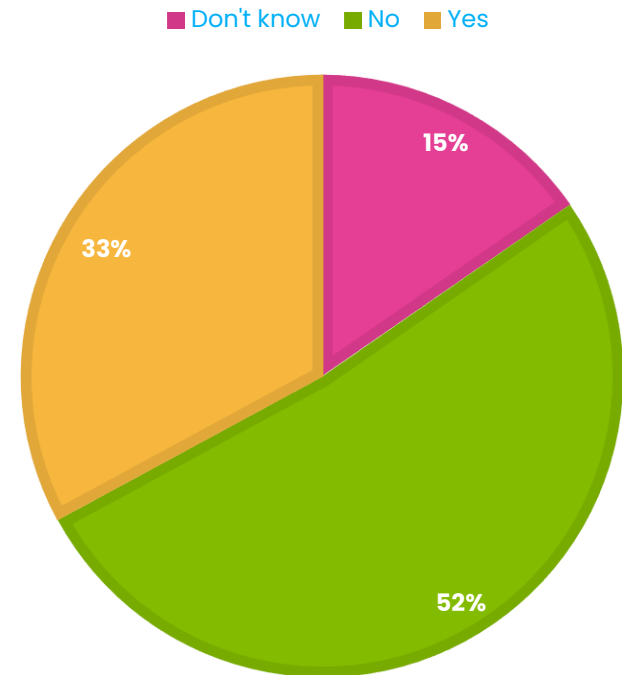
The last section of the slides includes some of the actual comments you shared with us about making appointments.

<sup>73</sup>We have also included some results from the National GP Patient Survey, which was released on 13 July 2023.

At the end, we look at who responded, to see if we are reaching across our community.

# Does your practice encourage you to contact them on-line (by computer/tablet/mobile phone) to make an appointment?

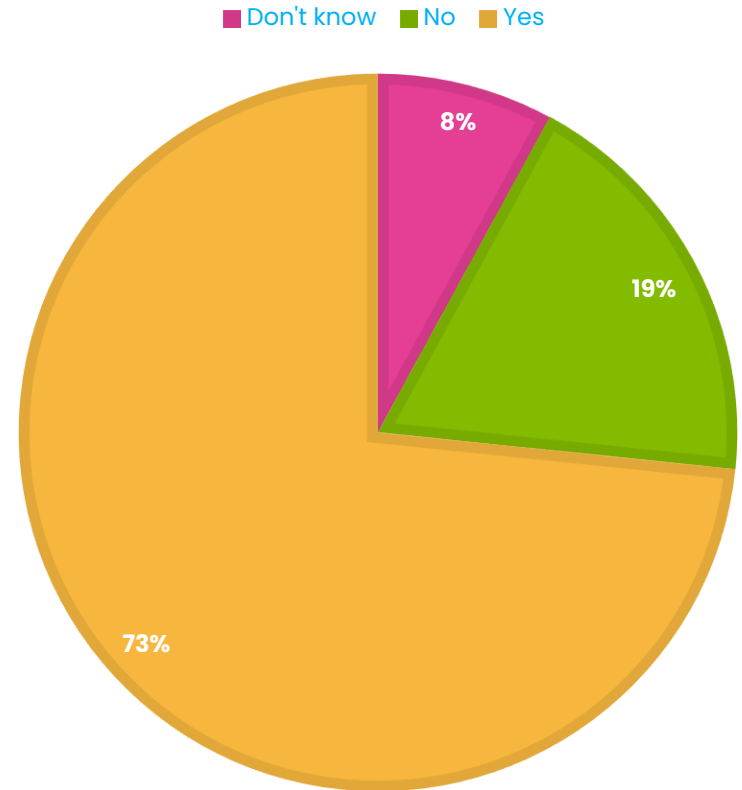
At the time of writing, only one-third of respondents were clear that they could make appointments on-line.



# Would you find it easier to contact your GP for an appointment if you could do it on your computer/tablet/mobile phone?

75

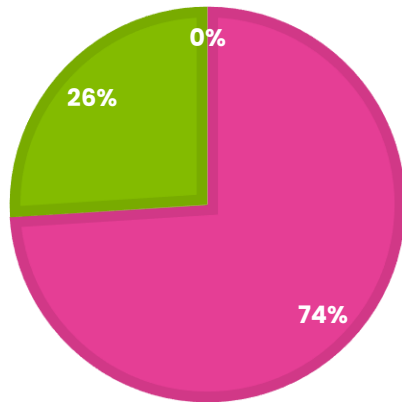
The answer here was an overwhelming “yes”. Of course, this was an on-line survey, so people who replied would probably be more confident. However, almost 1 in 5 were not convinced.



# Would you find it easier to make appointments online?

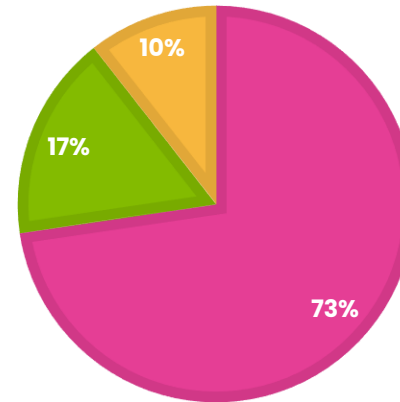
## DISABLED

■ Yes ■ No ■ Don't know



## NOT DISABLED

■ Yes ■ No ■ Don't know

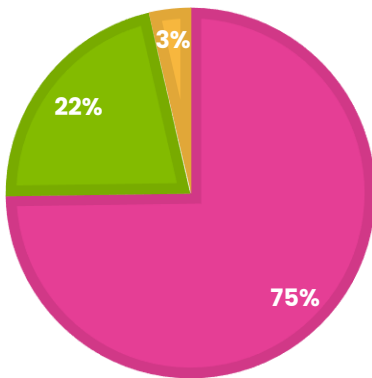


About the same percentages of patients in both categories were in favour of online booking. More patients with a disability were clearly against online booking, than those without a disability, where 10% were uncertain.

# Would you find it easier to make appointments online?

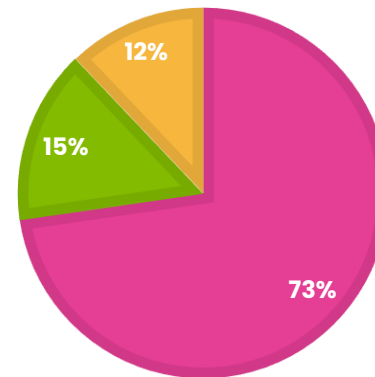
## WITH LONG TERM CONDITION

■ Yes ■ No ■ Don't know



## NO LONG TERM CONDITION

■ Yes ■ No ■ Don't know



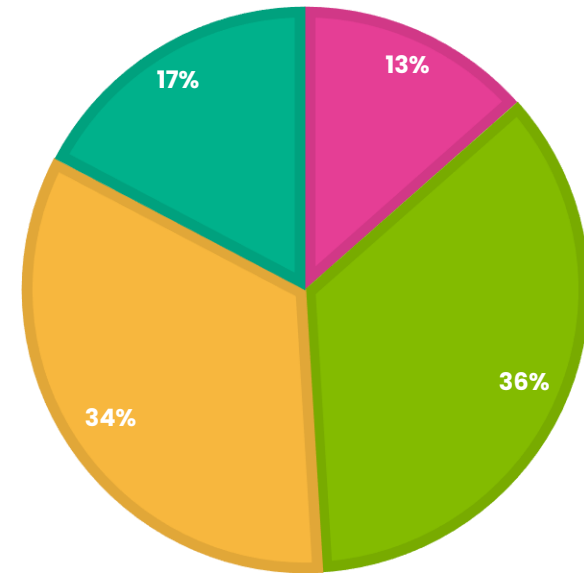
The results for people saying they had a long term condition are similar to those with a disability.

# How easy is it to use the online form to contact your practice?

Where patients did book appointments on-line, about half of them found it extremely easy or very easy. Practices need to understand why 17% of patients found it hard to use the forms on-line – are the forms too long? Too complicated?

78

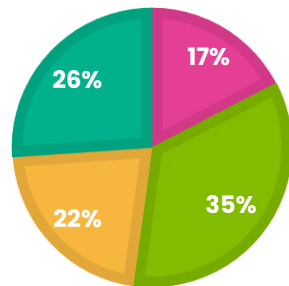
■ Extremely easy ■ Very easy ■ Not so easy ■ Really not easy



# How easy is it to use the online form to contact your practice?

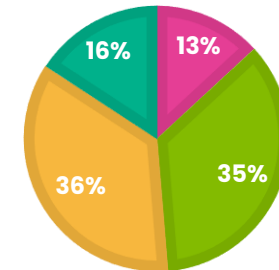
## DISABLED

■ Extremely easy ■ Very easy ■ Not so easy ■ Really not easy



## NOT DISABLED

■ Extremely easy ■ Very easy  
■ Not so easy ■ Really not easy



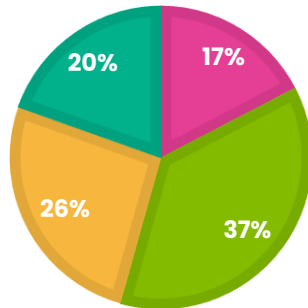
79

Although slightly more people who said they had a disability found it extremely or very easy to use online forms, compared to people without a disability, 26% of those with a disability found it really not easy to use them. This compares to 16% of people without a disability. Practices need to work with disabled patients to make this easier.

# How easy is it to use the online form to contact your practice?

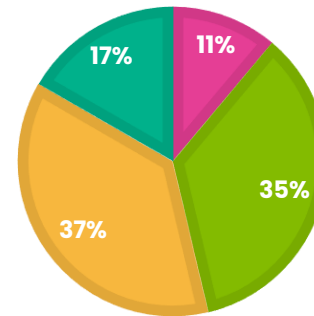
## HAVE A LONG TERM CONDITION

Extremely easy Very easy  
Not so easy Really not easy



## NO LONG TERM CONDITION

Extremely easy Very easy Not so easy Really not easy



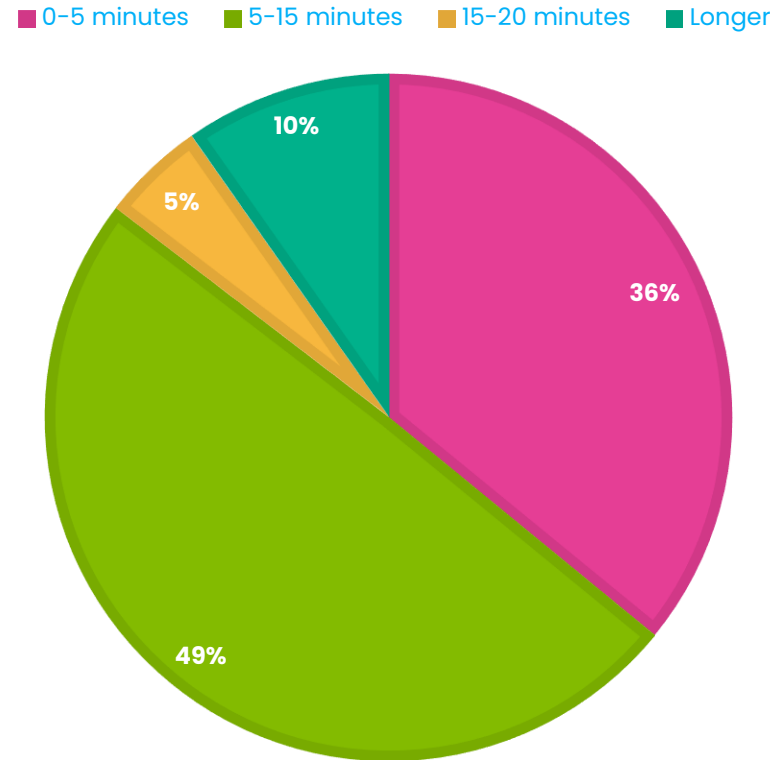
More people with a long term condition (eg diabetes) really struggle with on-line forms (20% v 17%), although more find it extremely or very easy to use (54% v 46%). Given the reliance many patients with long term conditions have on their practices, we need to understand why 20% of them find the form unhelpful.



# How long does it take to use the on-line form?

81

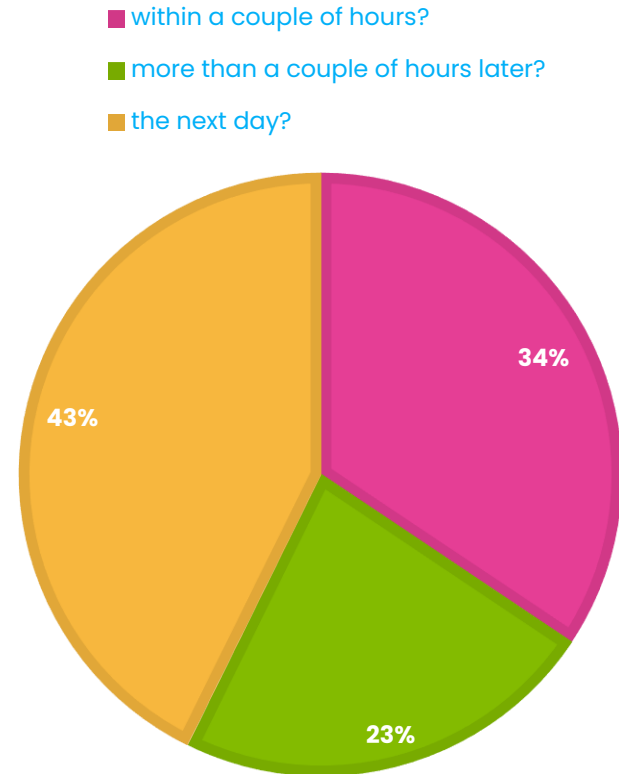
85% of patients were able to complete the forms within 15 minutes, but 10% needed more than 20 minutes. Times could depend on a number of things, such as ease of using technology, or the amount of information a patient needed to include.



# How quickly did you get a response?

Just over half of patients seem to have had a response on the same day. Of course, this may depend on what time of day they submitted their request.

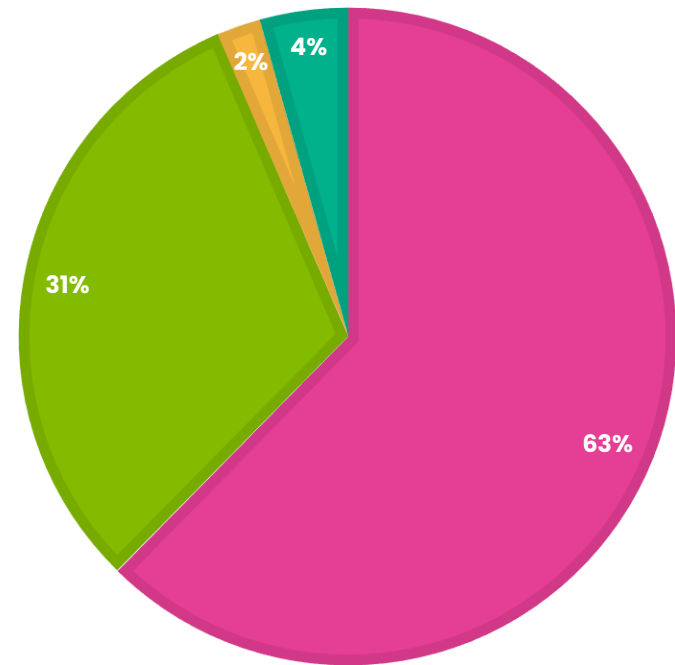
82



# Who was your consultation with?

6 out of 10 people went on to have a consultation with a general practitioner and 1 in three with a nurse.

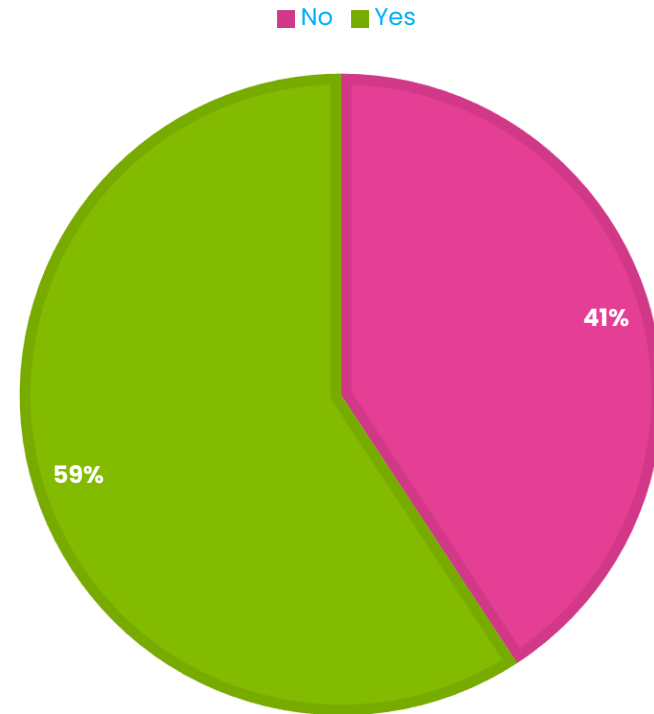
■ a GP? ■ a nurse? ■ a pharmacist? ■ a physiotherapist?



# Were you happy with the outcome?

Just under 60% of patients said they were happy with the outcome of the on-line process. This still leaves 4 out of 10 patients who were not happy with the outcome.

84



# Patient feedback

We asked patients to give any other feedback on contacting their practice. Common messages included:

- The 8am rush to get through on the phone each morning
- The length of time waiting for a call to be answered (with some commenting on the cost of lengthy calls)
- Phone systems which cut callers off
- Getting through, only to be told that no appointments were left and to ring back the following day
- Getting an appointment, but having to wait what felt like a long time
- Patients who were able to go to the surgery were positive about receptionists
- Not being able to see a GP, but seeing a nurse or pharmacist instead

The next slides are quotes from people who replied to our survey.

# Patient feedback

*“My surgery uses e-consult to make appointments which I find really annoying as you have to repeat yourself on the online form . It asks you to self diagnose & sometimes the questions asked are difficult to answer. There is an outline of a body for you to circle where you have a problem but it doesn't allow to always pinpoint the area After taking ages to complete the form , the message at the end said that e-consult couldn't help & I should contact the surgery. So frustrating! I rang the surgery only to be told by the receptionist that e-consult was wrong & I shouldn't be calling ! She told me she would have to fill out the form online and asked me all the questions I'd already filled in myself. It's exasperating & you don't need that when you are worry about your health.”*

*“I don't really know how to make an appointment now. I have used the online form twice for different things and both times it said it couldn't help and I needed to speak to someone. The surgery phone says I need to use the online system. I am going to go into the surgery next week when I am off work and find out how I make an appointment.”*

# Patient feedback

*"The practice is easy to contact on the phone. It's easy to get a face to face apt to see my GP. Me and my husband prefer to have face to face contact"*

*"The mixture of phone & computer works well"*

*"We are pleased that the surgery receptionists answer the phone promptly and are very polite and helpful"*

*"They have just started to use the E Consult and they don't push you to use, but encourage you to try - very efficient"*

*"I have used the econsult service a number of times and found it to be excellent"*

*"Much easier to use online than ringing - get the right response"*

*"I'm computer literate so was able to complete the E consult form but it was lengthy and a bit repetitive"*

*"Excellent service only concern is that some patients might find this difficult and might not have use of a computer but hopefully they have help for these patients"*

# Patient feedback

*“The questions on the on-line form don’t allow for things that don’t ‘fit’ the criteria-so many times I’ve lie about my symptoms to be able to move onto the next question.*

*Another patient I know doesn’t have access to on-line and feels that the system doesn’t cater for her, as I have to fill in the forms for her. The lack of privacy is not acceptable.*

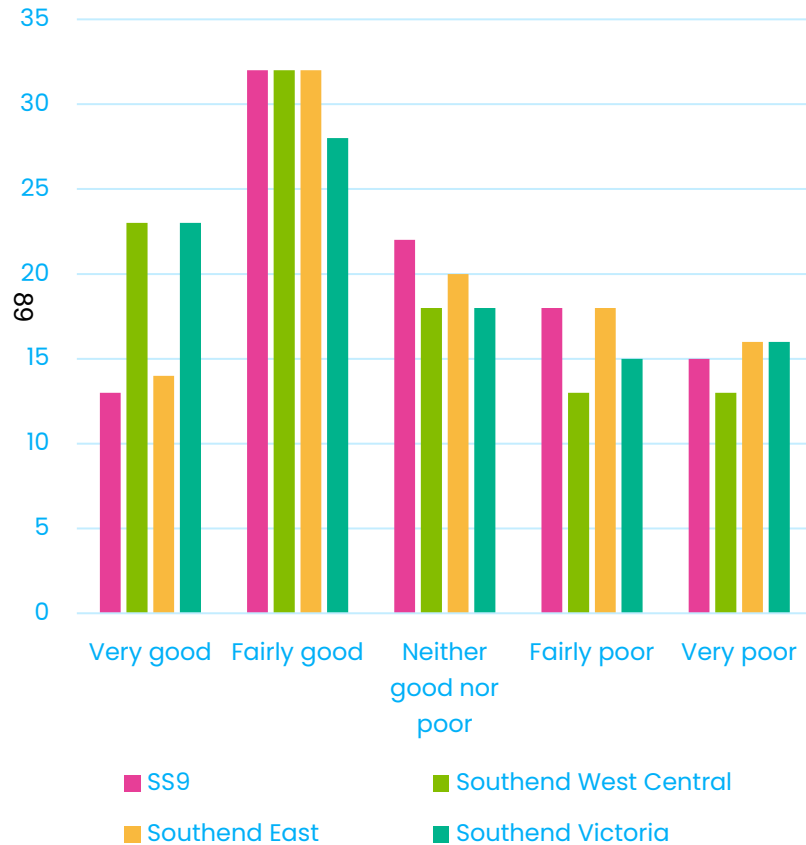
*∞  
Would not recommend this as a way forward - maybe I’m the wrong generation, but I’m not dead yet, so my needs should still be met with a face-to-face meeting with a doctor by an appointment made on the telephone”*

*“It's like scoring tickets for Glastonbury to get through at 8am or 11am. Takes 2 people on 2 mobile phones (landline ended up costing us £22 in redials) to get a telephone call, at some point during the day, so if you are working or if you are driving when they call, you miss the appt.”*



# GP Patient Survey 2023

## Your overall experience of making an appointment



Each year, a sample of GP patients are surveyed about their experiences of their practice.

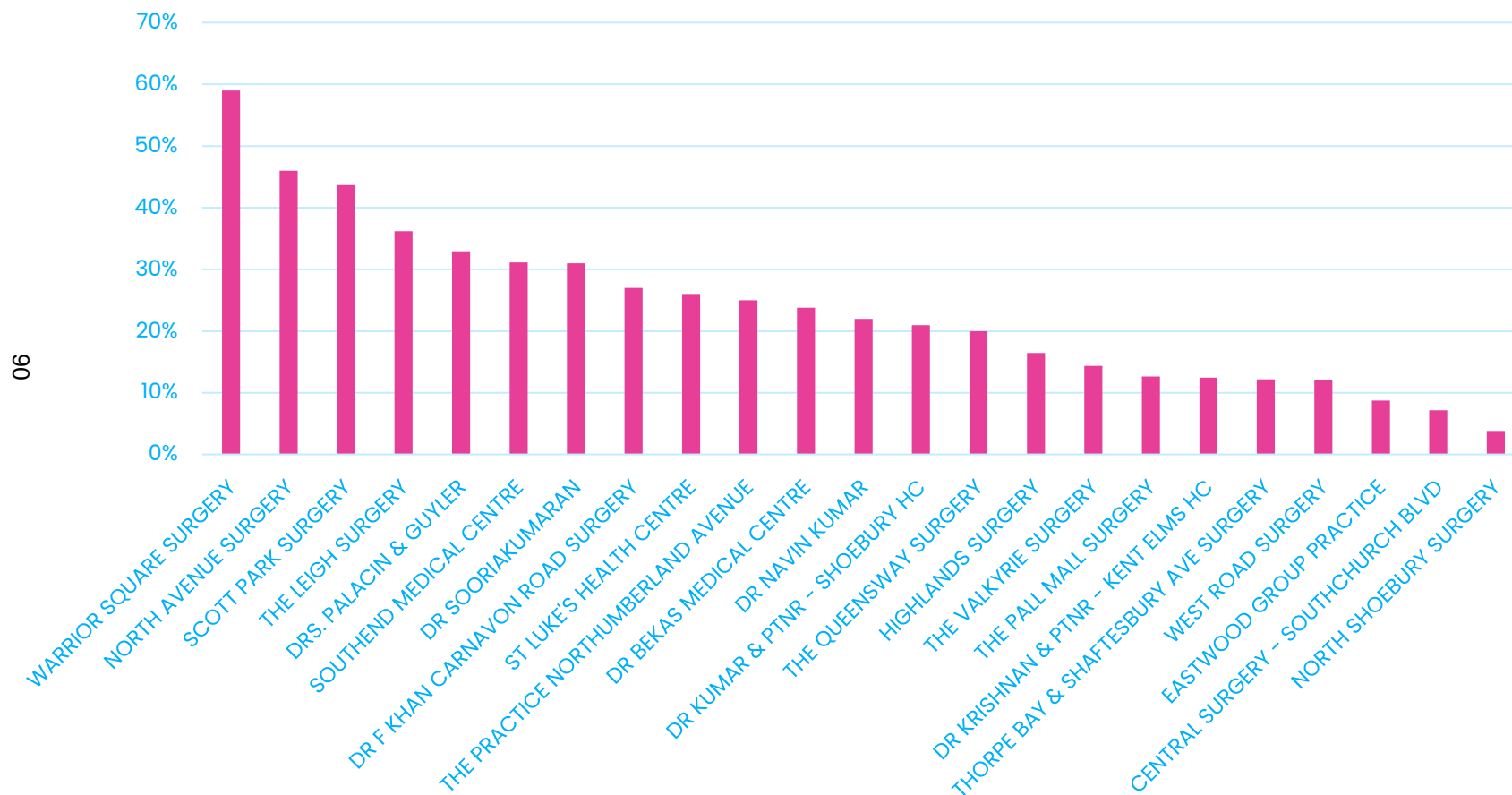
This chart shows the responses for the 4 primary care networks in Southend; these are groupings of local practices, working together.

The next slide shows all the practices in Southend, where patients felt they had a very good experience overall. This shows the range of positive scores.

Full results can be found here:  
<https://gp-patient.co.uk/practices-search>

# GP Patient Survey 2023

Overall experience of making an appointment – very good



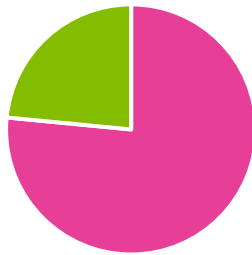
# Conclusions

We want to share this feedback with Mid & South Essex Integrated Care Board, which funds GP services. Plans are being developed in Southend to improve access and we hope that these responses will help.

- All patients must be offered a choice of how to make appointments
- Where patients have been told there are no appointments available that day, what safeguards are in place to ensure that they are not stuck in a “revolving door”?
- Practices need to work with their patient participation groups to get a good understanding of how patients view the internet and what concerns they may have about using it to contact their practice.
- Again, working with their PPGs, practices need to understand how the full range of functions could be introduced – triage, for example – for those who are happy with more online services

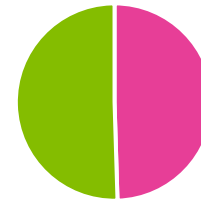
# Who responded?

Do you have a disability?



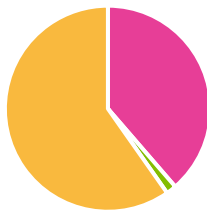
■ No ■ Yes

Do you have a long term condition, like asthma?



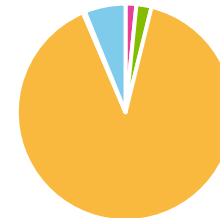
■ No ■ Yes

What is your gender?



■ Man ■ Prefer not to say ■ Woman

What is your sexual orientation?



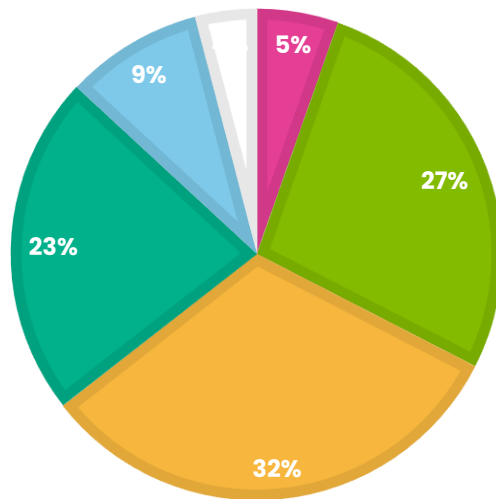
■ Bisexual ■ Gay man  
■ Heterosexual/straight ■ Lesbian/gay woman  
■ Prefer not to say

92

# Who responded?

## YEAR OF BIRTH

■ 1930s ■ 1940s ■ 1950s ■ 1960s ■ 1970s ■ 1980s



85% of responses came from white people

93

# For more information

Healthwatch Southend  
The Haven Community Hub

138-140 Hamlet Court Road

Westcliff

[www.healthwatchsouthend.co.uk](http://www.healthwatchsouthend.co.uk)

t: 01702 416320

e: [info@healthwatchsouthend.co.uk](mailto:info@healthwatchsouthend.co.uk)



**healthwatch**

# Did you know that in June 2023....

**75% of GP appointments in Southend were face-to-face, compared to 61% in England as a whole**

67.9% of GP face-to-face appointments were on the day of booking or the following day, compared to 60.1% in England

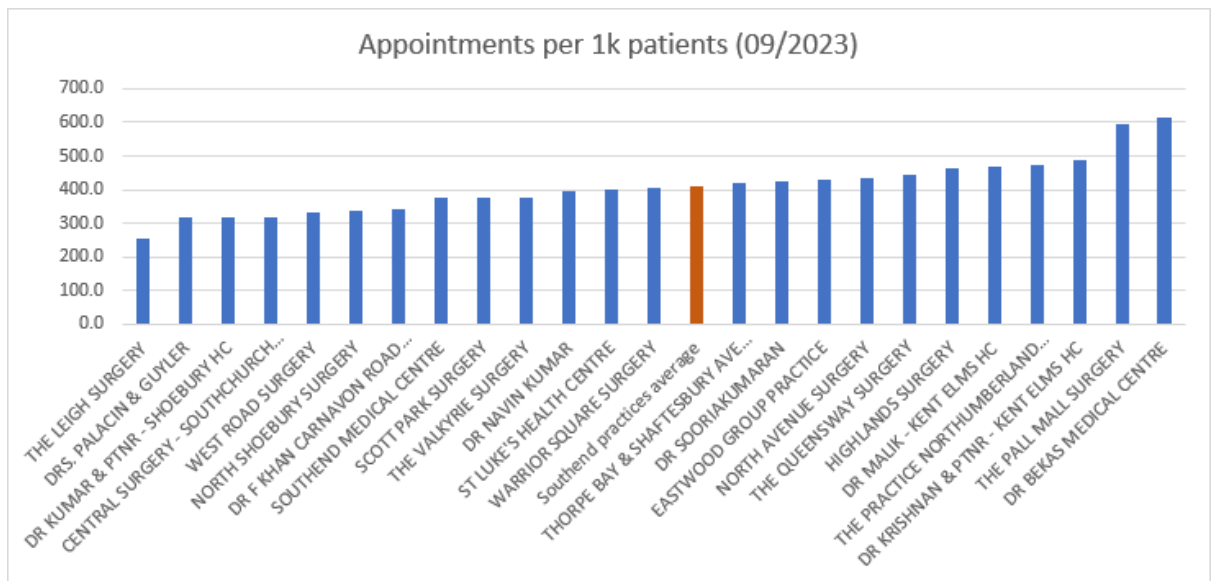
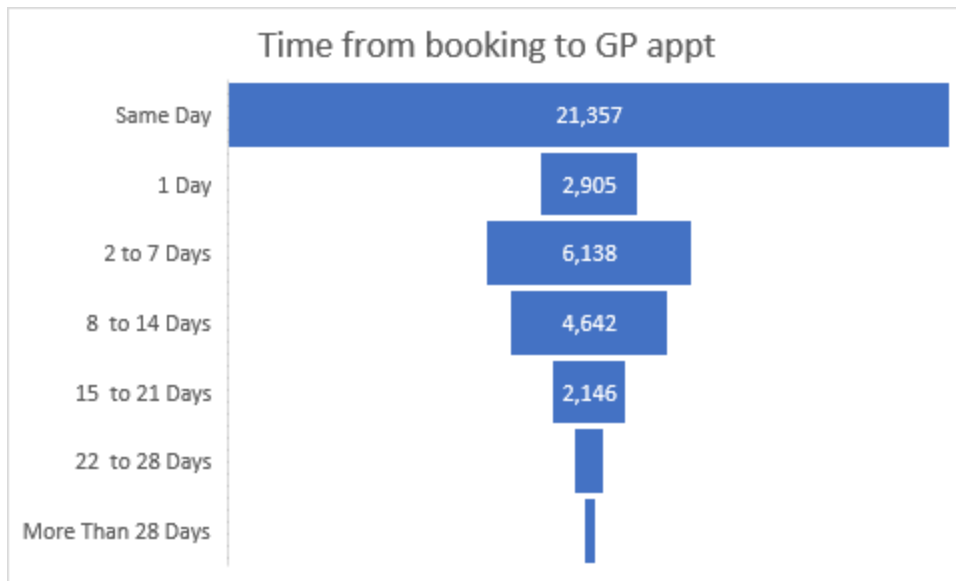
923 appointments with a GP were NOT kept, up 38% in 12 months

38,190 appointments with a GP were offered

Other clinicians, like nurses or physios, offered 36,467 appointments

The number of GP face to face appointments rose from 21,141 in June 2022 to 28,745 in June 2023 (36%)

<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/june-2023>



**Practice level summary of appointments with a GP by Time between booking and appointment date, September 2023**

**Percentages of all appointments**

<b>GP Name</b>	<b>Same Day</b>	<b>1 Day</b>	<b>2 to 7 Days</b>	<b>8 to 14 Days</b>	<b>15 to 21 Days</b>	<b>22 to 28 Days</b>	<b>More Than 28 Days</b>
DR F KHAN CARNAVON ROAD SURGERY	55.7	7.9	15.1	16.4	2.6	1.2	1.1
DR KRISHNAN & PTNR - KENT ELMS HC	36.0	4.2	11.3	21.5	16.1	10.8	0.1
THE QUEENSWAY SURGERY	69.6	10.5	11.3	3.7	2.0	0.7	2.1
CENTRAL SURGERY - SOUTHCHURCH BLVD	52.3	14.4	9.4	3.8	7.7	10.3	2.0
DR SOORIAKUMARAN	67.6	17.9	11.3	2.3	0.5	0.2	0.1
THE VALKYRIE SURGERY	55.5	6.3	17.7	7.3	10.6	2.1	0.5
HIGHLANDS SURGERY	61.8	4.7	14.9	17.3	1.2	0.2	0.0
THORPE BAY & SHAFTESBURY AVE SURGERY	51.8	5.3	24.5	13.6	3.3	1.3	0.2
EASTWOOD GROUP PRACTICE	56.1	3.8	15.4	14.2	6.7	2.7	1.1
THE PALL MALL SURGERY	45.4	9.5	15.2	18.6	8.8	1.9	0.6
DR NAVIN KUMAR	73.1	3.3	4.7	10.3	6.0	1.4	1.1
SOUTHEND MEDICAL CENTRE	21.6	5.2	19.7	13.9	19.4	15.0	5.3
WEST ROAD SURGERY	52.6	3.5	12.7	20.9	5.5	2.1	2.8
NORTH AVENUE SURGERY	43.5	5.9	40.1	9.6	0.5	0.2	0.2
DR BEKAS MEDICAL CENTRE	68.9	20.6	10.1	0.4	0.0	0.0	0.0
DR MALIK - KENT ELMS HC	64.0	4.4	9.5	14.0	3.6	2.5	2.0
DR KUMAR & PTNR - SHOEBURY HC	52.7	6.8	25.9	11.1	3.0	0.5	0.0
DRS. PALACIN & GUYLER	79.0	4.6	7.1	4.2	3.6	0.9	0.8
WARRIOR SQUARE SURGERY	69.2	20.6	9.3	0.7	0.3	0.0	0.0
NORTH SHOEBURY SURGERY	32.6	5.5	39.3	17.7	2.6	1.4	0.9
THE LEIGH SURGERY	58.7	6.1	18.3	5.7	4.3	4.6	2.4
SCOTT PARK SURGERY	39.2	10.4	41.5	7.1	0.4	0.7	0.7
THE PRACTICE NORTHUMBERLAND AVENUE	39.7	9.3	14.8	15.6	13.9	4.7	2.0
ST LUKE'S HEALTH CENTRE	62.5	6.0	9.6	16.4	3.6	1.0	0.8
Southend Average	55.5	7.6	16.0	12.1	5.6	2.3	0.9
	below ave	below ave	above ave	above ave	above ave	above ave	above ave



**Source**

Data supplied can be viewed at:

<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

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# 8

## **Primary Care Access Recovery Plan Overview (GP Access)**

**Southend on Sea City Council - People Scrutiny Committee**

**6<sup>th</sup> December 2023**

**Caroline McCarron, Deputy Alliance Director – South East Essex**

**William Guy, Director of Primary Care, Mid and South Essex Integrated Care Board**

# Primary Care Access Recovery Programme

## 1. Introduction

Every weekday in Mid and South Essex (MSE), primary medical services undertake 25,000 consultations for our population. Beyond core consultations, primary medical care is responsible for significant amounts of unrecorded interactions with the population. National estimates suggest that somewhere between 70%-90% of all patient interactions with NHS services occur in primary care. Good access to primary care services is therefore fundamental to the delivery of NHS services as a whole.

In May 2023, NHS England published “Delivery Plan for Primary Care Access Recovery”. This report focusses on two key commitments;

- Tackling the 8am rush and reducing the number of people struggling to contact their practice
- For patients to know on the day they contact their practice how their requests will be managed.

The Plan emphasises that multiple actions are required to deliver these commitments. This includes the need for the delivery of the models of care outlined in the Fuller Stocktake. The Plan challenges Integrated Care Boards (ICBs) to be at the forefront of creating the environment for change and leading system partners to adapt their service models to support new approaches.

The Plan indicates that practices will need to implement a “Modern General Practice Access Model” where patient need is consistently triaged and navigated to the most appropriate solution for the presenting need.

Integrated Care Boards have been required to develop their local Access Recovery Plan to deliver upon these national objectives and local objectives.

## 2. Main content of Report

### Case For Change

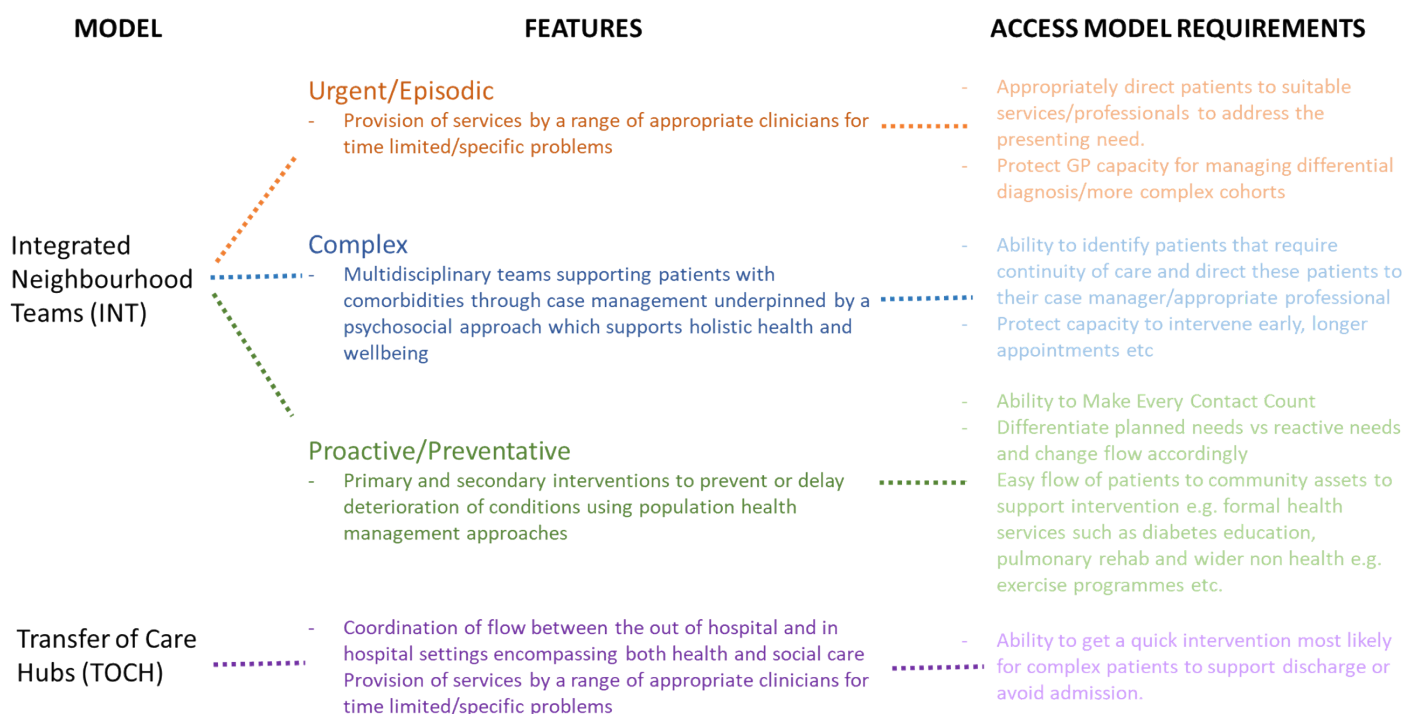
The need for change to access models is not solely driven by the need to respond to the national plan. Locally, through the GP patient survey, our population is feeding back two broad themes;

- When patients receive care from their practice, satisfaction is high e.g. 90% saying their needs were met, 88% saying they have been appropriately involved in their care and decisions and 91% having confidence in the professional they saw.
- However, access to services results in a poor overall experience e.g. only 38% of survey respondents describe getting through on the phone as easy, 66% describing their last experience as positive.

Primary care providers are also feeding back that historic models of access are no longer fit for purpose due to the change in demand and growth in demand for primary care services. There is an increasing desire to adapt models, work with other stakeholders and implement more effective pathways.

Our target operating model for out of hospital care in Mid and South Essex is based on the establishment of Integrated Care Teams with tailored approaches for Urgent and Episodic Care, Complex Care and Preventative Care. In order for this target operating model to be delivered, demand on primary care services must be differentiated and then navigated to a range of appropriate solutions, some of these will be core general practice but an increasing number will be alternative providers of statutory and non statutory provision e.g. PCN services, community pharmacy, voluntary sector providers. The current “8am rush” model described by the national plan and experienced by a large part of our population is largely managed on a first come first served basis where general practices attempt to triage as best they can but are limited by capacity, technology and outdated pathways.

We need to move to a model where demand is differentiated based on the Fuller principles of Integrated Neighbourhood Teams;



## Proposed Change

We are seeking to address the challenges of Access through four programmes of work each delivering a specific but complimentary aim;

- “Connected Pathways” which through a series of interventions, will enable the implementation of a Total Triage model in line with Modern General Practice
- Improving the Primary/Secondary Care Interface through a clinical leadership led approach that fundamentally seeks to improve relationships between primary and secondary care (clinical and administrative) in order to reduce unnecessary bureaucracy, improvements safety, quality and efficiency grounded in the principle of doing the best for our patients.
- Optimisation of the workforce through an established programme that seeks to recruit, retain and enable staff to act at the top of their license.

- Integrated Neighbourhood Teams – through an established programme, offer appropriate care pathways across the episodic, complex and preventative models that best meet patient need.

Through these four programmes and the delivery of a number of specific schemes they cover, we aim to achieve improvements in the following outputs and outcomes;

#### *Outputs*

- All practices to be operating a Cloud Based Telephony system by March 25
- All patients to be able to access a minimum of 10 self referral pathways by March 24
- Implementation of Total Triage model in a minimum of 8 practices by March 24 and 50 practices by March 25
- Increase in number of consultations undertaken in a primary care setting from 6.27m in 2022/23 to 6.4m in 2024/25
- Increase in Additional Roles Reimbursement Scheme (ARRS) workforce of 195 by March 24 from 495 (October 23 baseline).

#### *Outcomes (targets and baselines will be determined by March 24)*

- By 2025, increase in overall % of patient satisfaction from 66% in 2023 baseline (National GP Survey)
- By 2025, increase in ease of getting through to your practice on the phone from 38% in 2023 baseline (National GP Survey)
- By 2025, increase in proportion of patients saying practice websites are easy to use from 61% in 2023 baseline (National GP Survey)
- By 2026, improvement in staff satisfaction for staff working within primary care (baseline and tool to be determined)

### **Delivery of the Plan**

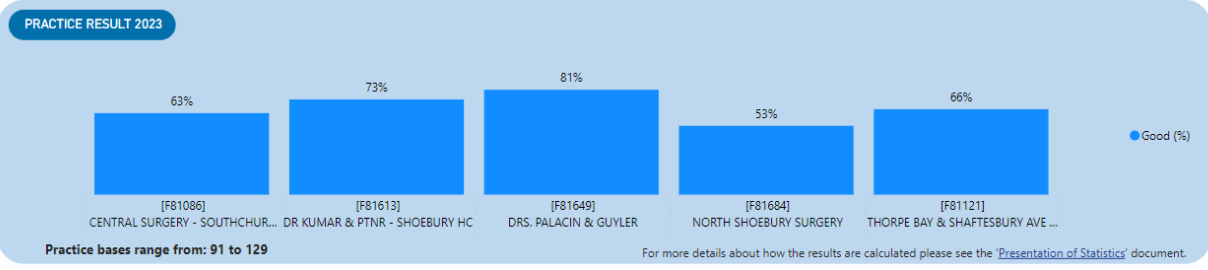
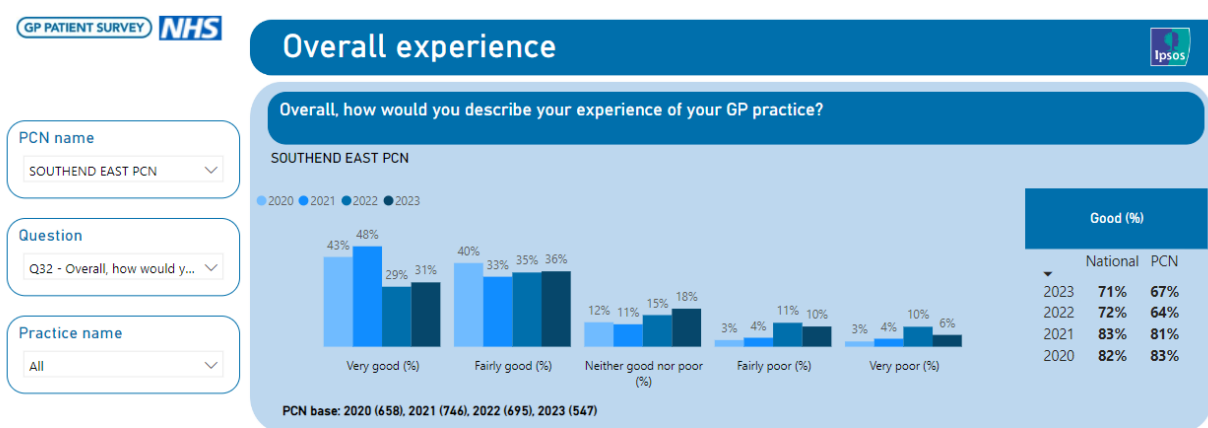
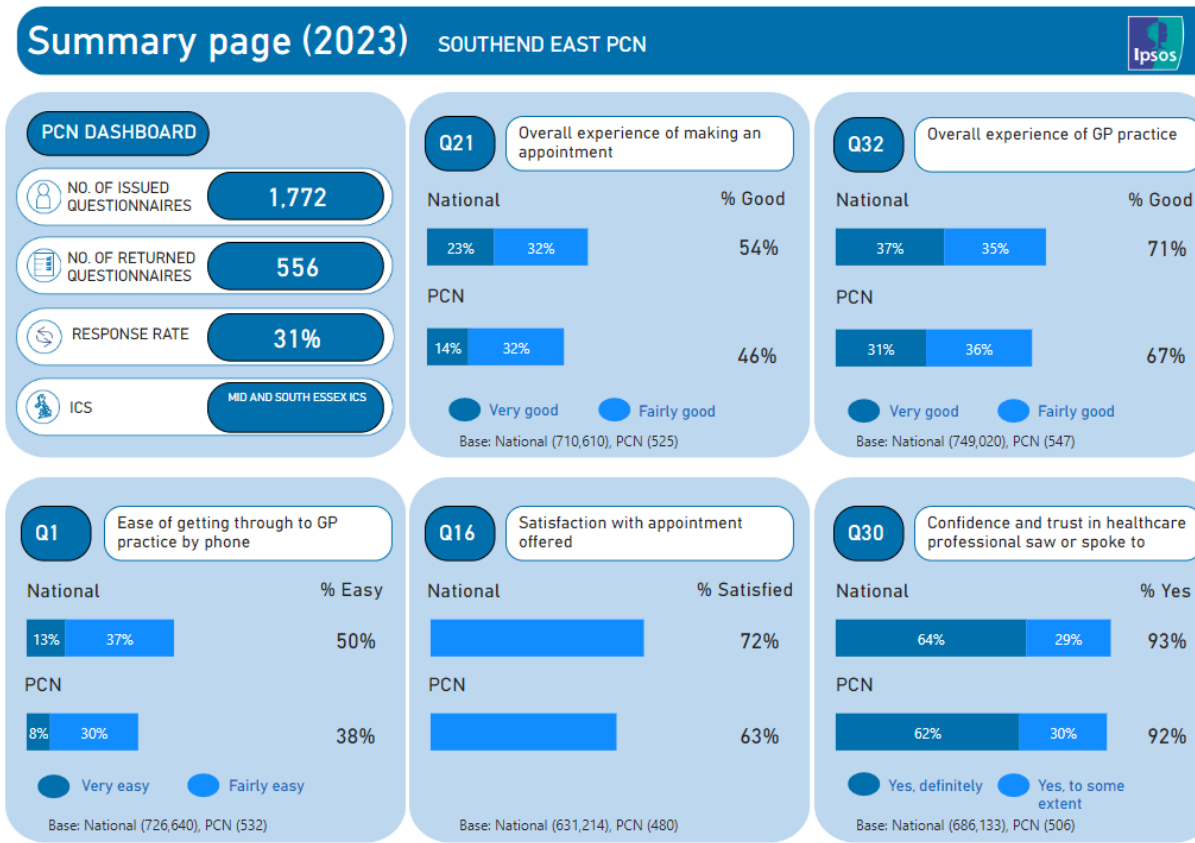
Whilst the core work programme is identified within our Access Recovery Plan, its implementation will be an iterative process and be refined based on experience of delivery.

To support the implementation, we will establish a primary care clinically led forum of representatives from early adopter practices who will use their experience and ambition to support the delivery of the plan. Through this process we will better influence the wider primary care system.

Practices, PCNs, Alliances and the wider ICB will work with patient forums, Healthwatches and other organisations to continuously gain patient insight to inform and refine models that are established.

# Appendix 1

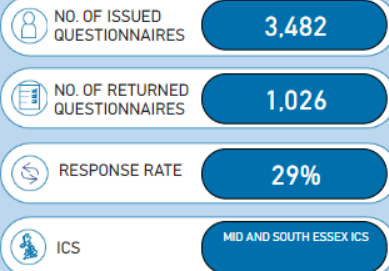
## Background information for Southend GP services



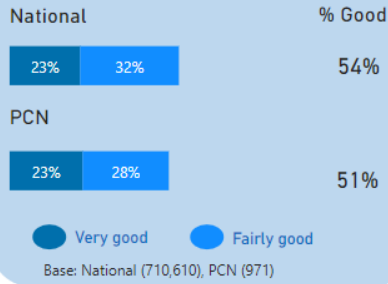
# Summary page (2023) SOUTHEND VICTORIA PCN



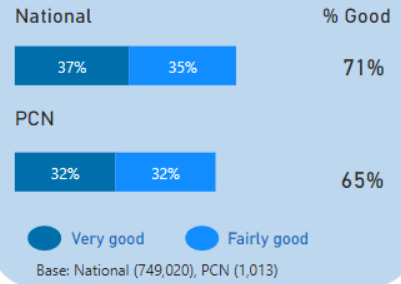
## PCN DASHBOARD



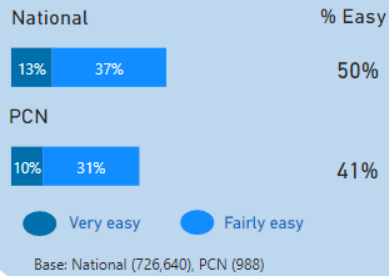
### Q21 Overall experience of making an appointment



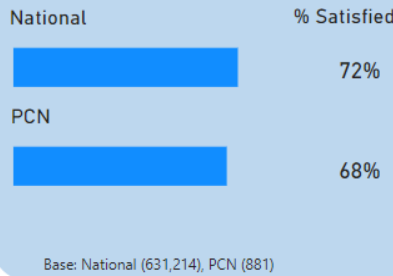
### Q32 Overall experience of GP practice



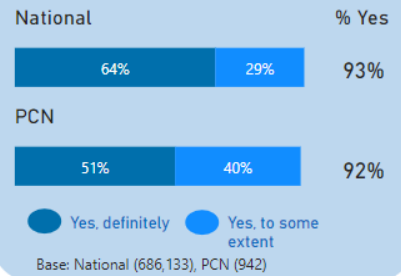
### Q1 Ease of getting through to GP practice by phone



### Q16 Satisfaction with appointment offered



### Q30 Confidence and trust in healthcare professional saw or spoke to



GP PATIENT SURVEY **NHS**

## Overall experience



PCN name: SOUTHEND VICTORIA PCN

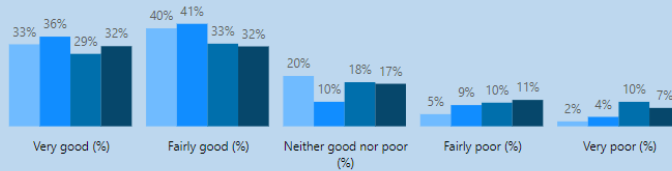
Question: Q32 - Overall, how would y...

Practice name: All

Overall, how would you describe your experience of your GP practice?

SOUTHEND VICTORIA PCN

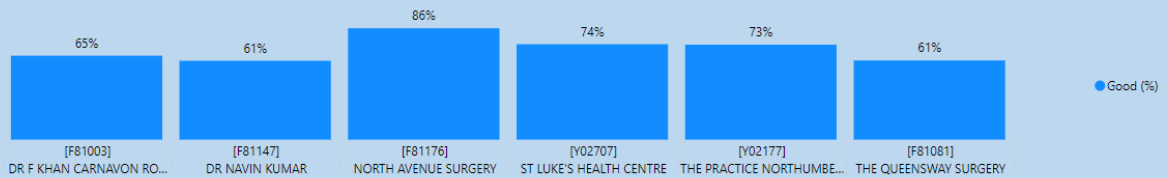
Legend: 2020 (light blue), 2021 (medium blue), 2022 (dark blue), 2023 (darkest blue)



PCN base: 2020 (420), 2021 (483), 2022 (903), 2023 (1013)

	Good (%)	
	National	PCN
2023	71%	65%
2022	72%	63%
2021	83%	78%
2020	82%	73%

## PRACTICE RESULT 2023



Practice bases range from: 111 to 142

For more details about how the results are calculated please see the 'Presentation of Statistics' document.

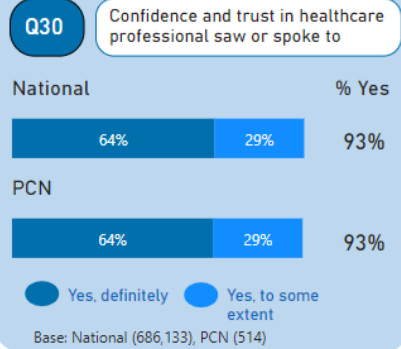
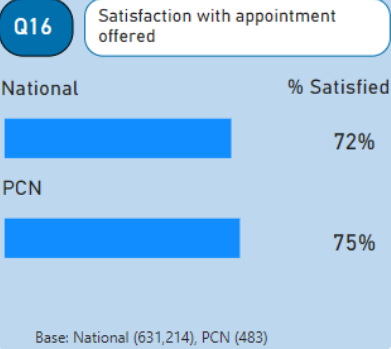
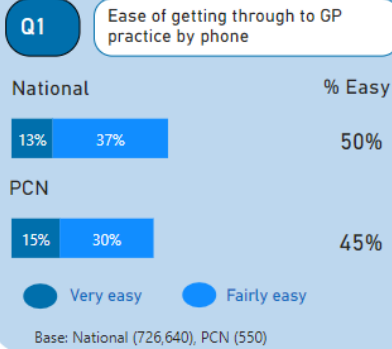
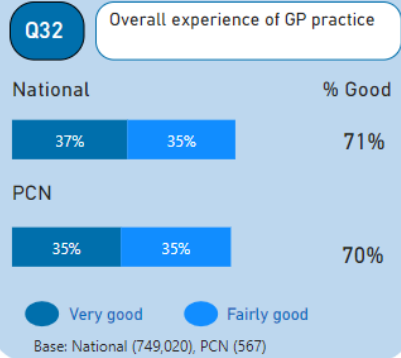
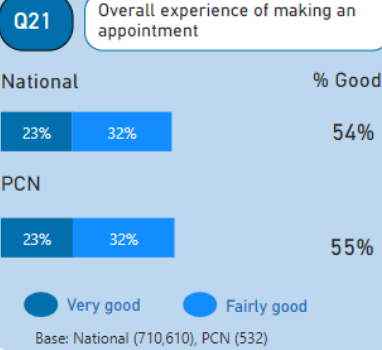
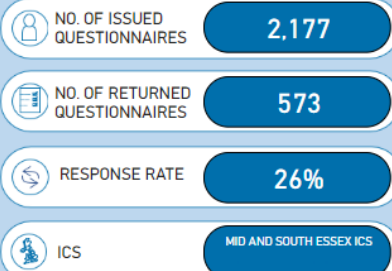


# Summary page (2023)

SOUTHEND WEST CENTRAL PCN



## PCN DASHBOARD



GP PATIENT SURVEY **NHS**

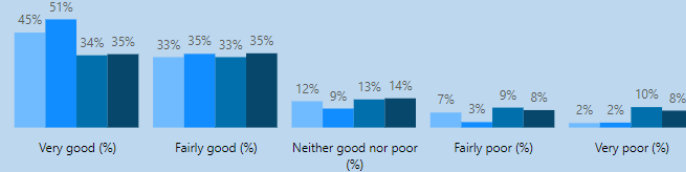
## Overall experience



Overall, how would you describe your experience of your GP practice?

SOUTHEND WEST CENTRAL PCN

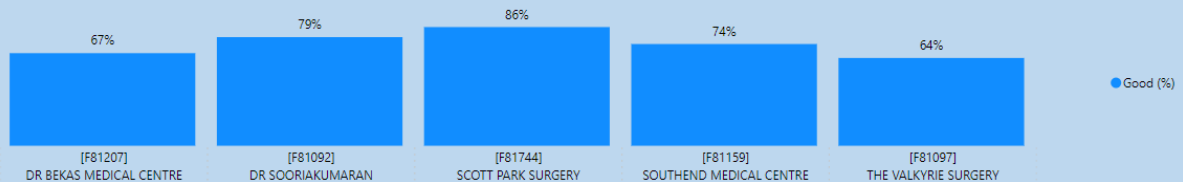
Legend: 2020 (light blue), 2021 (medium blue), 2022 (dark blue), 2023 (darkest blue)



PCN base: 2020 (554), 2021 (705), 2022 (699), 2023 (567)

	Good (%)	PCN
2023	71%	70%
2022	72%	68%
2021	83%	86%
2020	82%	78%

## PRACTICE RESULT 2023



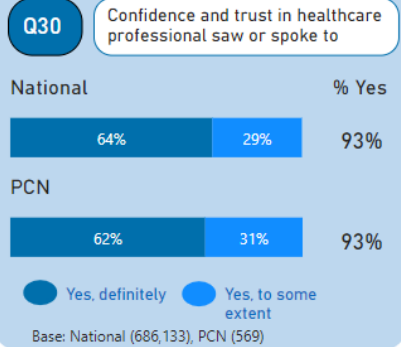
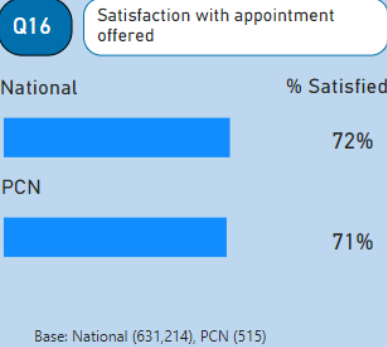
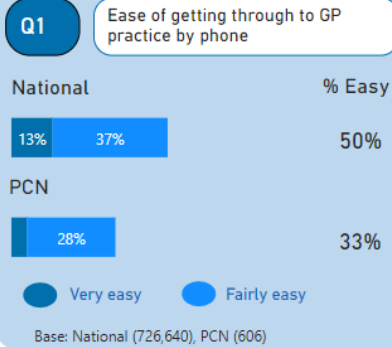
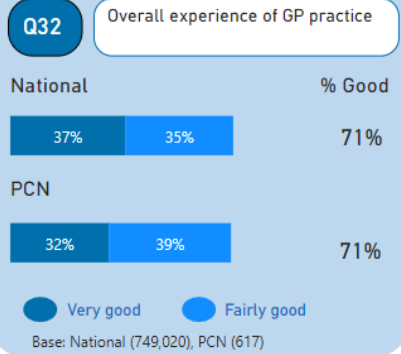
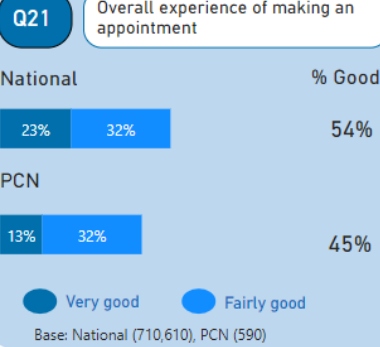
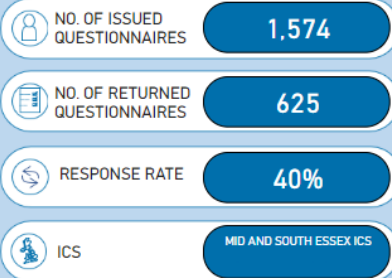
Practice bases range from: 103 to 138

For more details about how the results are calculated please see the 'Presentation of Statistics' document.

# Summary page (2023) SS9 PCN



## PCN DASHBOARD



GP PATIENT SURVEY **NHS**

## Overall experience

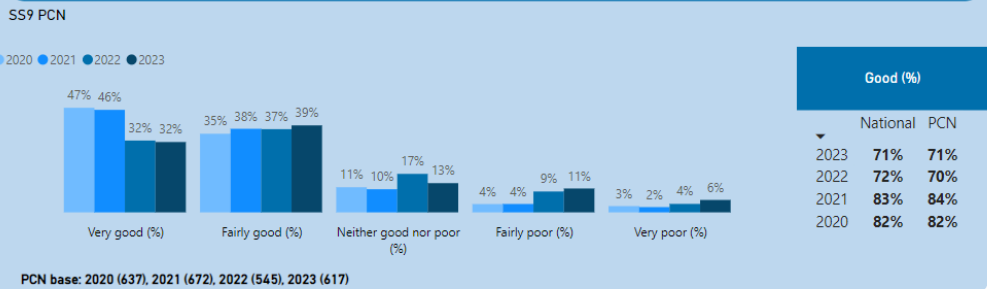


PCN name:

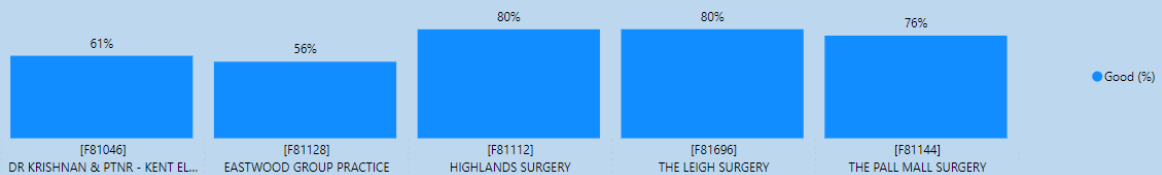
Question:

Practice name:

Overall, how would you describe your experience of your GP practice?



## PRACTICE RESULT 2023



For more details about how the results are calculated please see the 'Presentation of Statistics' document.

# Mid and South Essex NHS Foundation Trust

Agenda  
Item No.

9

To  
People Scrutiny Committee

On  
6 December 2023

Report prepared by: Mid and South Essex NHS Foundation Trust

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## Mid and South Essex NHS Foundation Trust update on waiting times

People Scrutiny Committee

Public Agenda Item

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### 1. Purpose of Report

To update the Committee on waiting times at Mid and South Essex NHS Foundation Trust.

### 2. Recommendations

To note the contents of the report.

### 3. Background

#### 3.1 Operational update

##### A note on the figures

Where possible, the figures will refer to Southend Hospital and its local services, although most data and performance figures refer across Mid and South Essex NHS Foundation Trust sites. This reflects the distribution of services, where some specialties are found in particular sites and patients may move between these sites, as well as being given choice as to the hospital they wish to attend. This movement has been seen more frequently over the past 12 months as the Trust focuses on the reduction of long waits.

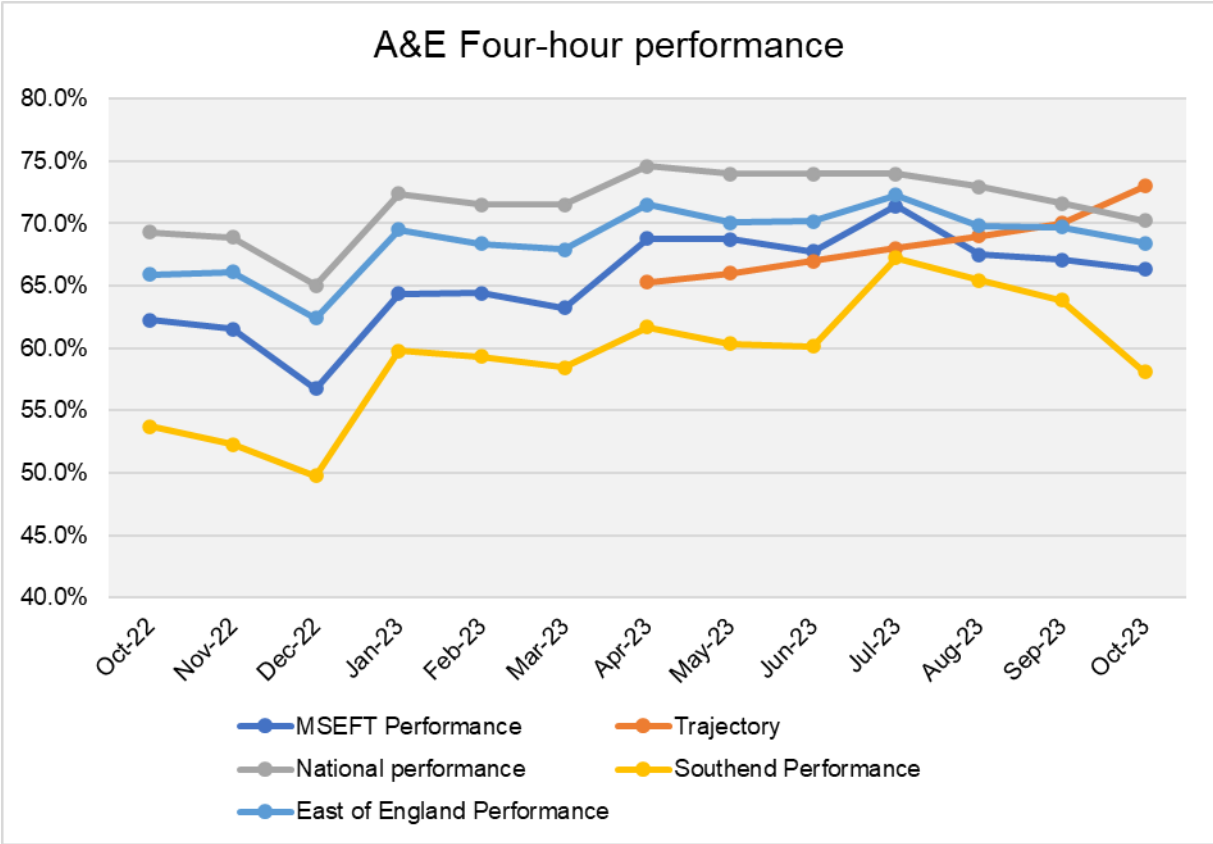
The impact of the strikes from March to October have had a very detrimental impact on activity for patient care in urgent care, cancer, and elective treatment, and consequent growth in the waiting list. It is hoped that there are no further strikes. Trust wide, approximately 31,000 outpatient appointments and 4,000 operations were cancelled and required re-booking – all representing lost capacity. It also affected waiting times in the accident and emergency department, however the arrangements the hospitals made, with the commitment of its staff, ensured services remained safe throughout strike days.

**3.2 Urgent and emergency care**

The Trust is aiming to have as a minimum 76% of patients seen and treated within four hours in the emergency department (ED) from January. The Trust will strive to better this number, with the ambition to treat patients quickly, recognising that faster emergency care supports improved patient outcomes.

While performance has been improving up until July 2023, from August to October there were challenges from frequent rounds of industrial action and a growing number of attendances at the EDs. This meant that the four-hour performance was 66.3% in October.

Figure 1:



The Trust has in place an urgent and emergency care improvement programme that is seeking to improve performance and governance in Southend’s ED. Winter resilience plans are making sure that rotas and staffing levels are appropriate for patterns of demand, and redesigning processes for seeing patients. This includes re-assessing how many doctors are needed in each part of the department, and making sure that patients access care in the appropriate place more quickly – such as same-day emergency care (SDEC) facilities instead of having to wait in the ED. This will improve their outcomes and increase the flow of patients.

There has been a focus on improving rapid assessment and treatment processes, sharing best practice across the Trust, and decreasing the length of stay of patients in the department, to improve the flow of patients out of hospitals and reduce handover times. The Trust is making better use of its SDEC facilities and has plans to improve

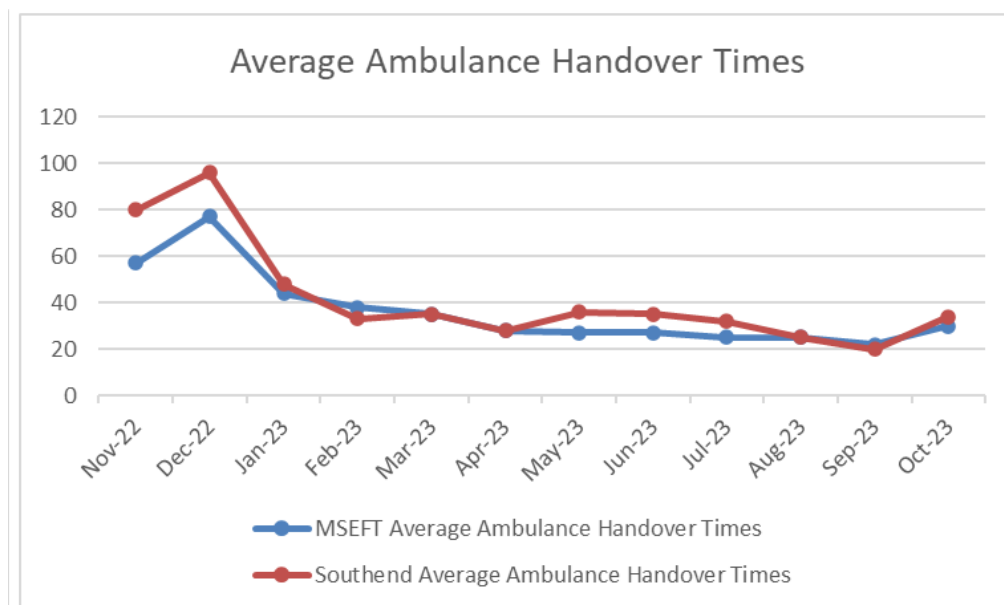
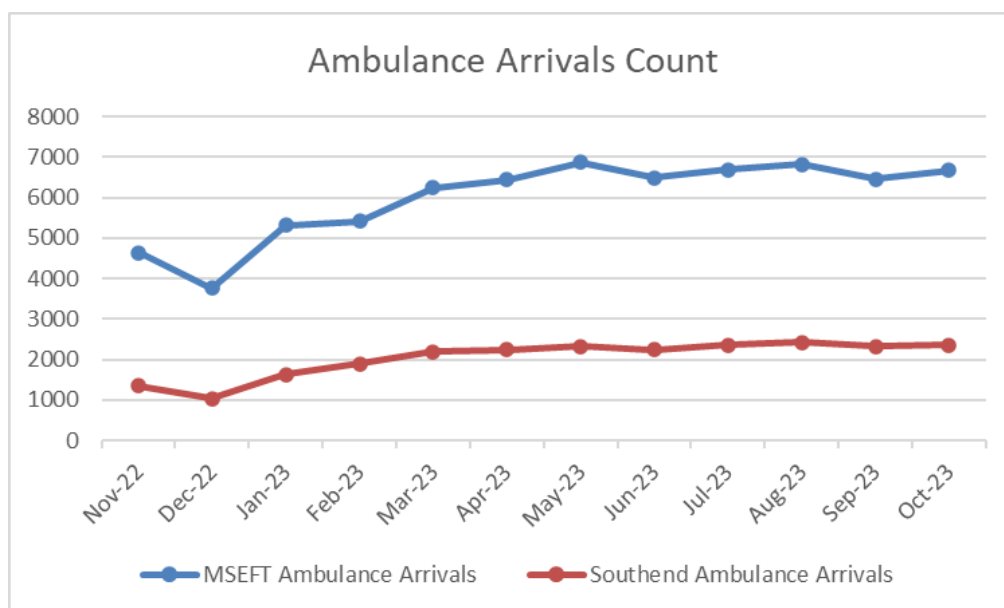
frailty services in Southend Hospital over the winter. A decision has been made to increase the medical establishment (the number of substantive medical staff) by 38 additional doctors to meet the demand and reduce reliance on short-term agency staffing. This is part of an overall increase of 101 doctors in medicine across the Trust.

The Trust has improved its use of acute medical units at all three sites, while there is now a medical receiving unit in place at Southend Hospital, which will improve flow of patients out of the ED and will be located on Dowsett work in the late winter, once the building work is complete.

The refurbishment of Southend’s ED has started and will further improve the flow of patients.

### Ambulance handovers

Figure 2:



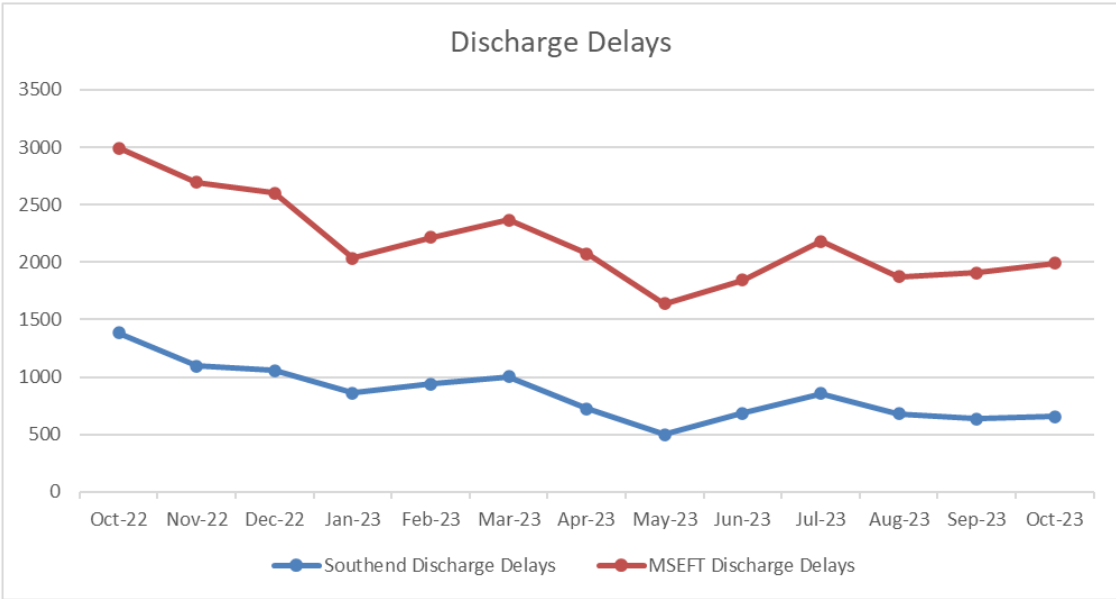
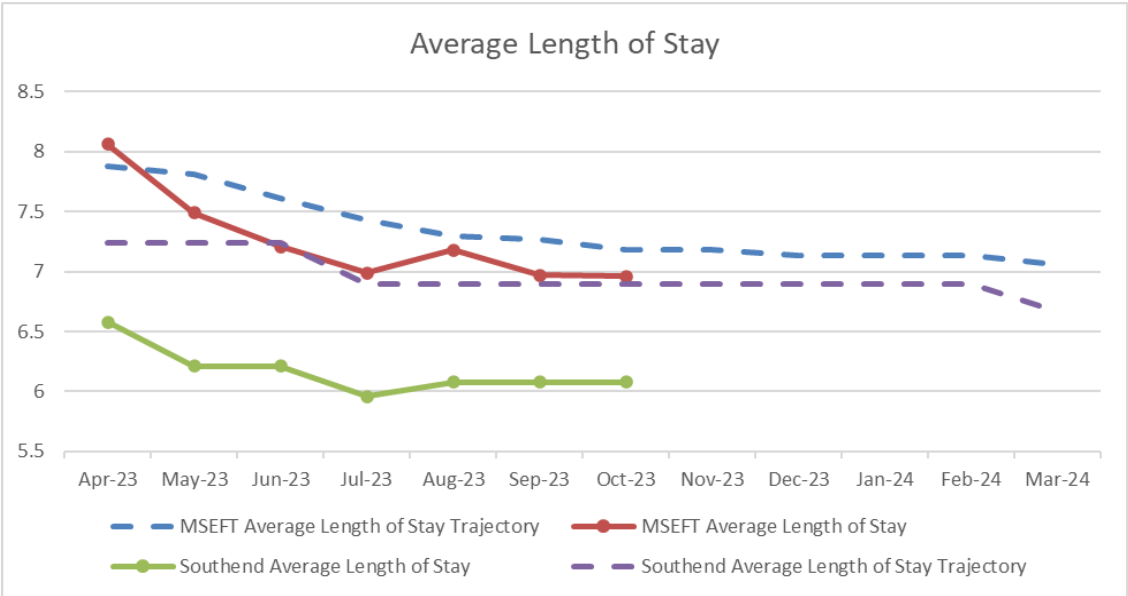
Having entered the winter period, the priority has been to prevent delays in handing over patients brought to the ED by ambulance, which releases crews to the community. Despite challenges in recent months, performance has been maintained.

A very high number of patients are arriving at the Trust's EDs, and ambulance arrivals have increased from 4,133 in October 2022 to 6,669 in October 2023, a rise of 61.3%. Despite this, the time it takes an ambulance to hand a patient over to the ED has fallen by 50% over the same period, and in October 2023, 75.7% of ambulances handed over in under 30 minutes. The plan is to achieve and maintain 90% of patients handed over within 30 minutes.

The Trust has worked with partners across the Integrated Care System to set up Unplanned Care Coordination Hubs (UCCH), which community responders contact for advice ahead of any admission to the ED. This is helping to save patients being admitted to hospital and receive alternative treatment.

**3.3 Length of stay and delayed discharge**

Figure 3:



The Trust has been performing better than trajectory for average length of stay. This is particularly seen at Southend where the average length of stay has been below 6.5 days since May 2023. However, focus remains on reducing the instances of long lengths of stay (patients who stay longer than 21 days).

At Southend, actions include:

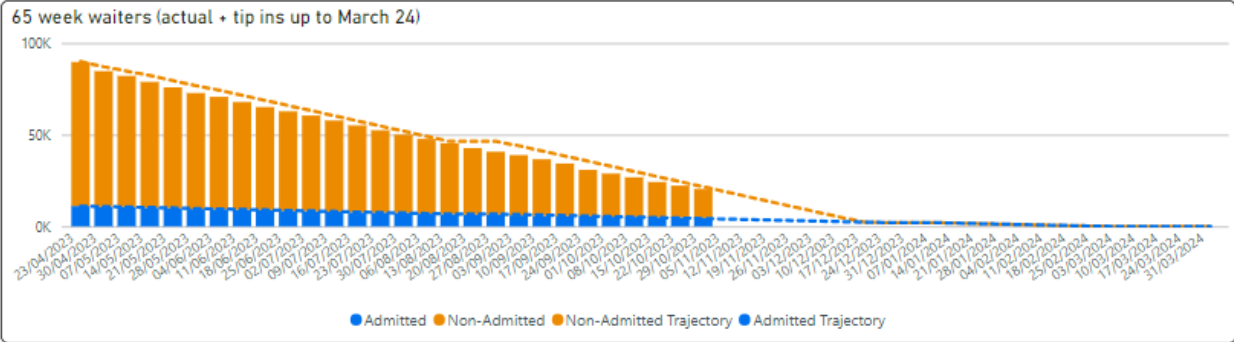
- Weekly reviews of patients’ length of stays
- Agreement with the integrated discharge team for daily review of 30 patients during the winter period
- Working with the Integrated Care System on community rehabilitation provision to support reduced length of stay across stroke wards
- Focus on discharge planning including regular reviews of patients staying against estimated discharge dates, and implementation of criteria-led discharge where appropriate across the site.

**3.4 Electives**

Nationally, there is a commitment to have no patients waiting over 65 weeks for their routine elective treatments by the end of March 2024, and to have none waiting more than 52 weeks by March 2025.

Performance has been affected in part by industrial action. The Trust is closely managing all patients on the waiting list whose wait for treatment would be over 65 weeks by March 2024. This number fell from 90,000 patients in April 2023 to 20,000 patients in October. The majority of patients waiting over 65 weeks had an appointment booked by the end of October 2023.

Figure 4:



Specific specialties with risks are plastics and breast reconstruction surgery, allergy, and ear, nose and throat (ENT). Breast reconstruction is a highly specialist area where there is no further capacity elsewhere. For allergy, the Trust is now able to get the capacity to run more clinics, and for ENT the mid and south Essex health system has been working with a number of independent sector providers to support waiting list reduction efforts.

**3.41 Total waiting list**

Nationally, the NHS total waiting list size for elective pathways has been growing since the pandemic; the pictures at both the wider Trust and at Southend mirror this trend.

The Trust has been validating its waiting list to check with patients to see if they still need an appointment, remove duplications, and to contact patients who have cancelled multiple times. While this is a manual exercise that will take time, it has led to some being discharged and releasing appointments for those who need care, helping to reduce the total waiting list by over 12,000 to 181,000 in October 2023.

Patients can now move between sites for treatment depending on the specialty and capacity available. This means that patients waiting at Southend Hospital may be offered earlier treatment at either Basildon or Broomfield hospitals (where the service is available).

Figure 5:

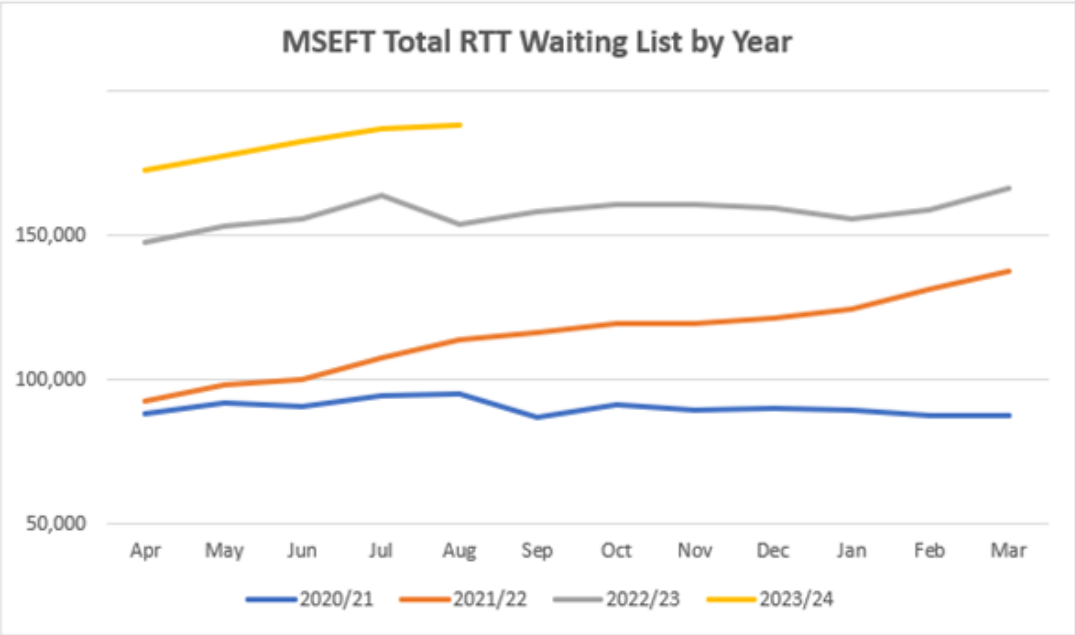
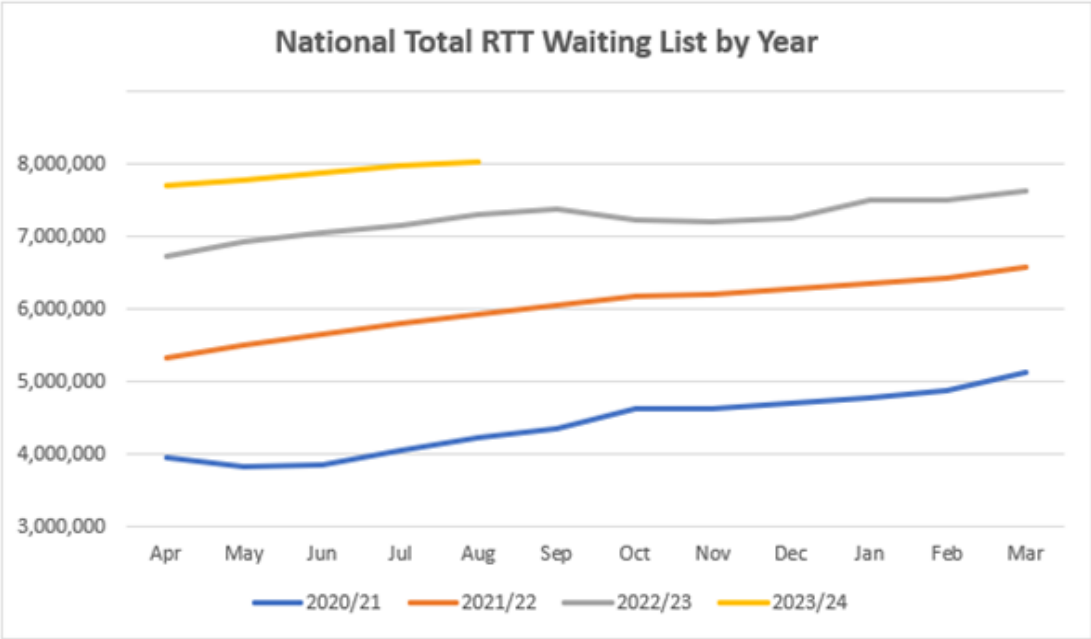
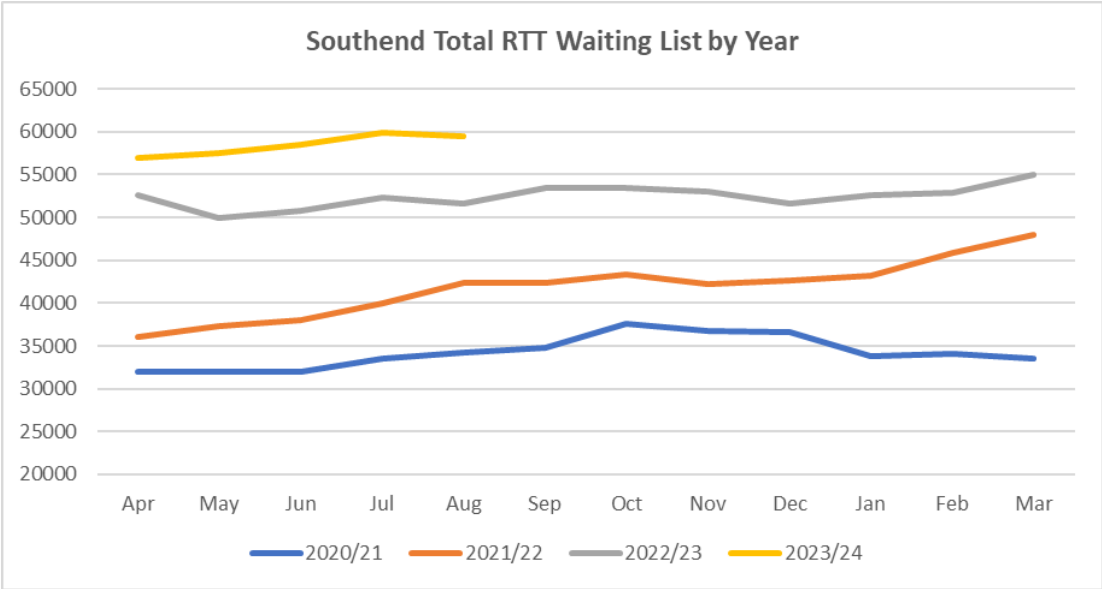




Figure 5 (continued):



Where patients do not attend appointments (DNA), this has a large impact on waiting lists. The Trust is expanding the use of text reminders and booking systems to more specialties to identify where DNA may be expected, so that clinics can be booked more efficiently to reduce the impact.

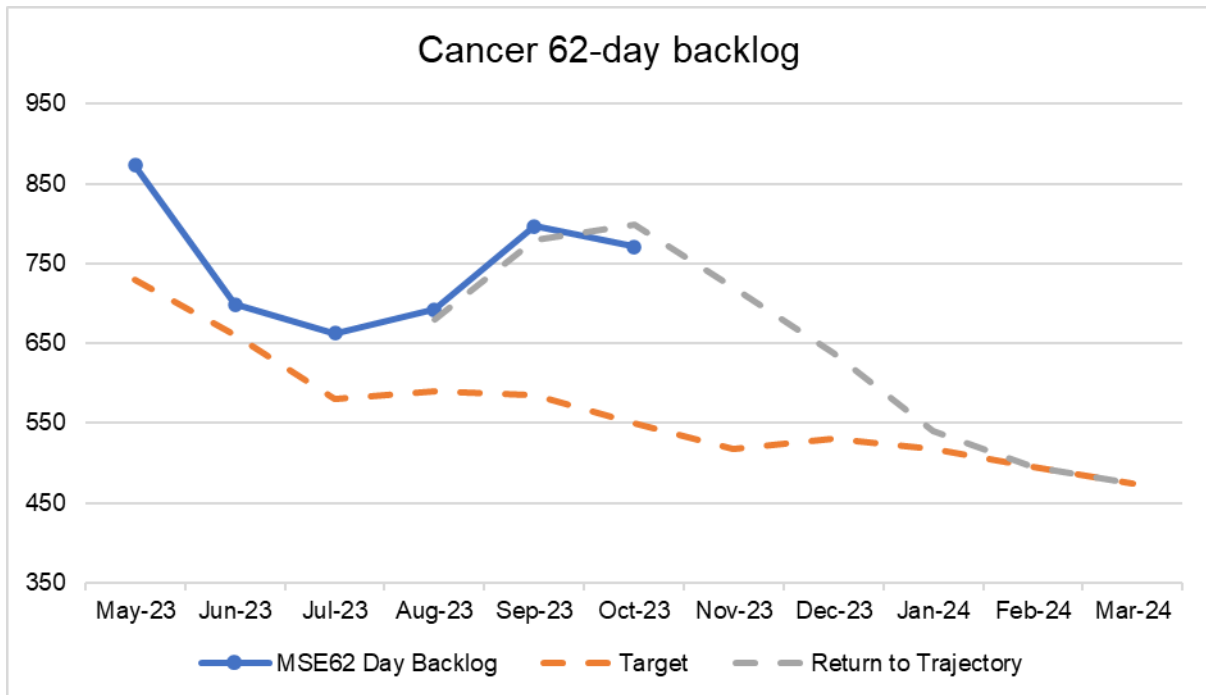
The Trust is supporting the government’s patient-initiated digital mutual aid system (PIDMAS) programme on patient choice. Patients waiting over 40 weeks from 31 October, with no planned appointment in the next eight weeks, received a text or letter advising them they can make a choice of another hospital if they wish, if it is clinically appropriate and if there is another provider that has the capacity. This may provide them with the opportunity to get seen faster. The Trust has around 10,000 patients who meet these criteria.

**3.5 Outpatients**

Through the Trust’s outpatient transformation programme, it is developing new models of care in a range of specialties. These include referring patients directly for a test; triaging more patients before they are seen at an appointment; and expanding the use of patient-initiated follow up, where patients can ask for follow-up care if they need and avoid unnecessary appointments, if it is clinically appropriate. The Trust is also aligning itself with ‘Getting it Right First Time’ principles, to ensure patients are given the right care at the right time.

### 3.6 Cancer

Figure 6:

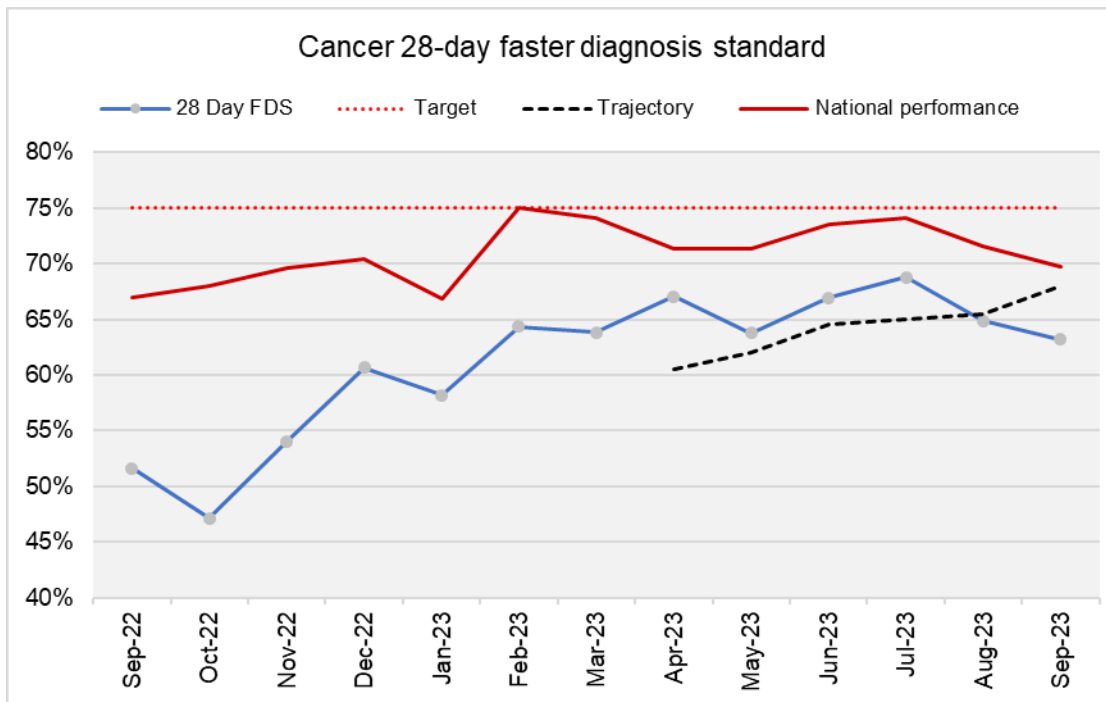


The Trust plans to have no more than 475 patients waiting over 62 days to be told that they do not have cancer or to receive treatment by the end of March 2024. Plans for 2023/24 were made without factoring in the effects of industrial action, and the Trust has since agreed a recovery plan with NHS England. At the end of October there were 764 patients waiting over 62 days, which is 219 patients above the original 2023/24 plan. The Trust aims to return to its agreed plan by February 2024.

The top cancers contributing to the backlog are colorectal, urology, skin, and gynaecology. Measures that have been taken include:

- Skin cancer: the rollout of teledermatology, which has helped to reduce waiting times for outpatient appointments and brought waits for minor operations to under two weeks. The Trust continues to bring in staff from external providers and run weekend clinics to reduce waiting lists further
- Colorectal: more patients are now seen within seven days, with the average wait until first appointment having been reduced from 15 to six days
- Urology: a second robot has been installed at Southend Hospital to deliver additional treatment capacity, while the multidisciplinary team is working to streamline pathways across all three hospitals.

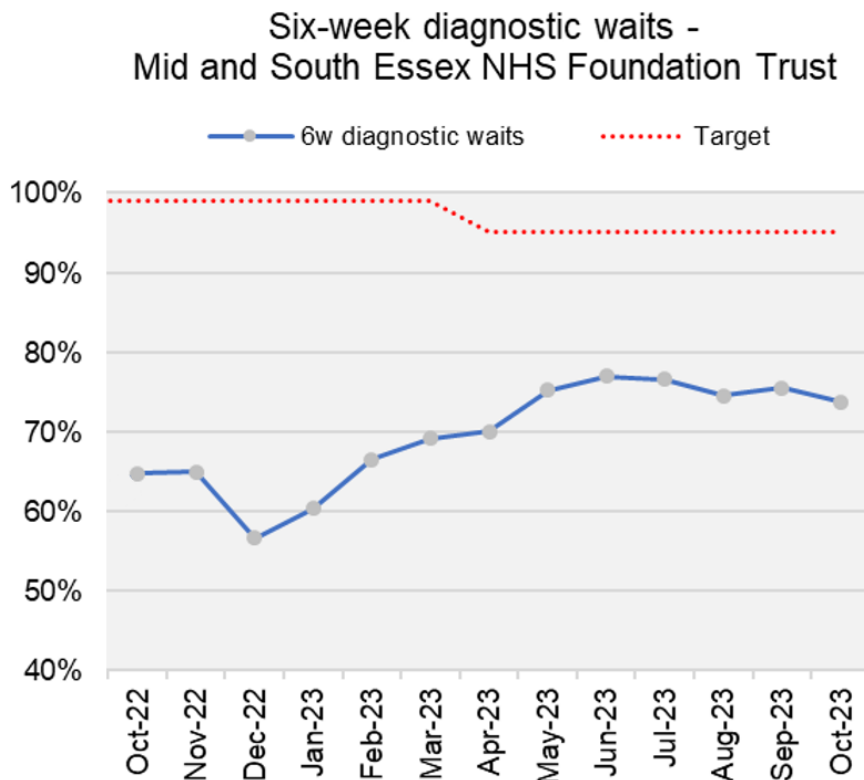
Figure 7:



Under the faster diagnosis standard, the Trust has a target that by March 2024 75% of patients are told within 28 days whether they have cancer. Performance was 63.2% in September 2023. This was affected by industrial action, as it was nationally.

### 3.7 Diagnostics

Figure 8:



Delivering quick diagnostics is key to shortening waiting times for cancer or routine care. The Trust has a target to ensure patients receive tests within six weeks. In October this was achieved for 73.8% of patients, down slightly, by 1.7%, from September.

The number of patients waiting over six weeks is 5,318, which is 775 better than plan. The biggest reduction has been in imaging – CT, MRI, non-obstetric ultrasound – after a new Radiology Information System made it easier to gather and validate data.

There has been successful recruitment of radiographers and sonographers. Further work is planned on general anaesthetic endoscopy and cystoscopy, and funding was agreed to bring in additional external staff and resources into the organisation for endoscopy.

The opening of community diagnostic centres (CDCs) in mid and south Essex will mean that beginning from 2024/25 there will be additional capacity available to carry out tests faster and closer to home.

### **3.8 Estates and capital funding**

The Trust invests across its buildings and estates to provide and maintain the facilities that support care for our patients. Within Southend, schemes that have been developed since 2019 include the Cherry Tree wing, expanded same day emergency services and a new outpatient block which allowed the emergency department to expand. Other plans that have been funded separately, include a second robot theatre for urological procedures, an additional fluoroscopy room, a new machine that delivers advanced radiotherapy for cancer treatment, and a new mortuary.

There are plans for a new two-theatre complex and ward block, a new endoscopy suite, and the first phase of the expansion of wards and the emergency department. These schemes will begin to complete from 2025, creating much needed additional capacity.

#### **3.81 Department of Health and Social Care funding**

The Trust has received confirmation from the Department of Health and Social Care (DHSC) of the provision of £110 million of capital funding. This is the money needed to enable the Trust to progress the clinical reconfiguration, detailed in the 2018 Your Care in the Best Place public consultation.

The formal agreement will see approximately £40 million of funding released to the Trust over the period until March 2025, allowing all remaining schemes in the programme to progress to Full Business Case stage. It will enable the Trust to deliver critical preparation works and then fully complete some elements of the build programme.

This funding follows the earlier funding announcement of £8 million in January this year, to improve and expand the emergency department at Southend Hospital. This £8 million was the first release of the previously agreed £118 million envelope.

To deliver these positive changes, there are now four distinct priority areas in the revised capital programme, which have been decided by clinical leaders, working closely with Integrated Care System partners. The priority areas of spend are:

- Emergency Department
- Cancer and elective care
- Bed capacity
- Costs to enable development of full business cases, enabling works and critical infrastructure improvements.

The Trust is aiming for the first four schemes to be delivered by 2025, with the remaining schemes being fully designed and developed to final business case stage by that same time. The Trust is working with DHSC and NHSE to ensure the delivery of the full £118 million programme by the earliest possible date.

### **3.82 Day Stay Unit**

A planning application is currently in progress to build a new surgical day unit, including extra beds, at Southend Hospital. An initial £25 million investment to finance this scheme has been secured from the NHS Targeted Investment Funds national funding allocation.

These facilities will increase capacity for planned day case surgical procedures, with 5,600 more procedures a year, helping to reduce waiting times for patients.

The application includes a three-storey building, which will contain two additional state-of-the-art operating theatres, as well as an enhanced procedure room, which enables patients to have treatments under a local anaesthetic. The unit will also have facilities for patients to be able to recover from their operation for up to 23 hours.

The unit will be used to deliver procedures across a broad range of clinical specialties, including orthopaedics, urology, gynaecology, ear, nose and throat, and oral surgery. A wider range of clinical services are also expected to be delivered in the building in due course. The facility is due to open during 2025.

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