# Seldom heard residents' feedback on the ICN+ model in Thornton Heath – June 2020

# Findings in brief

New idea of
local services
model is
well received.

They are seen as
convenient, and
community
focused.

More detail is
needed on how
services will be
delivered.

More education
on maintaining
health would be
welcomed.

Improved
communication to
engage people
effectively.

Concerns about
transition
to new services and
specialist needs.

# Recommendations in brief

**Information strategy:**
Residents would like accessible information about the range of services and how they will be delivered.

**Education strategy:**
Residents would like information on how they can proactively improve and maintain their health.

**Communications strategy:**
Focusing on those not engaged and explaining the impact of changes both positives and negatives to manage expectations.

# Executive Summary

Healthwatch Croydon has been funded by NHS Croydon Clinical Commissioning Group to gain residents' views of the new Thornton Heath Integrated Care Network (ICN) footprint in January 2020. The development of Integrated Care Networks and Primary Care Networks is focused on delivering services at local neighbourhood levels of 30,000 to 50,000 people.

As a pilot exercise, we focused on one area, Thornton Heath and the outreach was to focus on residents unlikely to already be engaged in NHS and council participation functions, including seldom heard communities such as:

- Working age low income groups, with a focus on those in receipt of benefits;

- People with an Afro-Caribbean heritage, acknowledging Caribbean heritage is particularly high in Thornton Heath.

- Muslim communities.

The participation exercise will feed into further development of the Integrated Community Networks (ICN+s) design and governance process going forward.

There are two purposes for the Healthwatch outreach work:

- To collect insight from members of the public to feed into the ICN+ development;

- To recruit members of the public who are willing to be involved in further engagement.

The aim was to focus on locations where we could find relevant cohorts of hard to reach and seldom heard as specified by NHS Croydon CCG. From 23 January to 8 February 2020, Healthwatch Croydon visited five locations in the Thornton Heath area and spoke to 52 residents, including 23 Afro-Caribbean residents, 16 Muslim residents and a minimum of 16 from the Job Centre and Foodbank. We also received details of 16 people who would like engage more in discussions about services.

The researchers gave an overview of the changes and asked for their views based on the following questions:

- What are your views on the changes to how services will be delivered locally? What do you think is a good idea?

- What do you think could be done better, locally?

- Will these changes make a difference to you? How and why?

- Will these changes make a difference to your family and friends? How and why?

**These are our findings based on the survey with Thornton Heath residents:**

- **The new model is well received:** Most like the idea that services will be based locally and see it as more convenient and community centred with local support and a focus on integrated care.

However:

- **More detail is needed:** While residents understood the concept of ICN+s many could not say, or were less sure on how it would make a difference to their own lives and those of their families and friends. This suggests that much more detail is needed about how these services are going to be delivered such as location of hubs, transition and referral to GPs, different services for different ages. (see pages 24 and 28)

- **More education is welcomed:** There was a view by some residents that more education with the public was needed on how to look after themselves and access the services they need more proactively. This is relevant to those who do not regularly use services such as GPs. (see pages 19,21 and 35)

- **Improved communication to engage people:** People need to know more about the different services that are on offer and the appropriate pathways to gain access. (see pages 19 and 36)

- **Concern that current staffing and transition to new model may impact current services:** Residents are concerned that current staffing and the transition of services to the new model may affect the delivery of these plans and that this will impact current services. (see page 34 and 35)

- **Specialist needs:** Residents were concerned that those with specialist needs maybe in mental health or sickle cell may not have been considered in the model which seems to focus on some long-term physical health conditions. Also, there were concerns by those who are not connected digitally due to cost, or have literacy limitations, about their ability to access digital services. (see pages 16, 22, 29, and 30)

**These are our recommendations:**

- **Information strategy:** Residents would like accessible and understandable detail about how the range of services are going to be delivered such as location of hubs, transition and referral from GPs. They also want to know how services will differ for different ages and levels of literacy. More information is needed on how residents with specialist needs such as mental health or sickle cell will be considered in the new service model.

- **Education strategy:** Residents would welcome this opportunity to educate the public at local level in proactive health and also using services in the most effective way. This is relevant to those who do not regularly use services such as GPs.

- **Communication strategy:** A large-scale communications strategy needs to be defined to ensure the whole community is engaged not just those currently using services. This should include a clear explanation of the impact of changes including negatives as well as the positives. Communication on how the transition process will help manage expectations and alleviate concerns. More detail on how community services will support this will also help people further understand the change.

# 1 Background

## 1.1 Context

### About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to the voice of local people. From improving services today to helping shape better ones for tomorrow, we listen to people's views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

### Context

Healthwatch Croydon has been funded by NHS Croydon CCG to engage residents in Thornton Heath ICN footprint. The outreach was to focus on residents unlikely to already be engaged in NHS and council participation functions, including seldom heard communities. The participation exercise is to feed into further development of the Integrated Community Networks (ICN+s) design and governance process going forward. This was completed in January and February 2020.

### Aim

There are two purposes for the Healthwatch outreach work:

- To collect insight from members of the public to feed into the ICN+ development;

- To recruit members of the public who are willing to be involved in further engagement.

It was proposed that Healthwatch Croydon visit a range of community spaces and places to engage members of the public in discussions about the new ICN+ and what it will mean for them. Discussions were likely to cover a brief summary of the key changes, a relevant case study and sense of what is important to the participant. All information presented would be from a resident's perspective, in jargon-free language.

### PCNs and ICNs

For the sake of this piece of work, PCNs and ICN+s were treated as the same thing to reduce confusion among residents unlikely to have any knowledge of NHS and council structures.

PCNs are groups of general practices working together and should include community pharmacists, optometrists, dental providers, social care providers, voluntary sector organisations, community services providers or local government.

ICN+ will operate at a network level and will, it is intended, be the building blocks for devolved Integrated Care Systems (ICS).

## 1.2 Rationale and Methodology

### Target areas, populations and seldom heard groups

One of the proposed network areas will be covered by the Healthwatch outreach work: Thornton Heath, with a focus on an identified Lower Super Output Area known to have higher levels of deprivation and health problems.



The engagement was targeted towards individuals and groups less likely to be represented in NHS and council involvement processes currently. It was not intended for the work to engage with large, well-networked voluntary and community groups, PPGs and other stakeholder organisations.

Instead, the focus was on reaching the sorts of people who tend not to engage, including lower income groups. Healthwatch Croydon was responsible for identifying all other groups and locations for engagement.

The specific seldom heard groups to target are:

- Working age low income groups, with a focus on those in receipt of benefits;

- People with an Afro-Caribbean heritage, acknowledging Caribbean heritage is particularly high in Thornton Heath;

- Muslim communities.

The aim was to focus on locations where we could find relevant cohorts of hard to reach and seldom heard as specified by NHS Croydon CCG. As a team, Healthwatch Croydon discussed locations where it was likely we could meet relevant respondents. From 23 January to 8 February 2020, Healthwatch Croydon visited five locations:

- Parchmore Community Centre (all);
- Food Bank, Pilton Estate, Pitlake. (low incomes);
- Croydon Sickle Cell and Thalassaemia Centre Thornton Heath (Afro-Caribbean residents);
- CALAT Thornton Heath (All);
- Job Centre - 2 occasions (low incomes);
- Thornton Heath Islamic Centre - 3 occasions (Muslim residents).

## 1.3    Methodology

One Croydon had provided a draft two-page summary of key points, a script with slightly more detail about each point and case studies/scenarios relating to the changes covering:

- Joined up care for an older person with multiple needs;
- How mental health hubs will help people;
- Diabetes prevention and self-help;
- An example of an expert patient programme for long-term conditions;
- An example of social prescribing.

Healthwatch Croydon amended the two-page summary to be more accessible. The case studies/scenarios were not viewed as being appropriate for this methodology. This became the sheet entitled *Seven ways to neighbourhood-based services*.

At each location, residents were asked what services they had used in the last year and then given this sheet. This simply profiled the new model for ICN+ in general terms and without complicated language.



## Seven ways to neighbourhood-based services

**This is starting to happen in Thornton Heath and your views can influence these changes.**

### From travelling to services
### ➡ To local provision
Delivering more services **locally in Thornton Heath –** so you only use hospitals for the most serious conditions.

### From separate services
### ➡ To working together
Health, social care and community organisations **working together** to give you a clear and consistent service user journey.

### From doctors surgeries and council offices
### ➡ To community hubs as well
As well as doctors surgeries and council offices there will be advice, support and some services delivered in community hubs in **Thornton Heath.**

### From prescribing medication
### ➡ To treating the whole person
As well as or instead of being given pills by your doctor, you may be **encouraged to improve health and wellbeing** though a **range of social activities** run by local voluntary and community groups.

Seven ways to neighbourhood-based services

This is starting to happen in Thornton Heath and your views can influence these changes.

**From focusing on illness**
→ **To focusing on wellness**

supporting, empowering & enabling people to manage their own health

**Focusing on keeping you well** and helping people with health problems to help themselves to stay as well as possible.

**From visiting services**
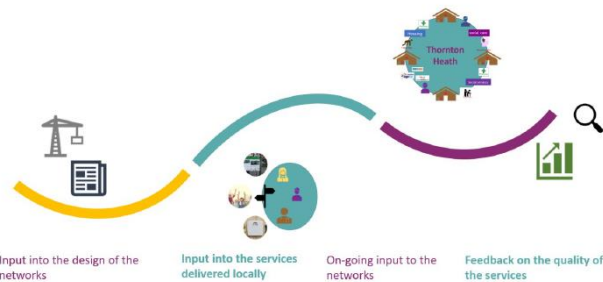→ **To digital options**

**Offering digital options** to enable people to access more information, book or have online appointment and monitor health remotely.

**From services designed for you**
→ **To services designed with you**

**Involving you in local community decisions on services, in ways you want to be part of** to ensure our services are designed in line with what **Thornton Heath** people need.

Input into the design of the networks

Input into the services delivered locally

On-going input to the networks

Feedback on the quality of the services

The researchers gave an overview of the changes and asked for their views based on the following questions:

- What are your views on the changes to how services will be delivered locally? What do you think is a good idea?

- What do you think could be done better, locally?

- Will these changes make a difference to you? How and why?

- Will these changes make a difference to your family and friends? How and why?

- What needs to be considered to make services better in Thornton Heath?

## Limits of the research

- Even with the sheet and the supporting script, some residents found the concept of ICNs difficult to understand.

- On low incomes, we did ask whether people are working and chose locations such as Job Centre and Foodbank where those on low incomes may attend. We could have asked specific questions on their income, but agreed this would not be appropriate. Therefore, location would contribute as a factor.

- Some residents had heard a lot about NHS changes before and so saw this change as just other promises, when other similar initiatives had previously not been fulfilled or had been opened and the closed. As a result, they were unreceptive to these ideas presented.

- Even though we focused on locations as defined in Thornton Heath, some of the respondents particularly at CALAT and the Job Centre came from locations beyond Thornton Health. We did not record addresses.

- We also did not record age as this was not an agreed requirement.

# 2. Insight results

## 2.1 What are your views on the changes to how services will be delivered locally? What do you think is a good idea?

### Coded Responses

| | | |
|---|---|---|
| Positive | 33 | 63% |
| Mixed | 9 | 17% |
| Negative | 3 | 6% |
| No comment | 7 | 13% |
| | 52 | |

- Most gave positive answers to the idea, with very few negative responses. However, nearly a third either gave mixed comments or no comments suggesting more information and communication is needed.

- Bearing in mind the small sample, there do seem to be some differences in age, gender, ethnicity and religious affiliation when it came to record whether they are positive about the idea. This could be explored more in further research.

### Distribution of Responses

| Positive about idea | 33 |
|---|---|
| Thornton Heath Islamic Centre | 7 |
| Job Centre | 8 |
| Foodbank | 2 |
| CALAT | 3 |
| Croydon Sickle Cell | 4 |
| Parchmore | 8 |
| Male | 13 |
| Female | 19 |
| Prefer not to say | 0 |
| African | 8 |
| British | 11 |
| Caribbean | 5 |
| Indian | 0 |
| Pakistani | 3 |

| | |
|---|---|
| Any other Black | 1 |
| Any other Asian | 2 |
| Any other Ethnic | 1 |
| Other | 0 |
| Don't want to say | 2 |
| Christian | 19 |
| Muslim | 7 |
| Other | 2 |
| No religion | 5 |
| Disability | 11 |
| No Disability | 20 |
| Prefer not to say | 0 |
| No information | 2 |
| Working | 7 |
| Not working | 24 |
| No information | 2 |

**Selected positive responses:**

"Good idea."

"I like the ideas."

"All sounds good."

"It's a good idea."

"I do yes, I think it is a good idea, need a bit of space to do these new things."

"The presentation and changes coming to Thornton Heath sounds great."

"Very good idea. The job centre and doctors are around the vicinity."

"It's a good idea for people that need the service, in Thornton Heath there are a lot of people with ailments."

"Yeah I suppose so, it's something I don't really think about, travel annoys me as I'm not fit for travelling but now I have a freedom pass so it's better. Overall it's a good idea."

"It's a good idea, and it's good that you are approaching people at the jobs centre and people are likely to have wellness concerns here."

"It would help a lot of people."

"Its a good idea of how the services will be delivered."

"It is good especially for people with Sickle Cell "

## Access:

- There were many comments about the benefit of access to services through the new initiatives, although some did raise the point that where the hub and other services are placed in distance to where people live will be a consideration.

"Good for younger people."

"Very handy."

"Like the idea of going local than to hospital."

"Not tied to one spot."

"It's has its negative and positive aspect depends on how close services will be from your house and on accessibility."

"One stop shop, accessible and local to the people in the community."

"It is interesting, more digital access, more community hubs for the local community."

"Less travel. Less wait Near."

"People will find it quite easy as it will be easy access for them and it will also save time and resources."

## Digital option responses:

- There were some concerns about services about digital options when people do not have ready access to a computer or literacy issues. This may be resolved by providing such services at the hub as well a reassurances that there will continue to be non-online options as well.

> "Online services not great – I don't own a computer won't be able to access."
>
> "Online good for me but not Mum as she cannot read."
>
> "Online works for me and works for my group in supported housing."

## Understanding of older people needs

- The comments reflect concern that while these new ideas may work for a majority of the population, they may not work so well for older people. Understanding older peoples' needs and defining services around their experience would be beneficial and help manage expectations for both providers and service users.

> "The doctors needs to be realistic with the elderly."
>
> "More home assistance."
>
> "It would be easy for the new generation but harder for the older generation."
>
> "Care for elderly."

## Need to support specific conditions locally:

- Another consideration was that the change in services may impact the delivery of services for specific conditions. More communication is needed explaining what will change and what will stay the same.

"You think it's a good idea, but they need to ensure division of long term conditions properly for example with mental health there needs to be a clear division between those who suffer depression anxiety compared with those who have paranoid schizophrenia and not just put it under the same umbrella term of mental health."

"On the whole I am in support of all services for people living with sickle cell and thalassaemia condition."

"It would only be good if staff know their job on health issues. Sickle Cell is one of them and is a very specialised illness."

"Sickle cell needs be to part of the training for staff."

## Social prescribing well received:

"More clubs open to overcome loneliness."

"Social prescribing sounds good."

## But some still want consistency in GP services:

"Be better to see same doctor."

"Need to have Named GPs will this be possible."

## Hubs:

- These were well received by some.

"Like the idea of a community hub – Mum can't read so hub would be good to speak face to face."

"Hubs around areas is a good idea."

"Better to combine services."

## Patient involvement:

- Some feel that the new model needs scrutiny and active patient involvement and representation.

"Confusing! GPs seem to have more power when patients must have more choice."

"Good idea, but get the local people much involved."

"The concept is good on paper, but how will it work in the community, and who will be monitoring it?  Will there be a feedback?  Had there been enough thought and involvement being carried out within the community."

**Unsure:**

> "Not aware of the changes, not sure"
>
> "Not aware of the changes."

**Some negative responses but not about specifics:**

> "They can do everything what they want, I've heard it all before, I already go to a diabetes support group."
>
> "Don't think it's a good idea. All a talk show."

## 2.2 What do you think could be done better, locally?

This question asked residents what could be done better to develop locally based services:

**Communication:**

" Listen."

"1. Spread the news on this new changes; 2. Talking to people and sharing leaflets "

"Inform the community of any good thing."

"GP and Hospital communication is bad."

"Combining different Services; Circulate more information."

"Could play info in doctors supermarket health setting about these changes so everyone can be heard."

"Keep people informed about what's going on in the community."

**Understanding local communities:**

"Better authentication /language explanation."

"More understanding that young people are British and for the medical system to stop treating them like they have just arrived in the country."

"Support for people who can't read/write access services traditionally."

"A better system for patients to make an appointment, more knowledge is needed to be understood about things like sickle cell instead of doctors thinking they can't understand it."

## Local focus:

> "Would like to see services locally."
>
> "Build more support services hubs in the community."
>
> "I think people of different specialty from different department (Health dept) should be appointed at the ground level."

## Benefits for Thornton Heath:

> "Well I think there not a lot going on here in Thornton Heath, it needs to be made a better brighter place for people. More community hubs."
>
> "To bring the hubs for people in the community to benefit from."
>
> "More holistic remedies, more shops that sell natural things, there are no health shops around here."

## Understanding impact of new idea:

> No complaints but waiting list at hospitals can be daunting
>
> Don't know really, when you get to the hospital there is always a queue, so shorter waiting times would be a good idea.
>
> I think it is better for the local people because we don't have to go to A&E where a lot of time is wasted
>
> "I think there needs to be a redirection on how doctors are advised on the time given to patients.

## Social prescribing but for those at home or with conditions:

"I think we could get more elderly people like me who have been sick for years, would be good to get a service where someone comes to see you or ring you every so often so you are not forgotten, sometimes when you don't call anyone, you don't see anybody and you need advice about things."

"Suppose could have more activity for people who are coming off tablets, depends on the condition. Especially if it's a long term health condition."

"I think that we are spoilt for choice have the leisure centre, but always room for improvement such as painting clubs and gardening more social clubs for adults there is enough for adult maybe learning a trade for free."

## Online concerns:

"Bad idea to put services on line. Poorest people hit hardest. Dont have data on phone."

"On line ok for me but not everyone."

"Not everyone has computer especially old folks."

## Homeless support:

"Give the homeless people support. Give them opportunities to work which will keep a lot off the street."

**Physical accessibility:**

> "Would be good idea to have a number if these more accessible; Disability accessible.Wheelchair. Needs to be considered. Lifts. Make sure they work for people.Toilets changing places."

**Improving health standards:**

> Should provide quality health and social care, train people well, there is room for improvement, more equipment.

**Access to GP services still a consideration:**

> "To have commitment for local doctors."
>
> "Better easy access to GP services appointments."
>
> "My GP is too far away and it is very difficult to see them. Now you have to speak on a telephone and end up being asked to use a computer  to book appointments."
>
> "Waiting system in hospital and GP need more access to info."

**Mixed responses hoping that things may get better but unsure:**

> "I hope so. Its how much input the government is delivering.  Because at times its all a talk show."
>
> "As a member of the PPG, they tell me how amazing the receptionist are but they could be better. Other then that nothing really. But I do understand that services are stretched."

## 2.3 Will these changes make a difference to you? How and why?

### Coded responses

| | | |
|---|---|---|
| Positive | 23 | 44% |
| Mixed | 8 | 15% |
| Make no difference | 1 | 2% |
| Negative | 8 | 15% |
| No comment | 12 | 23% |
| | 52 | |

- A significant number were positive on the difference it made to them personally, but not as much at 63% who felt it was a good idea (question 2.1). Indeed 30% had mixed or negative comments (compared with 23% for question 2.1) which suggest that they like the idea as a concept but cannot all see how it will work in their day-to-day lives. Interestingly 23% gave no comment (up 10%) suggesting that more work needed to be done to engage them in the conversation, so they can have a view.

### Positive comments:

"It be more convenient."

"Yes. Digital can be done at home and on the go."

"Yes . Because if I know someone is assigned to come to my house, talk to me and have coffee it will suit me."

"It would potentially help feeling good to use wellbeing services outside of medicines."

"Services local easier than hospital."

"Yes - Less waiting and travel -More information - More coordination."

"Bringing the community together health wise will make a difference. Under 18s are the future of this country."

"It will make a difference, it will stop the waiting time."

"Yes, going to bring better changes it's going to improve productivity improvement on our living standards."

"It will definitely save time and also money as well."

"Yes because if it's far one would not want to travel. This changes will bring more activities to the community."

"They will keep me busy keep me occupied especially any social clubs if I need them."

"As I live on my own, better support would be good."

"Yes I am sure especially with people living with Sickle Cell and thalassaemia disease."

"Not having to wait 2-3 weeks after an appointment."

"Yes the hubs will help a lot because most times I find it difficult to book an appointments with my GP."

"It will save us time and I think , we would know the right places to go for health issues."

**Mixed:**

"You can try the change, but at the moment it seems to be very nice anyway- the service."

"Probably not, yes will make a difference but with a caveat as I don't understand the plans."

"Not really as I don't think I'd go to these community places but there are a lot of people that would benefit from them."

"I think they would, there are services for children too, but what about funding?"

**Unsure:**

"All depends on what they are offering, depends on how they set everything up at the time, it's about having that support post treatment or service."

"Maybe, but not sure. If more people are involved in the changes it might make a difference."

"Don't know yet."

"Not sure."

**Makes no difference:**

"Nah I don't think they will make a difference.

"Not really."

"Not really because I'm fairly mobile at the moment but if they get any worse they might affect me, but I can't see at the moment why they might affect me, we are quite lucky here my GP is close and the hospital is quite close too."

"No. Couldn't bring the eye unit out of the hospital."

"If services went on line would be worried for Mum  - Impact on family."

"Physio sending me to gym - I cant even bend."

"No face to face; No phone; Email crap; Can hardly read and write; Expected to just know how to do these things."

"No data I suffer for mental health."

"No, not at my age I don't have diabetes and I would not seek any help from the community."

"Not much."

## 2.4 Will these changes make a difference to your family and friends? How and why? (38 responses)

**Coded responses**

| | | |
|---|---|---|
| Positive | 20 | 38% |
| Mixed | 8 | 15% |
| Make no difference | 1 | 2% |
| Negative | 4 | 8% |
| No comment | 19 | 37% |
| | 52 | |

- A significant (38%) were still positive on the difference it would make to friends and family, but this was only one percent above those who felt who could comment at all (37%). This contrasts with the 63% who felt it was a good idea (question 2.1). Again, it suggests that while they like it as a concept but cannot see how it will impact their friends and families. More work is needed to communicate the impact that this will have.

**Positive:**

"Yes, Thornton Heath will be a better place to encourage improved health and wellbeing in the community."

"Yes I do."

"They would be pleased they had shorter journeys."

"Well I hope it does, they are all elderly, as far as I'm aware sounds like a good idea."

"More help for family in community."

"Everyone is going to benefit from it, when the healthcare facilities are improved."

"I don't really see any of my friends as I don't really speak to them. But it could make a difference to my family as they suffer from diabetes and mental health would benefit from these groups."

"Yes. For my friend it will help certainly she has chronic illnesses it will definitely help her."

"Yes I pretty sure they will make a difference, the general well-being will be better and it would help family relations."

"They will feel more secure."

"Yes it would make a difference especially with the community been able to spot the hubs."

"Yes . Digital can be done at home and on the go."

"Yes; Less waiting and travel; More information; More coordination."

"Yes, Especially the elderly, it is nearer and coordination."

"Yes, It will definitely save time and also money as well."

"Everyone is going to benefit from it, when the healthcare facilities are improved."

**Unsure:**

"Possibly."

"May be."

"Not sure."

**Make no difference:**

"Don't think it will make any difference, it's okay for the young people with service going online."

**Mixed:**

"I don't think so as they don't live with me, I don't think it will make a difference to them, I like to be independent don't like to depend on people."

"Maybe, I have family who are not interested in health and social care."

"I can't really say for certain, I think it would, anything that anyone would offer be beneficial."

"The focus is supporting, empowering and enabling people to manage their own health. This is good but for sickle cell patients having acute sickle cell pain, should not stop their access to acute services as required."

"Yet to be seen. Would also like to point out that one of the best thing is that the Sickle cell nurses are based in the community on Whitehorse road and also that it had hosted the support group which has been something that has worked so well over the years."

## About the service:

"In hub person needs to be able to assist on line; Hub need to have long opening hours; Needs to be accessible; Staff need to know what they are talking about."

## Negative:

"Not really - only to me."

"People don't have access to computer - Pressure on my sister to interpret for me."

"No I don't think so."

.

## 2.5 Those who responded positively to all three questions (good idea, impact for you and impact for family and friends)

Fourteen people answered positively to all three questions which represents 25% of the sample. Here is how they distributed across the totals.

| All positive | 14 | All respondents | % |
|---|---|---|---|
| Thornton Heath Islamic Centre | 5 | 16 | 31% |
| Job Centre | 5 | 13 | 38% |
| Foodbank | 1 | 3 | 33% |
| CALAT | 2 | 3 | 67% |
| Croydon Sickle Cell | 0 | 7 | 0% |
| Parchmore | 1 | 10 | 10% |
| Male | 9 | 19 | 47% |
| Female | 4 | 32 | 13% |
| Prefer not to say | 1 | 1 | 100% |
| African | 5 | 10 | 50% |
| British | 3 | 12 | 25% |
| Caribbean | 1 | 8 | 13% |
| Indian | 0 | 1 | 0% |
| Pakistani | 2 | 7 | 29% |
| Any other Black | 0 | 5 | 0% |
| Any other Asian | 1 | 5 | 20% |
| Any other Ethnic | 1 | 1 | 100% |
| Other | 0 | 1 | 0% |
| Don't want to say | 1 | 2 | 50% |
| Christian | 6 | 27 | 22% |
| Muslim | 6 | 16 | 38% |
| Other | 0 | 4 | 0% |
| No religion | 2 | 2 | 100% |
| Disability | 5 | 17 | 29% |
| No Disability | 7 | 31 | 23% |
| Prefer not to say | 0 | 1 | 0% |
| No information | 2 | 2 | 100% |
| Working | 4 | 13 | 31% |
| Not working | 8 | 36 | 22% |
| No information | 2 | 3 | 67% |

## 2.6 What needs to be considered to make services better in Thornton Heath?

A selection of the 33 responses.

**Community services:**

"I think, I come here to a lunch club, but more community centres would be a good idea, I mean I'm quite lucky as I come here, but I think more community groups would be a good idea, one of the problems is that they can't use public transport, so needs to be a vehicle fit for purpose."

"A full range: More appointments; Longer times; On line options; More options; More activities; More physical activities; Free and accessible; Trampoline; Cycling been do good for me; Would to see more opportunity for that."

"Have more of these social classes, I think it will for sure go a long way for people, need more people presence, especially for drug misuses."

"Accessibility , Flexibility , Transport, and distance."

**Children's services**

" Quite a lot, need better services for children but services for me are very good."

**Volunteering**:

"Have more volunteers that can assist in community groups for the elderly."

**Personalised services:**

"More accessible; Shorter waits; More time with GP;Personalised service, named supports for those that need it."

**Solve current issues:**

"More appts when you need them; Too much wait ; Sort out existing probs before new ideas."

"Services need to be a lot more joined up."

"Better Dental Care and getting GP Appointments."

"Need more access to getting doctors appointment quickly."

"Diversity; Appointment /opening times."

"Mental Health."

## Staffing and community facilities:

"Quite a lot, Thornton Heath has just gone down, the community's health needs to be staff, going need these hubs a lot of diabetes, drugs, alcohol abusers."

"Just making it easier for people, the more people they have allocated jobs (healthcare staff) the pressure would be taken off the doctor."

"Bring more police into the community. Bring more banks to Thornton heath. Nursing mothers have to go to Croydon to use the bank."

"Cleaner toilets in hospitals."

## Education:

"Need to educate the people, on personal hygiene in Thornton heath people would be more healthy, and on especially on healthy eating."

"Count the community, administer self care information e.g. for diabetics and Mental Health."

"More social support ;More openness; Letting People know more about their right concerning the medical system."

"Safety and people."

"Lack of information; need to inform more; Mental health is a big issue."

**Communication:**

"Communication, they need to realise talking to someone at 7 is different to talking with someone at 77."

"To listen, the doctors, community and volunteering organisations, but also hearing."

"More patience and time from healthcare professionals, they are better at St. George's."

"If the government stats involving people to use services it would make a difference."

## 2.7 Recruitment of people for further engagement

As part of this project, we were asked to see if any respondents will be interested in being further engaged. We have received details from 16 respondents from the following demographics which we are sharing with NHS Croydon Clinical Commissiong Group so they can be contacted to be further involved in discussions about services. Here are the demographics compared with the overall sample:
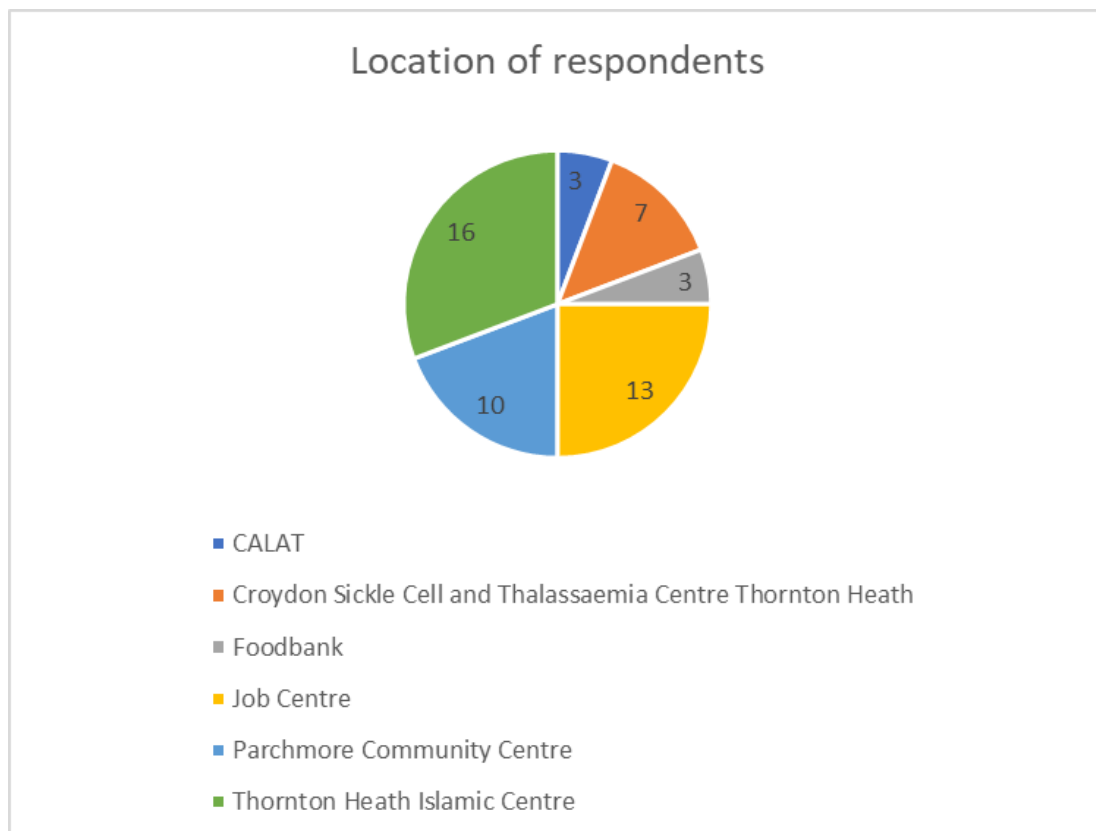
| Recruit for further engagement | 16 | All respondents | % |
|---|---|---|---|
| Thornton Heath Islamic Centre | 5 | 16 | 31% |
| Job Centre | 8 | 13 | 62% |
| Foodbank | 0 | 3 | 0% |
| CALAT | 0 | 3 | 0% |
| Croydon Sickle Cell | 3 | 7 | 43% |
| Parchmore | 0 | 10 | 0% |
| Male | 7 | 19 | 37% |
| Female | 8 | 32 | 25% |
| Prefer not to say | 1 | 1 | 100% |
| African | 5 | 10 | 50% |
| British | 0 | 12 | 0% |
| Caribbean | 4 | 8 | 50% |
| Indian | 0 | 1 | 0% |
| Pakistani | 1 | 7 | 14% |
| Any other Black | 3 | 5 | 60% |
| Any other Asian | 1 | 5 | 20% |
| Any other Ethnic | 1 | 1 | 100% |
| Other | 0 | 1 | 0% |
| Don't want to say | 1 | 2 | 50% |
| Christian | 7 | 27 | 26% |
| Muslim | 6 | 16 | 38% |
| Other | 2 | 4 | 50% |
| No religion | 1 | 2 | 50% |
| Disability | 6 | 17 | 35% |
| No Disability | 8 | 31 | 26% |
| Prefer not to say | 0 | 1 | 0% |
| No information | 2 | 2 | 100% |
| Working | 3 | 13 | 23% |
| Not working | 11 | 36 | 31% |
| No information | 2 | 3 | 67% |

# 3 Key demographics of sample

## 3.1 Have you used any of the following services in the last year? (52 respondents – multiple choices)
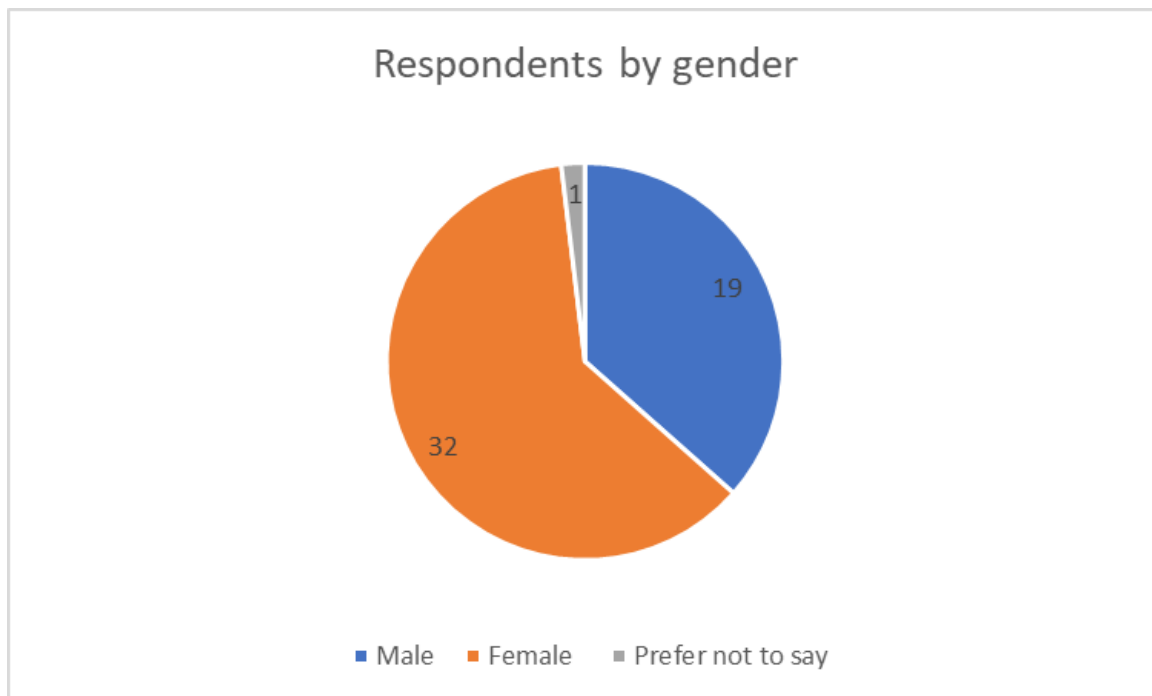
| | | | Response Percent | Response Total |
|---|---|---|---|---|
| 1 | Doctor | | 82.69% | 43 |
| 2 | Hospital | | 55.77% | 29 |
| 3 | Adult social care or council service | | 21.15% | 11 |
| 4 | A community group for support or advice | | 44.23% | 23 |
| 5 | Prefer not to say | | 0.00% | 0 |
| 6 | I have not used any services | | 5.77% | 3 |
| | | | answered | 52 |
| | | | skipped | 0 |

## 3.2 Location of respondents



Location of respondents

- CALAT
- Croydon Sickle Cell and Thalassaemia Centre Thornton Heath
- Foodbank
- Job Centre
- Parchmore Community Centre
- Thornton Heath Islamic Centre

- 16 came from places expected to serve people on low incomes 13 from Job Centre and 3 from the foodbank.

## 3.3  Respondents by gender

Respondents by gender



- ■ Male ■ Female ■ Prefer not to say

## 3.4  Ethnicity of respondents

| | Which ethnicity best describes you? | | Response Percent | Response Total |
|---|---|---|---|---|
| 1 | British | | 23.08% | 12 |
| 2 | Irish | | 0.00% | 0 |
| 3 | Other | | 1.92% | 1 |
| 4 | Indian | | 1.92% | 1 |
| 5 | Pakistani | | 13.46% | 7 |
| 6 | Bangladeshi | | 0.00% | 0 |
| 7 | Any other Asian background | | 9.62% | 5 |
| 8 | White and Black Caribbean | | 0.00% | 0 |
| 9 | White and black African | | 0.00% | 0 |
| 10 | White and Asian | | 0.00% | 0 |
| 11 | Any other mixed background | | 0.00% | 0 |
| 12 | Caribbean | | 15.38% | 8 |
| 13 | African | | 19.23% | 10 |
| 14 | Any other black background | | 9.62% | 5 |

| Which ethnicity best describes you? | | | Response Percent | Response Total |
|---|---|---|---|---|
| 15 | Chinese | | 0.00% | 0 |
| 16 | Any other Ethnic Group | | 1.92% | 1 |
| 17 | I do not wish to disclose my ethnic origin | | 3.85% | 2 |
| | | | answered | 52 |
| | | | skipped | 0 |

- 23 came from African, Caribbean or other black background.

## 3.5 Religious belief



Religious belief
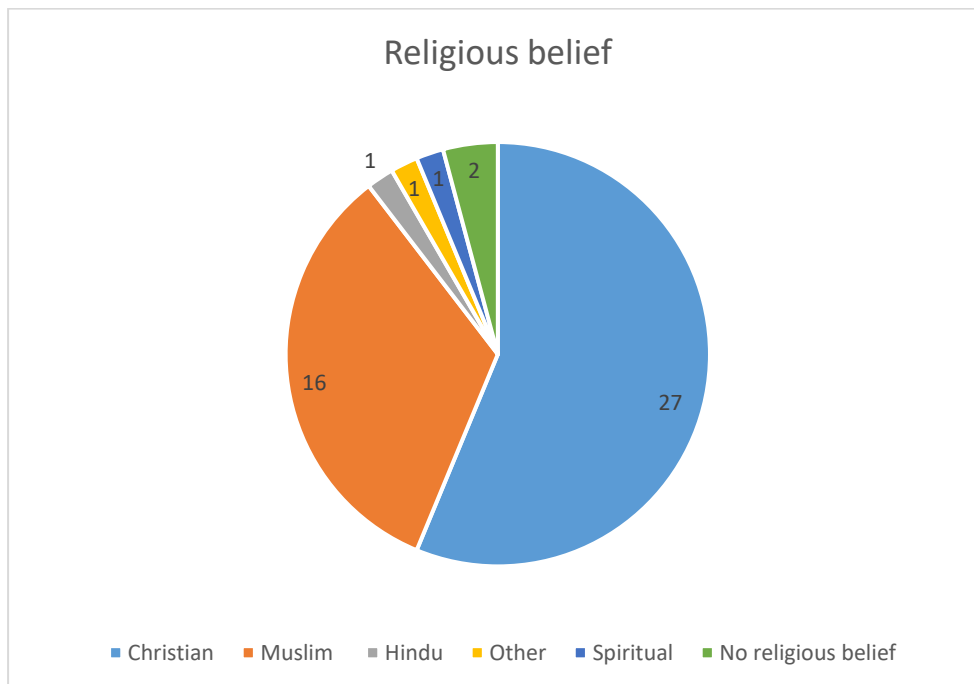
- 16 respondents were Muslim.

## 3.6 Do you have a disability?

| | 12. Do you consider yourself to have a disability? | | Response Percent | Response Total |
|---|---|---|---|---|
| 1 | Yes | | 34.69% | 17 |
| 2 | No | | 63.27% | 31 |
| 3 | Prefer not to say | | 2.04% | 1 |
| if yes, please state what disability you have (9) View | | | | |
| | | | answered | 49 |
| | | | skipped | 3 |

Some of the conditions stated as disabilities by respondents:

Lots of problems

Mobility aid

Mental health

Autism

Back discs arthritis

Dyslexia

Cerebral palsy

Registered disabled

Hearing

## 3.7   Are you working?

| | 13. Are you working? | | Response Percent | Response Total |
|---|---|---|---|---|
| 1 | Yes | | 26.53% | 13 |
| 2 | No | | 73.47% | 36 |
| 3 | Prefer not to say | | 0.00% | 0 |
| If you do work- what role do you? (6) View | | | | |
| | | | answered | 49 |
| | | | skipped | 3 |

# 4 Response to our research

**Dr Agnelo Fernandes, Clinical Chair, NHS Croydon CCG on behalf of One Croydon, said:**

"We welcome the Healthwatch report and its important findings about the views of key seldom heard groups in the Thornton Heath area. It's great to hear such a positive response to the proposed changes and that people are open to having more services locally. We are pleased that our plans for hubs and social prescribing have been so well received.

"The insights are helpful for guiding the development of the ICN+. We note local residents' desire for more education and information about how to stay well and self-help. This will form part of focus on prevention. We take on board the need to reassure residents that providing more online options will not leave behind people without digital access and to ensure they will still be able to access services.

"Ongoing local engagement is a key aspect of local community networks. We are pleased that so many of the outreach participants would like to continue to be involved with the development and scrutiny of the ICN work."

# 5 Quality assurance

**Does the research ask questions that:**

**Are pertinent?** The insight asks residents what they think of a proposed new service delivery model.

**Increase knowledge about health and social care service delivery?** This research helps both commissioners and providers of services both in the health and social care sectors. It also will help prepare improved communication about the change with residents and creates discussion on methods for future engagement, co-production and representation.

**Is the research design appropriate for the question being asked?**

**a) Proportionate:** The idea to was to gain views from seldom-heard residents living within Thornton Heath, this was achieved.

**b) Appropriate sample size: Has any potential bias been addressed?** As a requirement of the funding we had to speak to 40 people over all with a 10 people on lower incomes, 10 from the Afro-Caribbean community and 10 from the Muslim community, centred around a key geographic area of Thornton Heath. We exceeded these numbers in all areas, speaking to 23 Afro-Caribeean residents, 16 Muslims and 16 in locations where people with low incomes are likely to access services.

**Have ethical considerations been assessed and addressed appropriately?**
Beyond the usual standards of anonymity, here were no further ethical considerations required for this insight.

**Has risk been assessed where relevant and does it include?**

   a) **Risk to well-being:** None.

   b) **Reputational risk:** That the data published is incorrect and not of a high-quality standard. All data was collected by team members and volunteer.

NHS Croydon CCG's Engagement Consultant and staff member also attended one session at the Job Centre. The board had discussed any risk concerning the methodology and delivery of the project and approved its progress.

c) **Legal risk: Have appropriate resources been accessed and used to conduct the research?** There was no need to refer to legal resources for this research.

**Where relevant have all contractual and funding arrangements been adhered to?** This was funded directly to Healthwatch Croydon by NHS Croydon Clinical Commissioning Group and all details have been adhered to.

**Data Collection and Retention**

**Is the collection, analysis and management of data clearly articulated within the research design?** Yes.

**Has good practice guidance been followed?** Yes.

**Has data retention and security been addressed appropriately?** Yes.

**Have the GDPR and FOIA been considered and requirements met?** Yes.

**Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? ie the Mental Capacity Act.** None required for this research.

**Has appropriate care and consideration been given to the dignity, rights and safety of participants?** Yes. People gave their views anonymously, but had the opportunity to leave details if they wanted to be contacted for further engagement. This would be shared with the CCG but separately to their responses.

**Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity?** Yes.

## Collaborative Working

**Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement?** We request access to certain locations via other organisations as listed in the methodology under terms agreed with them

**Have any potential issues or risks that could arise been mitigated? These are shown below:**

| Risk factors | Level of risk | Contingency |
|---|---|---|
| Cannot access key people to research | Low | Choose different locations or new times to visit. |
| Organisations let you down | Low | Find different locations. |
| Question set does not work with group | Low | Co-written with NHS CCG based on previous experience. We review after first day of outreach. |
| Data is seen as being out of date | Low | Report to be completed within a month of insight undertaken. |
| Not enough respondents | Medium | Book additional dates at locations or review locations. |

**Has Healthwatch independence been maintained?** Yes. The local leadership board agreed the final Memorandum of Understanding before this work was agreed. This research is shared with partner organisations before publication for their comment, but only factual inaccuracy would be reviewed. This does not affect the comments of experiences we receive.

## Quality Controls

**Has a quality assurance process been incorporated into the design?** There was a proper process of scoping with NHS Croydon CCG.

**Has quality assurance occurred prior to publication?** Data collection was checked and re-checked.

**Has peer review been undertaken?** No peer review was undertaken. It was not required for this research project.

## Conflicts of Interest

**Have any conflicts of interest been accounted for?** This work was commissioned by NHS Croydon Clinical Commissioning Group. Healthwatch Croydon is satisfied that its independence and neutrality has been maintained through this project.

**Does the research consider intellectual property rights, authorship and acknowledgements as per organisational requirements?** The research is owned by Healthwatch Croydon, who are managed by Help and Care. Other organisations support has been recognised and suitably referenced.

**Is the research accessible to the general public?** It appears on our website as of 17 June 2020.

**Are the research findings clearly articulated and accurate?** To the best of our knowledge, we believe they are.

Call 0300 012 0235

Email info@healthwatchcroydon.co.uk

www.healthwatchcroydon.co.uk

Be social with us on Facebook, Twitter, Instagram, Pinterest, LinkedIn and Google.

24 George Street Croydon CR0 1PB