



Let's discuss the Health and Care Plan

October 2019

Public insights on the plan and
impact from event held on
Wednesday 12 June
at Healthwatch Croydon

1 Background

On Wednesday 12 June, Healthwatch Croydon organised a public meeting to provide feedback on the recently published Health and Care Plan discussion paper. Reflecting the themes of the survey accompanying the discussion paper, Healthwatch Croydon created an open forum to discuss:

- What people understood about the plan?
- Do people agree with it?
- What was missing from the plan?

The following comes from a professional independent transcript that was taken at the event and is included below the insights and suggestions.

This was shared with NHS Croydon Clinical Commissioning Group (CCG) and One Croydon on 24 June and along with One Croydon's own survey was used to refine the current Health and Care Plan.

The original plan can be viewed here: <https://www.croydonccg.nhs.uk/news-publications/news/Pages/Draft-Croydon-Health-and-Care-Plan.aspx>

We based our themes on the questions posed in the One Croydon survey, so that the views we receive are relevant to ensuring the plan meets resident's and patient's expectations.

Limitations

These are the views of attendees of the 24 that attended 17 gave their views in some way. Bearing in mind that the discussion time for the whole plan was 24 days, Healthwatch Croydon organised the only public event. NHS Croydon CCG and One Croydon response rate to their survey was 30. We know of at least two people who filled in the survey and attended the meeting. We did encourage all to do so.

This report gives an illustration of the issues but does not seek to be comprehensive.

2 Insights

Understanding about the plan

It was clear that it was linked to the NHS Long Term Plan. Some of the aspects of the case for change were there, but more detail on sources and assumptions behind these would have been relevant.

Do people agree with it?

There was general agreement with what was in it. No one suggested aspects should be taken out or were not relevant, however, there were wide range of responses who felt much was missing.

What was missing?

Measures of what success looks like and how there will be accountability

- A lot on aspirations but a lack of objective targets and measures of success. Question and concerns on accountability.

Case for change background information

- No clear reference to the wider issues not affecting demand and supply, ie GPs retiring and nurse shortage and how perception of Croydon might affect this.
- No reference to non-health issues that impact health such as environment, education, social deprivation.

Lack of communications strategy

- Individual perspective needed - How will this affect individuals? What will be the process of change? There is a need to present the stages and show the journey of progress so that expectations can be managed. For example, how long will it take for this to be deliver and what will change first.
- A need for better signposting and information in one place - how about a Croydon health Google

Lack of engagement strategy

- Lack of full engagement strategy - different methods to access different groups.
- In terms of delivering the community and voluntary sector approach, there is a need for organisations to work together and also access funding more easily irrespective of size, rather than a bias to larger, well-staffed/ funded organisations.

Lack of clarity about some of the initiatives presented

- Lack of clarity about what hubs will provide.
- Lack of clarity between the following roles and their remits and how they work together: Care navigator; Personal Independence Coordinator; Link worker
- No reference to how the health and social care provider will work closer with those other areas that relate to health such as education

Fit with current initiatives taking place

- Unclear where other initiatives fit in to this such as Mental Health hubs and Live Well.
- No preventative strategy presented - this is focusing on the already ill.
- No reference to other key strategies being defined which would impact or contribute to this such as: autism strategy both for adults and children linked with education and social care as well as health; carers' strategy again across health and social care.

Suggestions to include in revised plan

- Objective clear measures of success and how these are accountable to residents.
- SWOT analysis of health and social care services in Croydon to show more clearly and concisely the case for change
- A communications strategy that focuses on individual perspectives and their expectations, showing the journey and timetable as well as destination.
- An engagement strategy to really work in communities, using Integrated Care Networks and Primary Care Networks and funding opportunities.
- A clearer explanation of some of the new initiatives and roles and how they work together in a way a lay-person will understand it.
- A clear explanation of how current initiatives outside this plan that are already underway or proposed relate to proposed actions that are within this plan.


2 Response from Clinical Chair, Croydon CCG

Dr Agnelo Fernandes, Clinical Chair, NHS Croydon CCG:

“The vision outlined in the Croydon Health and Care Plan is simple: we know we must all work together to support local people to stay well and have access to the right services, when and where they need them. Central to this is our commitment that the views of local people will influence local services - and we continue to engage with residents, local communities and their representatives across the borough to make this a reality. Healthwatch Croydon are a key partner to make sure that what local people have told us stays at the centre of our joint health and care plan for the borough.”

Impact

On 2 July, NHS Croydon CCG held its Governing Body meeting in public and reported back on the feedback from the discussion campaign. Here are excerpts from the meetings agenda, which can be viewed at: <https://www.croydonccg.nhs.uk/about-us/Governing%20body/Pages/Governing-body-papers.aspx>

Where there has been a mention of an issue raised from the event there is an  icon for easy reference as well as where Healthwatch Croydon was mentioned.

Healthwatch Croydon is now working with the CCG and One Croydon to ensure that the issues raised will be reflected in future versions of the plan, and in future communications, engagement and involvement strategies that support it.

**REPORT TO CROYDON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

2 July 2019

Title of Paper: Croydon Health and Care Plan Engagement Update

Enc 4 Croydon Health and Care Plan engagement GB

Lead Director	Martin Ellis Director of Primary Care and Out of Hospital Stephen Warren Director of Commissioning
Report Author	Fouzia Harrington Associate Director: Strategy, Planning and Estates Lizzie Whetnall Head of Communications and Engagement
Committees which have previously discussed/agreed the report.	None
Committees that will be required to receive/approve the report	None
Purpose of Report	For Approval

Recommendation:

The Governing Body is asked to:

- Note the engagement update in finalising the Croydon Health and Care Plan
- Support the plan amendments and updates and recommend support for the document and process to the Croydon Transformation Board
- Agree to delegate to the Accountable Officer the final sign off of the Croydon Health and Care Plan for publication this summer and for submitting to form part of the South West London Health and Care Plan.

Background:

In March 2019, the Governing Body approved the discussion document version of the developing five-year Croydon Health and Care Transformation Plan, as well as an outline to the national approach for planning for 2019/20.

This paper provides an overview of the engagement process and the feedback received. The closing date for comments was Monday 17 June 2019 and the Health and Care Plan is being updated to reflect the feedback received. The CCG is required to publish its final Health and Care Plan in the summer to form part of the South West London Health and Care Plan in the autumn of 2019. This will satisfy the requirements of the NHS Long Term Plan published in January 2019.

Key Issues:

Engagement on the Health and Care Plan discussion document

Since the publication of the South West London Health and Care Plan refresh in November 2017, we have been developing local borough health and care plans and have engaged with frontline staff, community groups, stakeholders and a reflective sample of local people at our six borough events in November 2018.

The Croydon Health and Care Event held at Croydon Conference Centre on 20 November 2018 was attended by over 160 people. Insight from the event has been used to help further shape the Croydon Health and Care Plan.

On Friday 24 May 2019 to Monday 17 June 2019 we disseminated a questionnaire and summary version of the Health and Care Plan for each of the partner organisations to test with their staff and key stakeholders to test the draft discussion document.

We encouraged residents to read the plan first and offered both the summary and the full documents.

In total, we received 30 responses through the electronic survey as well as two emails from individuals with detailed comments, a letter from Age UK Croydon and a report from Healthwatch Croydon who ran an event focussed on the health and care plan discussion document.

Of those who responded, over 80% felt that they understood what we will be focussing on for the next two years.

Overall Feedback

- Overall feedback was positive. People generally understood our strategic approach and our focus for the next two years
- There was a theme of wanting more detail, whether that was in the system challenges i.e. workforce or in the plans, people felt that they were too high level. People also suggested areas not mentioned in the plan.

How the Plan Will Change Following Feedback

The Health and Care Plan is currently being revised to include and emphasise the following key issues as a result of this feedback:

- The plan is a strategic summary position indicating our approach. It complements the constituent organisational plans and specific service strategies. As such it is not possible for it to include every possible aspect of work and focusses on the areas the organisations can have the biggest impact on by working together.
- The plan represents a point in time and it is not yet possible to provide all of the implementation detail. Our planning as a partnership will continue and will strengthen over time. A next steps section will be added to reflect the key areas such as demonstrating how our plans address our challenges and specifically they will improve quality of care and close the financial gap, and the need to reflect the children's planning more explicitly into the One Croydon offer.





- The development of the Integrated Community Network Plus and public accountability for health being driven through the model.
- Governance and risk sections to demonstrate how we will ensure delivery of our ambitious plans.
- Croydon's Health and Care Plan aims to be a high-level plan that will form part of a South West London wide plan we will not be able to cover everything. We have focussed on the areas we can have the biggest impact together as a partnership to see the biggest gains for our population.
- We did have some feedback that is out of scope of our joint Health and Care Plan. We are focussing on those areas we can have the biggest impact as a partnership and that no single organisation can do alone, in some cases individual organisations may be addressing issues individually.
- We will carry out further engagement on delivery of these plans – carried forward by each of the six delivery boards.
- Healthwatch provided detailed feedback which will be helpful to refine plans and programme boards will be asked to consider this feedback separately.

Governance:

Corporate Objective	To commission integrated, safe, high quality service in the right place at the right time. To have collaborative relationships to ensure integrated approach To achieve financial balance
Risks	Effective planning will support mitigating a range of risks. Croydon has ambitious plans and a key risk is the organisational capacity and capability to develop and implement these at pace.
Financial Implications	The Strategic Review sets out the reason for system wide deficits with recommendations for how financial sustainability can be addressed across Croydon partners.
Conflicts of Interest	None as part of this report, however there is potential conflicts of interest through the design and implementation of any system change. The OBC principles for working together will form the basis for taking this work forward.
Clinical Leadership Comments	Clinical Leadership comments have been sought throughout the development of the Health and Care Plan and are implicit in our plans, including at the first South West London Health and Care Conference at the end of April 2019 which will support the

<p>of years. This includes:</p> <ul style="list-style-type: none"> • Extensive work with over 65's to design and develop the Outcomes Based Commissioning programme, subsequently One Croydon • AGE UK and BME Elders as part of the south-west London grass roots programme • Social Prescribing Programme 	<p>There are some individuals and communities who are especially vulnerable to experiencing social isolation and we will focus our future engagements to ensure that it includes the following groups:</p> <ul style="list-style-type: none"> - People with a physical disability - People who are unemployed - People with a severe on-going mental health issue - Young parents in areas of high deprivation
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Engagement on the Health and Care Plan discussion document

On Friday 24 May 2019 to Monday 17 June 2019 we disseminated a questionnaire and summary version of the Health and Care Plan for each of the partner organisations to test with their staff and key stakeholders to test the draft discussion document.

We also shared with communication and engagement colleagues in our partner organisations through the Croydon Communications Engagement Group the following communication collateral to help disseminate these messages:

- Croydon Health and Care Plan full discussion document
- Survey
- Template social media posts for partners to use in their social media channels
- Social media images
- Article for partner websites
- Article for partner stakeholder bulletins
- Article for internal staff communications

The key questions asked within this engagement period were:

1. Do you understand what we will be focusing on for the next two years?
2. Do you agree with the actions we are proposing to improve the health and care of local people over the next two years?
3. Is there anything missing in our plans that you would expect to see there?
4. Have you any other comments about the Croydon Health and Care Plan discussion document?
5. What role would your organisation or group be able to play to support the delivery of these plans?

To support this engagement process we published on the CCG website information about the engagement process, and a link to the survey.

Key themes from the engagement

- Overall the responses to the survey were very positive – it showed us that people are interested in our work and want to understand more about it.
- The document would benefit from a **short, high level summary** which confirms what we are trying to do as a partnership and a high-level overview of our plans

over next two years – this would make the plans more accessible to the public and enable the public to hold the partnership to account for these plans.

- **Workforce** plans are insufficient and there is a need for better, joint workforce plans to be developed
- **Financial analysis** – respondents felt there should be more evidence in the report that these plans will close the system wide financial gap
- The **alignment between Croydon Health Services and the CCG** is outlined as being a step towards further alignment with the whole of the One Croydon partnership – this is just part of the health system in the borough and doesn't yet include alignment with mental health and primary care provision.
- A common **misunderstanding that this is a CCG document** – need to be clearer throughout that this is a partnership document for One Croydon and is specifically aimed at addressing issues that no one organisation can address alone
- **Engaging on Integrated Care Network models** - A need to imbed patient engagement at ICN level - the CCG has commissioned Healthwatch Croydon to support outreach engagement work to help the development of engagement for each of the emerging ICNs in the borough

This joint One Croydon plan does not replace individual partner plans which can be read in parallel and signposted to where possible.

Findings from the engagement

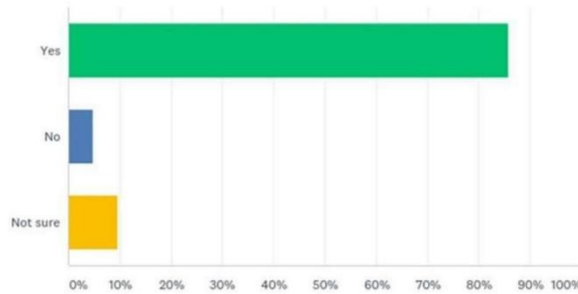
We encouraged residents to read the plan first and offered both the summary and the full documents. All links directed residents to the CCG webpage containing links to all this information, rather than the survey itself.

In total, we received 30 responses through the electronic survey as well as two emails from individuals with detailed comments, a letter from Age UK Croydon and a report from Healthwatch Croydon who also ran an event focussed on the health and care plan discussion document.

Rachel Flowers, Director of Public Health, also facilitated a peer review of the document by the Local Government Association. Feedback from this peer review is also included in this summary.

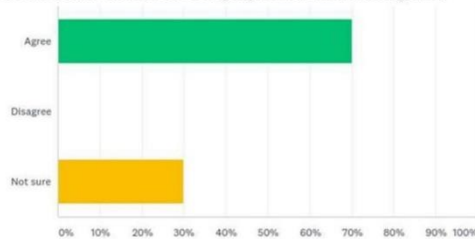
Of those who responded, over 80% felt that they understood what we will be focussing on for the next two years. This means that the document clearly explains our aims.

Q3: Do you understand what we will be focusing on for the next two years?



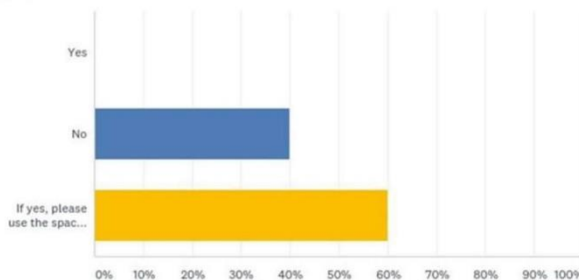
Nobody disagreed with what we are proposing, however almost a third of responders were unsure as to if they agreed or not. Clearly stating our reasons for change and the specific issues we wish to address may help in future engagement.

Q4: Do you agree or disagree with the actions we are proposing to improve the health and care of local people over the next two years?



While it is encouraging that 40% of responders felt that there was nothing missing in our plans, the rest of those who answered the questions felt we had not covered everything. Comments centred around further integration with services that were not mentioned, such as the Job Centre. There were several comments asking for more support for babies and younger children, such as increased health visitor interaction with all parents, rather than “spending all their time on child protection work”, and improving basic motor skills.

Q5: Is there anything missing in our plans that you would expect to see there?














Detailed engagement feedback

Feedback	How we will adapt the health and care plan?
Do you agree with the actions we are proposing to improve the health and care of local	

people over the next two years?	
Is this plan achievable?	It is recognised that further work is required to demonstrate to what extent our plans meet our challenges. This will be set out in the 'next steps' section of the plan.
Are our goals and outcomes correct – more important are our aspirations correct – need to make sure there is realism in the plans and they are deliverable	The outcomes and indicators have been developed to show the long term impact we need to make overall. Further work is required to ensure: <ol style="list-style-type: none"> 1) We have a baseline for these and 2) Each programme area develops in specific outcome measures. This will be indicated in our 'next steps' section
How will plans be delivered given the workforce and capacity issues of the CCG – particularly given the high-level turnover of staff	There is a misunderstanding that this is solely a CCG plan. This is a health and social care joint plan with all One Croydon organisations working in partnership. Reflect in the plan that this is a point in time and we do not have all the answers. There are aspects that we are still working on. A key next step is ensuring all enablers i.e. workforce, IT and estates, are aligned to delivering this plan and this will be reflected in the 'next steps' section.
Some things are above the control of the partnership - migration, poor housing, debt, unemployment	This is what is described as 'wider determinants of health' in the document. It is also reflected as part of how the Integrated Community Network Plus model works alongside the Councils Gateway Scheme. Explain how the partnership will work to address and mitigate for these determinates. – as highlighted in diagram on page 11.
No reference to how the health and social care provider will work closer with those other areas that relate to health such as education	
No reference to non-health issues that impact health such as environment, education, social deprivation	
Is there anything missing in our plans that you would expect to see there?	
Practical examples of what is intended are required	Include more examples of the work of the One Croydon partnership to better illustrate what this might mean in future – include within the 'What it will mean for people?' section
Not enough said or explained about primary care networks	This is currently pictured as the grey 'cog' in the diagram – this needs to be better articulated in the text and to use the ICN diagram in its place that attempts to illustrate the vision of an ICN for Croydon as well as clear written definitions
Explicit mention of patient participation groups	Include the ICN diagram which has patients at the centre of the newly developing localities and reflect this will drive health accountability to the local population and look at how engagement may be different in future.
More detail needed on how the partnership will build the community and voluntary sector in Croydon	This is reflected in the plan currently as a high-level overview. Difficult to include more detail without including more detail about all aspects of the plan.
Health visitors core to work and are not mentioned, building communities and removing broken down cars from streets is required	All detail cannot be addressed within the Health and Care Plan – but this does not replace individual organisational plans and greater detail will be discussed by the enabler groups including one specifically for workforce
No mention of working with job centres	Mention will be added in to page 17 – job centres are an integral part to the Council's Gateway work



Active travel planning, infrastructure and air quality	These are included in the overview of the wider determinants and action plan around that and how this links to other programmes and individual organisational plans – page 17
No mention of the CQC, health and social care regulators	This will be added to page 7
No reference to the frailty strategy	The introduction reflects that this Plan does not replace organisational plans and complements service specific strategies. It is not possible to mention all the supporting strategies and work plans.
There were wide range of responses who felt much was missing	
Measures of what success looks like and how there will be accountability • A lot on aspirations but a lack of objective targets and measures of success.	The outcomes and indicators have been developed to show the long term impact we need to make overall. Further work is required to ensure: 1) We have a baseline for these and 2) Each programme area develops in specific outcomes measures. This will be indicated in our 'next steps' section.
Climate change emergency is not mentioned in the plan	Each organisation is required to improve its environmental footprint and this is implicit in all our plans
Case for change background information • No clear reference to the wider issues affecting demand and supply, i.e. GPs retiring and nurse shortage and how perception of Croydon might affect this	This is a high-level document and including all sources will be difficult to document. The work force group will pick up these specific issues
No reference to non-health issues that impact health such as environment, education, social deprivation	As above – wider determinants of health is included in the diagram – more explanation of this to be included in the final plan.
No preventative strategy presented - this is focusing on the already ill.	This document is about shifting to a preventative and practice care model. However, we recognised the model needs to be developed. This will be added to 'next steps'
Have you any other comments about the Croydon Health and Care Plan discussion document?	
There is a democratic deficit in health	We will include more items in the 'you said, we did' element of the Health and Care Plan to better highlight engagement work that has been done The CVA has been commissioned to support the recruitment and training of local people to join One Croydon delivery boards Healthwatch Croydon have been commissioned to support engagement work with emerging PCNs and ICNs and we will work with them to develop this further.
Do nothing graphs are not understandable	Review graphs and test to make them more understandable
Personal stories shared through the engagement – including one on dementia diagnosis	The dementia work led by Rachel Carse focuses on treating the person and not the condition with a focus on a preventative approach. This work is also led by the Personal independence coordinators (PICs) who deal with the person's total need as opposed to just one aspect of their need. We will also work to highlight the work of One Croydon further by developing case studies of successful work and

	promoting them through the local media, partner channels and social media.
 Some of the aspects of the case for change were clear but more detail on sources and assumptions behind these would have been relevant.	We will check references and sources and try to include as much as possible – as a high-level document it is difficult to include all the detail. We could think about having a ‘further reading’ section which would link to organisational plans of the constituents of the One Croydon partnership
 Question and concerns on accountability	A section will be added to include governance and risks
 Lack of communication strategy	Reflect in the plan that this is a point in time and we do not have all the answers. There are aspects we are still working on. A key next step is ensuring all enablers i.e. workforce, IT, communications and engagement and estates are aligned to delivering this plan and will be reflected in the next steps section.
 Lack of full engagement strategy - different methods to access different groups.	
 Individual perspective needed - How will this affect individuals? What will be the process of change? There is a need to present the stages and show the journey of progress so that expectations can be managed. For example, how long will it take for this to be delivered and what will change first.	There is a section about how this will affect people. It will be reviewed to consider how to make it more meaningful.
 A need for better signposting and information in one place – how about a Croydon health Google?	Croydon CCG has the Health Help Now app which is a signposting app. The CCG is exploring options for a marketing plan for Help Health Now to encourage uptake
 In terms of delivering the community and voluntary sector approach, there is a need for organisations to work together and also access funding more easily irrespective of size, rather than a bias to larger, well-staffed/ funded organisations.	Community and voluntary sector is critical to developing resilient communities and is central to our strategic approach. The CVA is also supporting the partnership in this work.
 Lack of clarity between the following roles and their remits and how they work together: Care navigator; Personal Independence Coordinator; Link worker	A definition of these posts will be added to the plan.
 Unclear where other initiatives fit in to this such as Mental Health hubs and Live Well.	This is reflected in the appendix under mental health.
 No reference to other key strategies being defined which would impact or contribute to this such as: autism strategy both for adults and children linked with education and social care as well as health; carers' strategy again across health and social care.	The plan is a strategic summary position indicating our approach. It cannot cover every aspect but what we do complements individual organisation plans and specific service strategies. The Carers Strategy will be referenced and autism picked up as part of our plans for transforming mental health services.
 Objective clear measures of success and how these are accountable to SWOT analysis of	These are included in the plan on a page. Consider bringing these out more explicitly in the document.



health and social care services in Croydon to show more clearly and concisely the case for change residents.	
A clear explanation of how current initiatives outside this plan that are already underway or proposed relate to proposed actions that are within this plan.	Appendix 1 already shows those plans that are underway as well as new. We will make this clearer in the plan.

Initial response to the key themes

The Health and Care Plan is currently being revised to include and emphasise the following key issues as a result of this feedback:

- The plan is a strategic summary position indicating our approach. It complements the constituent organisational plans and specific service strategies, As such it is not possible for it to include every possible aspect of work and focusses on the areas the organisations can have the biggest impact on by working together.
- The plan represents the journey we are on and it is not yet possible to provide all of the answers, Our planning as a partnership will continue and will strengthen over time, A next steps section will be added to reflect the key areas such as needing to demonstrate how our plans address our challenges and specifically how it will close the financial gap, and the need to reflect the children's planning more explicitly into the One Croydon offer.
- The development of the Integrated Community Network Plus and public accountability for health being driven through the model.
- Governance and risk sections to demonstrate how we will ensure delivery of our ambitious plans.
- Croydon's Health and Care Plan aims to be a high-level plan that will form part of a South West London wide plan we will not be able to cover everything. We have focussed on the areas we can have the biggest impact together as a partnership to see the biggest gains for our population.
- We did have some feedback that is out of scope of our joint Health and Care Plan. We are not able to address everything as a partnership, but in some cases individual organisations may be addressing issues individually.
- We will carry out continuous engagement on delivery of these plans – carried forward by each of the six delivery boards.
- Healthwatch feedback provided detailed feedback which will be helpful to refine plans and programme boards will be asked to consider this feedback separately.



Recommendation

The Governing Body is asked to:

- Note the engagement update in finalising the Croydon Health and Care Plan
- Support the plan amendments and updates and recommend support for the document and process to the Croydon Transformation Board
- Agree to delegate to the Accountable Officer the final sign off of the Croydon Health and Care Plan for publication this summer and for submitting to form part of the South West London Health and Care Plan.

3 Event transcript

Gordon Kay: Facilitator, Healthwatch Croydon Manager (TS)

12 females spoke: (F)

7 males spoke:

7 others were in attendance

(Session begins at 15:00)

GK: Firstly, does everyone have a general idea of what Healthwatch does? Healthwatch is here to get the views of the residents regarding healthcare. We are an independent service and we aim to get the patient's voice heard. The aim for today is this handout. This has been first discussed two years ago and now it is out for public discussion. It is only a draft and still open for revision. I am not going to focus too much on the contents, and I hope you have read it already. Secondly, we do not have ownership over this. We are on the outside of this just as much as you are. However, this is the opportunity to express your views and I highly encourage you to do so. We are recording this today through a notetaker and it will be published and analysed. Your expressions will however be anonymised, and transcripts will show either 'M1' or 'F2'. This gives you the opportunity to speak frankly. There will be around 3 questions. They are: 'Do you understand what is being presented? Do you agree with it? Is anything missing?' We will then analyse the transcripts and what has been discussed today. I will also use the whiteboard today as well to note pointers and will submit this to those in charge. We will send you a copy of the transcript via email once we have published it. I am not going to go too much into what is in the handout. If there are any confusing bits, today is the day to voice your views. Anything you feel can be presented better, such as more details, I want to hear that as well. Let us begin with the first question. Do you understand what commissioners and providers are focusing on for the next two years? Does this make sense to you?

F1: Personally, it is clear because it is quite aligned with what the NHS is proposing in their 10-year plan. What I do not see are the targets, for example, the networks and social prescribing. What is Croydon's specific strategic intent? To reduce cost by X%? Putting in X number of link workers? Those exact measurements are missing.

GK: Any views on that?

M1: Statistics must be provided on performance. I have been trying to get the people out of going to university hospitals and the A&E for about 6 years now. In these 2 years, the number has actually been reduced. However, from our questioning with their outreach, it seems like that place is just as busy as it ever was. Though it is well improved, the figures there have not been reduced at all. I am fully in favour of this though. It should be for everybody who is needing support in the community. There are six networks and the organisations are all beyond the public purview. Healthwatch has to pick up on the comments that come through to show that things are not being done as well as they can be.

GK: So, we need to get some measurements in.

F2: The outcomes and the evidence must be provided. There is a lot of preventative work being done, but this must be shown in a manageable way.

F1: The burden on GPs is another issue. However, there are also some underlying issues due to the fact that there are fewer GPs coming through the pipeline. Croydon is just unable to attract enough GPs or healthcare professionals in general. That needs to be dug deeper into as to why it is so. Is it just because there are so many people going to the GP or are there other fundamental issues? Croydon has a reputation. This I heard from a stroke consultant who said he will never come back to Croydon. Croydon still has a stigma around it, and it may not be all about the money. Are we addressing these underlying issues?

GK: This can be done in a SWOT analysis?

F1: Yes, and the evidence as mentioned by F2. Going back to the outcomes, these outcomes must be based on evidence.

M2: I understand that this is a transformation plan. What will be different compared to today in terms of health and care? What transitions are being made? In 20-years' time, how will I experience the change?

GK: If we go to page 13 of the handout, this does talk about what it means for you. It does seem aspirational. I am deliberately trying to get your views instead.

M2: I understand it is helping people to stay well and better. However, how am I actually going to experience this and its transition?

GK: Your concern is how we are going to get to here?

M2: Yes.

F2: This preventative work is going on now, it is about how you manage your health.

GK: You are saying things are not as well as they were 2 years ago. In what way?

M2: Appointments in hospitals. In terms of doctors and hospitals, things are getting worse, such as with the people I have worked with.

GK: What you are interested in are the measures, what the signs are that things are going to get better. In the nature of transformation, they say that there is an urgent need for change and there is a messy process to go through of which the end goal can actually be brilliant. However, I take that point, there needs to be a way of communicating how we are getting there, not simply the outcomes. What the journey is going to be like, this all needs to be communicated in a way. With any change, there is going to be a disturbance, a plus and a minus.

M2: It is important for people not to be pessimistic in the process. If they say you are going to suffer for 1 year, but it will get better after, we might take it.

GK: So, we need an actual progress plan.

F1: An engagement plan. There have been some primary care networks already set up, but I have never seen it in the GP centres that I go to. There seems to be an overarching strategy plan missing. We need to focus on engagement and communication. That seems to be missing for me. The overall engaging strategy, is unclear, how can you get me engaged? Just communicating is not enough. It is about setting up working or focus groups, using different methods for different audiences to get them onboard with this. Socioeconomic routes play an impact with this strategy due to different target audiences owing to such different socioeconomic statuses in Croydon.

GK: That is a very fair point.

M2: I have experienced improvements in social prescribing.

GK: Is everyone aware what social prescribing is? It is getting people together, meeting and sharing time together in a much more social kind of way. It is not a medical intervention. It could be any social activity like knitting, walking or art groups. In essence, it is getting people together. The reason some people show up to the GP is not because they are sick but that they are lonely and isolated, and this is what it is for. They have a limited budget, but they are funding this in almost every surgery. I could be wrong here, I heard that social prescribing has been rolled out to the six health networks.

F3: We sit on the Purley prescribing board, and they have only recently rolled it out in the south of the borough. It is going to take some time to roll it out across all the boroughs.

GK: Some research has been done and they are awaiting the results. These terms ICNs and PCNs, it is very easy to get confused with them. If you do not know them, let me know, we will figure it out. ICNs and PCNs are essentially health and social care working together in a particular neighbourhood. The challenge with Croydon is that it is a bigger area. Social care has been left with the council, but for financial reasons, PCN funded by the NHS will be in 9 neighbourhoods. PCNs being Primary Care networks, doctors, GPs and specialists will be working together. Rather than going to the GP for your health, it will all be integrated into one for those who are regularly turning up at A&Es with identified problems. Huddled with various nurses, GPs work together for a short-term period. They will visit them, engage with them and help them on a 1-to-1 basis. It is not a health professional who visits, but they are supported by them. It has been very successful at that level and it is a key part of where this PCN would be and where they will end up. The latest news says that there are going to be nine of them, in terms of neighbourhoods. The initial diagram I have seen at the primary care commissioning board is that they are actually in overlapping areas. Someone at the local medical board explained to me that it is much like a Venn diagram where you try to group together people of the same part of the neighbourhood. They are private organisations taking on a public contract so there must be cooperation between the two.

F3: They are talking about people being served in localities far away from them. Now, I am not too sure if that is the case for all the PCNs where people have to travel such a long way to get to the surgery.

F5: Can you tell me how these PCNs link in with the mental health hubs?

GK: Good question, I do not know. We can ask them this question.

F2: They give facts and then they change it. They put them on paper and they change it. My surgery already set those up in the evenings and on Saturday services. They took it away and put it in another locality. I cannot travel all the way there. They cannot take everything and put it on the other side.

F6: In the South there are just two.

F7: Services possibly focus on a particular practice and people have to travel to get these services.

GK: This is really good stuff to raise because we do not know. My understanding is that the whole point of this is not that all services have a regional specialism. The idea is to prioritise key issues in the neighbourhood areas. However, if you are a diabetic in a low diabetic service area, do you have to travel so far? That is a good question to ask.

F2: Some people do not have this transport and it is really unfair. Extended access was provided and then they took it away.

GK: They have offered extended access, but people did not turn up, so they are not continuing it.

F2: Perhaps they should charge those who do not show up.

F1: What I am not seeing is the sustainability of the plan. The social prescribing for example, unless I am wrong, all of these initiatives basically are available if you first go to the GP. A true preventative model is where you have created health and start avoiding a health issue. The plan is when you start having a disease. The sustainability factor is an issue. It is as if we are moving one bucket to another. If you look at the role description of the link worker, it is quite huge, how can one person do all of these things? I think there is a sustainability factor. It is a great initiative to bring people together, especially those of the older generation. You have to get referred to it, you cannot just show up.

GK: That is a very good point.

F8: I work with children with autism. It then strikes me in the document that there is no mention where education sits in all of this. You cannot have truly integrated care for children without education being a big part of it. Their healthcare plan, I would like to know where education sits in their strategy. Another issue from the detailed document, the therapy and paediatric services. These are commissioned by education and they have their own agenda. How does their agenda sit with this plan? Designing the Autism Spectrum Disorders in the next 10 years, I would like to know how it would be addressed - the resourcing of it and the possibility that we are spreading it even thinner?

GK: I think that that is a very good question. There seems to be a focus on those already ill and those who are in health. Particularly with autism, autism is where health and education meet. There is a question there that got to be asked. There is a lot of work done in health, about how housing, social deprivation and genetics and how all of these factors will affect health.

F8: You cannot have education sit in the miscellaneous category of the plan.

F9: Regarding incorporation of the carer's strategy, that seems like a huge piece of work. Large numbers of carers in Croydon have numbered 3 priorities they need to achieve in the next 2 years yet there is little said on how this is to be done.

F10: Adults with autism are my concern because they totally flounder, and social prescribing will not work for them. We went to a meeting at a mental health hub that said it was going to have a whole community focus. How will that help adults with autism? There is nothing to help them in their plan.

F11: I believe it is for people who never have a diagnosis.

GK: Is it a one-stop shop for all? That is an interesting question. The research we have done here shows that people who want mental care to want to go to hubs that provide overarching mental health services.

F8: On the hubs and shops, there seems to be an emphasis ongoing there, but it is going to be a challenge to travel there when they are actually suffering from their conditions. How do these services support them in providing access to them when they cannot even leave their house?

F3: The specialist hub is opening for autism, and they are liaising with parents. I think residences are not aware of it and it can be fed into some of these works.

F8: This misses my point. When people are in that sort of crisis, they are not going to be able to get to these hubs. My question is, how are these hubs going to support those who need them the most?

M4: There are hubs opening, yes. Hear Us (mental health charity) invited the council, they have all the money from central government for all of these hubs. They have written out a strategy report showing you how to access it and all the questions you are asking. I will try to get a copy of that for you. A lot of the time all these gurus say we are going to do this and that, but they have no money to do it at all.

F8: So, there is something about outreach then?

M4: Yes, there is a complete strategy for all of this.

GK: The interesting aspect is that these reports do not seem to clearly reflect what is going on in these initiatives.

F3: See, we do not know about all this and it is only through this gentleman who just came in that we have discovered this.

F1: There is a missing link of communication between all these things. If we are going to do this, our knowledge as individuals will not cut it.

M4: Indeed, it is like a chicken chase.

GK: The challenge here is that you do have all of these plans, but we are not certain on how they are getting measured.

M4: I suppose what we are doing here is giving the consultation now and that they will amalgamate all of what we have said.

M2: You mentioned in passing link workers. It says on page 5, health delivery coordinated in Croydon. I do not understand this.

GK: Those are the Personal Independence Coordinators (PICs) we were just talking about. PICs are allocated to those who have quite serious conditions who are turning up to GPs weekly.

M2: There are people suffering for COPD. Is there any way for them to know about this PIC?

GK: The PIC is allocated to you when you develop a consistent condition. I do not think you can apply. You have to be ill to get this.

F11: I run the Livewell programme. It is the only integrated, free service to help change your behaviour such as smoking, weight, alcohol, mental health. They are free for Croydon residents. We have been working with people, but we get to a point where we need to have a preventative approach. Realistically, if you have a free service like this, one that is working, coming back to your point, we are getting signposting from GPs. It is about getting the message out to these people to the right audience. How do we get to them? Our service is about prevention, not acute disease. We are frustrated because we go to meetings and everyone is disjointed.

M4: I have been involved with MIND for several years. When you say you are based there, are you physically based there and are you guys there all the time?

F11: Yes, we are at Orchard Road.

GK: Do you get some signposted from the GPs?

F11: Yes.

GK: It is only when people get ill when they will do something about it. Prevention is thus an issue. We need to find a way to solve this problem and resolve how people see the MIND service as a cure rather than a prevention service.

F11: It would be probably the GP indeed. There is tons of stuff out there, but it is where those conversations happen. It is about changing people's mindsets. Most older people trust solely in the GP and no one else.

F12: I work for a small voluntary organisation, we get left out of all this most of the time. The thing is, even with the community fund, I have been persistently consulting the CCG and Croydon Council, and that is only how I got wind of Value Croydon. The people who come to us are mainly those with long-term mental conditions. Some people refuse to access the services due to the effect on policies causing them to be transferred around. The system has caused recurring mental health problems. We are keen to work with other services such as Livewell to ensure this does not happen again.

F3: At social prescribing board meetings, we have raised how nobody is in the loop. The idea of GP Care Navigator has been provided to us. If they need preventative treatment, they will be referred to those services by the navigator. Every GP will have this navigator. They say it is going to be mandatory.

GK: I think that this navigator service is only for those with pre-conditions. I have heard the term all the time. Care navigators are there to help those with the complexities of the changes in the healthcare system.

F3: I may be talking about a different service then.

F4: A lot of this is coming from the NHS's 10-year plan. We have all these plans and suddenly this national plan comes out and now we have to rearrange our plans to fit theirs.

GK: There seem to be these roles such as Care Navigators in the community, but they have not been rolled out yet.

F2: I had a GP who came to us and said that there are so many older people coming who only want to talk. I said I will set up a meeting with Age UK, but Age UK says that they need appointments.

GK: It seems to me there is a big communications gap.

F8: We do live in a digital age. Is there a central portal online where all of this information can be fed through? With the population I work with, they love their computers very much and this may work for them.

GK: It is a valid point, there are certain apps already for this. There is definitely talk for that, it is definitely a case. With regards to MIND, is it a referral service you work for?

F11: There is a self-referral process with a limit. After the limit, those will be signposted back to JustBe.

M2: We should begin with what we can, so we can get to where we want to be.

GK: We should have a set of definitions of all the acronyms such as PIC.

M4: I have done Link Worker, it is an outreach-based service, 1-to-1. Extraction and information. Inclusive and prevention as well. Navigator has a broader range to it. For Livewell, how do you advertise? Through referrals? Preventative?

F11: Because they are all in one programme, MIND advertises all their services.

M4: So, you are relying a lot on MIND to promote?

F11: Yes.

GK: Taking stock of our discussion, there is a need for more rationale, evidence, and how all the other strategies that sit outside this link in. We need to see a more integrated plan. On our second question, I do not believe we spoke too much about this. Let us focus on this one and converge it with the third question. Is anyone objecting to this plan?

F1: Social prescribing is a great start but linking to point 3 and what I said before, what is missing in a plan is a true preventative strategy. We need to start thinking about the next generation. I want to see something more truly upstream, not just single diseases, but how our environment impacts, how diseases are interlinked, and that of choice. What are my options if I go to the GP, but I do not want a pill? We need to start truly educating individuals on health conditions and give them a genuine choice, to take a pill or not, to take supplements or complementary medicines. We have to start creating knowledge about the truly upstream system that, as an individual, you choose. We have been privileged with a system that we do not have to pay for when we use it and it may not be sustainable.

GK: So, forward thinking about issues of the future rather than just the immediate ones.

F1: It is still very responsive. I went to my GP for the first time in 15 years. My experience was horrendous. They do not provide tests for vitamin D and just prescribe set doses. I may get toxicity from a higher dosage. The general menopause age is 51 but that is too general and not personalised enough. There is nothing around that, no education around that. I got all of this knowledge in Barcelona, not in the UK.

GK: So, we are looking for a solution that works before there is a problem. How to support before problems occur?

F1: It is a more revolutionary change. We did not achieve the 5-year plan so now we get the 10-year plan.

GK: It seems that this plan does not clearly articulate their strategy in preventative care. Anyone disagree with anything that is in this plan?

F3: I think there is a lack of information and detail in there for people to understand. There is actually quite a lot of preventative work going on prior to falling ill but it is not exactly clear. I am not sure how all of this is communicated. I found that most of the people who need that help are not on email. Those who need it most are thus not getting it.

M4: You mentioned preventative; we need to take this with Livewell. I found out that there is such an array of services in Croydon and that there are, in fact, so many. We do need to get some kind of hub, nucleus, a pool where everyone can tap into.

GK: Did someone say a Croydon Health Google? I think there is a point there. In some parts of the country, signposting is terrible. However, for Croydon, I feel that there are so many signposting services and I would venture to say that there are too many services and there may even be an element of competition amongst them.

M4: I feel that some of them have underlying services, some of them are charging for their services. If that is happening, the point of this meeting then is to amalgamate all of these services.

GK: There is a need to have all of these services work together.

M4: You need to get down to the basics of what this service is for. We need to see an amalgamation. I have seen patients constantly jumping back and forth between services.

GK: We need to understand the customer journey here.

M4: Yes. If they did not have bodies on the journey, they would not have a job. Why would you allow this to happen? Just a brief point, black knife crime, nobody talks about the source, the point similarly with health care, we should all just go to the source and set a cornerstone of prevention before it happens.

F2: I agree with this that there are too many different services. When they have their strategy groups, they all want to get funding. Some are doing the same things, why should they not join together?

F3: I think they are trying to do that.

GK: From what I have heard, most people might not worry if it is Hear Us or somewhere else, they just want to go to whoever is closer. There is a case, however, of a need to be working together.

F2: They talk about collaboration, but they do not collaborate.

F5: There is collaboration between the mental health services. We do do referrals.

GK: I believe it all comes back to clearer communication.

M5: The discussion I have just heard prompts me to say this. I think that one of the reasons why you see this disparate assembly of people who want to do things about their health is because it serves the purpose of the unaccountable CCG who does not want to have an organisation that works together. It serves their purpose to keep us separate to have these discussions constantly.

F5: That is true.

M5: The way this was advertised today, it indicated that Healthwatch was actually promulgating the plan and I hope that is not the case. You are in the position to represent the voices but the way I saw that flyer, it indicated to me that you are here to say what is good about the plan. I do not think that would be your role.

GK: My opening statement was that I do not own this plan, we do not go into detail with the plan. However, I do thank you for this point. Healthwatch does need to take its independence seriously, but independence is useless without influence as well, which is why we clearly stated that this was a forum for you to give views that we can feedback.

M5: Other than the fact that it is a stalking horse, there is nothing about the plan that they should not have done ages ago. The NHS has been in existence for 70 years, why have they not done anything about this a long time ago? The NHS makes a host of problems and instead of saying we are going to eliminate the health differential; they say we are merely going to reduce it. There are no grip and guts about the NHS.

GK: There have been some saying that there are no clear measures of success in this plan. From what I hear today, they do seem to focus on a vision and plan but not much how we are getting there.

M2: Would you please transcribe this and circulate to all of us? You are Healthwatch Croydon, are there Healthwatch stations in other parts of the country and can we learn from those who are doing this as well? I like the care navigator plan; we need to know what this is about because resources are being put into the distribution. It is very key in my way of thinking.

GK: We will have our notetaker send us his transcript. Following our analysis, this transcript will be published. Healthwatch works over 144 areas, we can learn from others and indeed we have been doing some work funded by NHS England and Healthwatch England. CQC may or may not be involved in this, it is complicated. We offer evidence that may help influence decisions. We can learn, and we are learning from others. We are in front compared to the other area of England, especially with the One Croydon Alliance, and other geographical reasons for this. Anything we learn here will be shared nationally via Healthwatch England.

M3: Are we able to go to another CCG and see how far they are on the path, and what problems they are up against?

GK: We are part of the South West London wider plan including Kingston, Richmond, Wandsworth, Sutton and Merton. We work really closely with those Healthwatch stations. We do share our knowledge. The challenge for me is that there is nowhere quite like Croydon.

M3: We are pathfinding and we run the risk of coming up with new problems.

GK: Is there anything missing in the plan?

M3: Climate change. There is nothing in the plan that talks about climate change.

GK: I was at a presentation this morning with Healthwatch England, and the health advisor to Sadiq Khan (Mayor of London) says that when we are talking about London emission reductions in environmental terms, nobody is interested. When we relate it to health, people start getting interested.

F4: That makes absolute sense when you put it that way.

GK: It is hence all about presentation. You can change behaviour through organisations. McDonald's had to abide by the TFL's advertising standards switching from advertising chips to salad.

M3: The other missing opportunity is that of patient involvement. There have been talks about patient groups but there is no accountability to the public. The CCG and CHS are utterly unaccountable to the public and they are only accountable to the NHS. This is an opportunity for them to try to involve the public.

F1: The point for me is the word preventative. We also need to say that we as individuals are accountable for our own health. We also have to take responsibility.

M3: In one sense I agree with you. In another sense, their accountability is how they use their power and there are mechanisms to do that, but they are not doing it.

GK: To conclude, are there any other comments and feedback?

M4: Are you working in association with PALS (Patient and Liaison Service at Croydon University Hospital)?

GK: They deal with complaints. We do work with them and we share data with them.

M4: You clarified my point. This links to the point of M3 to tap into a central point of reference. We need to extend that and use technology to share.

GK: Thank you very much for your vibrant conversation. I hope we can take this back and influence and make a better plan for all of us.

(Session ends at 17:10)

4 Quality assurance

Does the research ask questions that:

Are pertinent? The insight asks residents what they think of a proposed new service delivery model, based on the questions offered by the commissioner.

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 was to gain views from residents living in Croydon, 24 attended.

b) **Appropriate sample size: Has any potential bias been addressed?** This was to gain some insight into what Croydon residents were thinking. We received responses from 17 people.

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 comes from professional transcriptions which have been read again by the facilitator to ensure accuracy.

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 project comes from the core Healthwatch budget and meets contractual arrangements.

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? i.e. 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**, it was confirmed that the event would be recorded and photographed.

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? The funding of this research came from Healthwatch Croydon's core budget.

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	We invited people to come to an event. We will push promotion to increase numbers.
Question set does not work with group	Low	These were based on with NHS CCG's own questions, so would provide further insight if they did not work
Data is seen as being out of date	Low	Report to be completed within a month of insight undertaken.
Not enough respondents	Medium	There is not the opportunity to run the event again, but any findings can contribute to future engagement.

Has Healthwatch independence been maintained? Yes, 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? This was a simple event feedback process. The transcript was analysed, and points of interest made.

Has quality assurance occurred prior to publication? The transcript was checked by the chair of the event to ensure all relevant comment was included.

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 was undertaken by Healthwatch Croydon at its own discretion. The idea is that it provides feedback to those making decisions. There was no conflict of interests.

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 XX August 2019

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

5 References

One Croydon Alliance (2019) *Croydon Health and Care Transformation Plan 2019/2020 - 2024/2025 - A discussion document*

<https://www.croydonccg.nhs.uk/newspublications/Documents/Health%20and%20Care%20Plan%20Discussion%20Document%20%28005%29.docx>