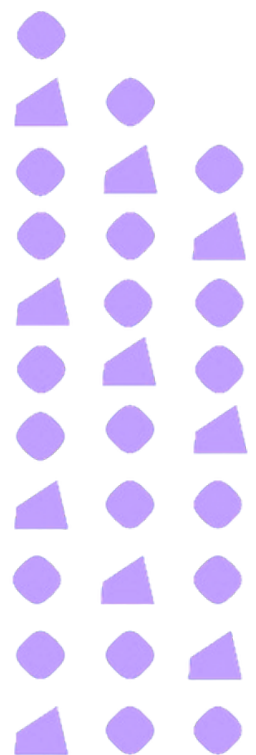# South London Listens: Shaping the Future of the NHS

This report summarises the findings of two workshops held as part of the Government's consultation on the 10-year Health Plan for England engaging community leaders and NHS leaders in South London.

For more information visit:
www.southlondonlistens.org.

INTRODUCTION

This report summarises the findings of two workshops held as part of the Government's consultation on the 10-year Health Plan for England. The workshops were delivered by Citizens UK who facilitated a discussion between active community leaders and strategic decision-makers from the South London Listens partnership.

Two meetings were held:
- **South West London** - evening of the 20th of January, at the YMCA in Wimbledon with Mike Bell, Chair of the NHS South West London Integrated Care Board. 42 people attended, including NHS leaders and Citizens UK staff, and over 30 community leaders.
- **South East London** - evening of the 22nd of January, at Love Walk URC Church, Denmark Hill, with Sir Richard Douglas, Chair of the NHS South East London Integrated Care Board. 45 people attended, including NHS leaders and Citizens UK staff, and over 35 community leaders.

ABOUT SOUTH LONDON LISTENS

South London Listens is a community partnership project between South London communities, the NHS, and local authorities. Community leaders in these institutions have been working with the NHS in South London to take action on mental health recovery and to tackle injustices in the healthcare system amidst the cost-of-living crisis and following the Covid-19 pandemic.

Throughout the past 4 years, thousands of people in South London have engaged in the programme through listening (over 10,000 people listened to in 2020 and 2023), turning out to Assemblies and actions (over 2300 people participated in multiple actions), and the process of solutions co-production with the NHS and local authorities. The relationships built, within and amongst communities, and between community leaders and the NHS have led to many achievements, including:

- A virtual waiting room for CAMHS patients;
- Mental health trusts became Real Living Wage employers;
- Bringing together a housing and health coalition made up of community leaders, NHS decision-makers and local authorities;
- Over 240 GP surgeries registered as 'Safer Surgeries' and working to remove the barriers to healthcare for migrant communities;
- 80+ Be Well Organisations set up where Be Well Champions are trained in mental health awareness and building a relational organisation.

Three years later, the community leaders that makeup South London Citizens remain dedicated to working with the NHS to transform South London's health and wellbeing. Today, priorities include working on community-led solutions for children's mental health, migrant justice, social isolation, fairer work and wages, and housing.

WHAT SHOULD THE NHS FEEL LIKE IN THE FUTURE?

When discussing what the NHS should look like in the future, accessibility, trust and connection were some of the main themes arising. Community leaders appreciated the free access to life-saving services and resources, and the brave staff who provide this care. But they also highlighted the lack of trust and unequal health outcomes, particularly along racial lines, the little focus put on prevention and some of the issues navigating or accessing services which often feel disconnected.

PREVENTION CHECK-UPS EFFICIENT
INCLUSIVE CARING ACCESS
FAIR SPECIALISED EVERYONE
EQUPPED COMPETENT CULTURALLY BETTER INTEGRATED PERSONALISED SENSITIVE COORDINATED
LESS
WAITING FUNDED
MORE STAFF COMMUNITY
BASED TECH

Words from participants on how the NHS can be different.

This report presents the views and opinions of citizens and wider stakeholders with regards to:

1. Their hopes & fears regarding the **advancement of technology** in the NHS (e.g. virtual appointments, using AI to predict health outcomes)

2. Perceived risks & benefits to **moving care from hospitals and into communities** (e.g. virtual wards, community diagnostic centres, ambulance triages)

3. Prioritising what **preventative methods** needed to keep people from getting sick in the first place (e.g. more health screenings, weight management programmes, tackling the social determinants of ill health, etc.)

> **The NHS was founded on principles of universality and equity — that it belongs to *all* of us. And we have the faith to fight for it to be an NHS that works for *all* of us.**
> *Humaira, Community Leader & Co-chair of Roundtable Discussion in Southeast London*

KEY FINDINGS ON PREVENTION

THEMES FROM WORKSHOP DISCUSSIONS

Participants identified a range of preventative measures they would like to see prioritised or introduced within the NHS. Key themes emerged around addressing social determinants on health, education, support, and community-based initiatives:

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

Advocating for policy changes related to housing, employment, and living wages for care workers, acknowledging the impact of racism and the cost of living on health outcomes. Participants raised how these issues directly relate to their health:

- *Housing*: Some shared how their experience of homelessness affected their physical and mental health while others in temporary accommodation talked about being unable to access services due to being moved around. Poor housing conditions were also raised as directly impacting physical health (ie. mould and damp leading to health issues) but also mental well-being due to the stress caused.

- *Insecure work*: Those in insecure and underpaid work shared how financial stress impacts their wellbeing and mental health. Participants also shared the importance for them of NHS staff (from cleaners to doctors) being properly supported and remunerated.

- *Racialised communities*: The need for translators and culturally-sensitive staff that reflects the community was raised. The fear of accessing services due to migration status, and the possible charges related to it, were also highlighted as challenges to accessing help and leading to worse health outcomes.

COMMUNITY ENGAGEMENT

Partnering with wider organisations, establishing supportive community networks, and empowering communities to take ownership of their health.

Participants raised the trust that already exists within local communities and that health services should be more embedded within those to be more accessible and easier to reach. They also pointed out that this should be done in a way that is consistent across the system and adds capacity and resourcing to community organisations.

HEALTH EDUCATION

Using innovative methods like video games to educate children about health, incorporating health education into school curriculums, and providing parent education and training.

TARGETED PROGRAMS

Developing programs focused on back pain, diet support and gym advice, and increasing access to smoking cessation resources.

EARLIER IN LIFE PREVENTION

Early years health education that can assist with establishing healthy habits from a young age, promoting long-term well-being.

WHAT IS SOUTH LONDON LISTENS DOING AROUND PREVENTION?

South London Listens is working on tackling the social determinants of ill health by working with the NHS and local authorities on community-driven solutions to issues around housing, insecure work and wages, and access to health for migrant, refugee and diaspora communities.

Living wage: Highlighting the precarity and insecurity of low-paid work, community leaders have been working with hospital and mental health trusts, the ICS and local councils in South London to become recognised as London Living Wage employers, as well as explore Living Hours. The real London Living Wage is based on the cost of living, voluntarily paid by over 15,000 UK employers who believe we all need a wage that meets our everyday needs. This tackles the issues of low pay and insecure work impacting physical and mental well-being highlighted in the roundtable.

Housing: Using a co-production method, the South London Listens Programme has been bringing together community leaders, local authorities and NHS decision-makers in South London to build an action plan and take action on shared priorities -- from building more affordable and meanwhile housing to improving the process through which GPs and care practitioners can raise housing-related health issues with local councils. This begins to tackle the health issues exacerbated by the housing crisis, as well as brings housing and health decision-makers and practitioners closer together.

Migrant health justice: Over the last four years, South London Listens has partnered with the NHS to get more than 240 GPs registered as Safer Surgeries -- a Doctor of the World Programme that recognises GP practices that commit to taking steps to tackle the barriers faced by many migrants in accessing healthcare. And over the last 18 months, community leaders have also been working with trusts around destitution by pushing for charges for migrants in secondary care to be halted. This enables more migrants to access care, and begins to address the racial inequalities in health outcomes and healthcare access raised in the roundtable.

OUR RECOMMENDATIONS

We would encourage the whole system to consider what more it can do on prevention and addressing in particular the social determinants of ill health highlighted in the roundtable, namely poor and unaffordable housing, insecure work and migrant access to health services. A wider adoption of the **Real Living Wage**, exploring **housing solutions** with local partners, and revising **charging practices for migrant communities** could be the first steps in tackling these issues.

KEY FINDINGS ON MOVING CARE INTO COMMUNITIES

THEMES FROM WORKSHOP DISCUSSIONS

Facilitators emphasised the difficulty for patients accessing care in A&E due to long wait times, and the financial cost of treating people in hospitals. Participants were then invited to share what they believed the benefits & risks were of moving care to communities, and discussed the 3 proposed solutions:

Virtual Wards

Offering remote support for patients with conditions like respiratory issues and heart failure, ensuring daily check-ins and GP updates on vitals.

Community Diagnostic Centres

Offering accessible diagnostic tests in convenient locations like shopping malls, requiring GP referrals.

Ambulance Triage

Allows paramedics to consult specialists via a hotline for real-time guidance, particularly for patients over 75.

Benefits

- Increased access for vulnerable and marginalised groups.
- Reduced strain on hospital resources, particularly A&E departments.
- Extended access to care outside of traditional hospital hours.
- Continuity of care within a practice setting.
- Care is better/more relational in the community
- Leveraging existing community support (e.g., pharmacies, gyms)

Risks

- Funding and resourcing for virtual wards.
- Ensuring accessibility of services, including language accessibility and consistent geographical availability.
- Building trust in community-based care among patients.
- Avoiding additional burdens on community leaders and carers through appropriate training and support.
- Access for those with No Recourse to Public Funds (NRPF)
- Raising public awareness about new initiatives and mapping resources

Specific examples of positive community engagement were shared, such as using NHS buses for vaccine information in Latin American communities, multilingual community kiosks, health checks in churches, community-based education and resource sharing, GP presence at local events (e.g., funfairs), support pairing in accommodation (with appropriate training), and utilizing barbershops and other community spaces.

WHAT IS SOUTH LONDON LISTENS DOING AROUND COMMUNITY-BASED CARE?

South London Listens takes an unique approach to working with communities on critical issues where communities are lead on and are heavily invested in shaping actions, with clear ownership of how to take them forward together.

Be Well Programme: In response to increased social isolation and its impact on mental health during the pandemic, South London Listens worked with community leaders to develop its flagship Be Well Programme in 2021. Be Well organisations are spaces located within community organisations for people to turn to when they feel their mental health is low or they feel isolated. Through the programme, nearly 300 community leaders in over 80 organisations have been trained in delivering informal mental health support, signposting to local services and building a more relational culture in the organisation. Be Well activities reach hundreds of people every month, through monthly listening groups, informal coffee and chats and relational one-to-ones.

Community embedded worker: Through the South London Listens Programme, pilots for the Community Embedded Worker scheme have seen NHS mental health practitioners working across five community organisations in Lambeth, Lewisham, and Southwark. The practitioners adapted their role to meet the needs of the organisations and communities they were working in, building relationships and bridging the gap between NHS and racialised communities, in particular. From the success of the pilors, a full-time role is being developed in Lewisham. This is not only an example of moving care to communities but also addresses some of the concerns around trust between underserved communities and the NHS.

OUR RECOMMENDATIONS

We encourage the system to consider rolling out the successful **community-embedded worker** approach across the country to address some of the challenges of moving care into the community (e.g., building trust, ensuring accessibility and cultural sensitivity, and avoiding placing additional burdens on community leaders).

KEY FINDINGS ON TECHNOLOGY

THEMES FROM WORKSHOP DISCUSSIONS

Participants were invited to consider their hopes and fears regarding increased NHS investment in AI, electronic records, and advanced technological treatments.

HOPES

- Increased efficiency in processes like scanning and diagnostics.
- Transparent and accessible medical records.
- Filling gaps in hard-to-recruit jobs and making more information readily available.
- Remote treatment options and personalised health tracking through apps.
- Medical advancements and research opportunities.
- Streamlined administrative processes.
- Alleviate administrative burden for GPs.
- Improved translation services.
- Improved Imaging & radiology
- Enhanced teaching and learning opportunities.
- Better resource allocation

FEARS

- Racial bias & lacking cultural sensitivity in AI.
- Technological failures or inaccuracies.
- Widening health disparities.
- Mental health implications for replacing human interaction for socially isolated or vulnerable.
- Digital exclusion and inaccessibility.
- Ethical concerns around data-sharing and consent with private companies.
- Training and infrastructure gaps in NHS staff and services.
- Cybersecurity threats.
- Equity in implementation across the NHS .
- Possible reduced quality of care and support.
- Job displacement of NHS staff.

Participants suggested the NHS should prioritize technologies that promote:

- Secure and up-to-date equipment.
- Adequate staff training.
- Administrative efficiencies.
- Preventative care, including identifying at-risk individuals.
- Culturally sensitive technology and digital inclusion.
- A unified, integrated system for patient records.
- Improved staff job satisfaction.
- A human-centred approach to care

WHAT IS SOUTH LONDON LISTENS DOING AROUND TECHNOLOGY?

CAMHS virtual waiting room: We brought together mental health trusts with local community leaders, including school pupils, teachers and parents, and in 2023 launched a CAMHS virtual waiting room called myHealthE, which enables young people and their families to have communication and support whilst they are on the CAMHS waiting list. The CAMHS virtual waiting room is an example of using technology to make services more accessible but also more 'human', through a process which listened to and empowered young people, school staff and parents.

Wifi in temporary accommodation:
Through the housing work, community leaders, NHS decision-makers and local authorities have been exploring how to tackle digital exclusion, which could prevent patients from accessing online NHS resources and services. Through this South London Citizens campaign, Lewisham and Greenwich boroughs have been offering wifi or internet SIM cards for all their residents in temporary accommodation.

> **Updating young people...means they do not feel forgotten or neglected. It also allows each person to know that they are not just a number reported at the end of each year but instead they are individually treasured. This change (CAMHS virtual waiting room) means young people will know that their mental health and wellbeing is valuable.**
> *Nenneh, a mental health ambassador in Year 11 from a Be Well school in Southwark*

OUR RECOMMENDATIONS

We encourage the system to consider how technology can be used to enhance, rather than replace, the human element of care and health services by, for example, expanding the CAMHS **virtual waiting room** across the country and to other services beyond CAMHS.

UTILISING COMMUNITY-BASED APPROACHES

The roundtable discussion highlighted the crucial role of preventative healthcare, community-based care, and technology in shaping a more accessible, equitable, and effective NHS. Participants emphasized the importance of addressing social determinants of health, fostering trust between communities and healthcare providers, and ensuring that technological advancements maintain a 'human' approach to care.

Moving forward, any investment in these proposed solutions must be guided by meaningful engagement with the communities that rely on the NHS. Without genuine collaboration and continuous feedback from those most affected, there is a risk that well-intended changes may fail to address real needs or even deepen existing inequalities. Building trust and strengthening relationships between the NHS, local authorities, and community organisations will be essential to ensuring that future healthcare strategies are both effective and equitable.

PEOPLE BEFORE PROGRAMME

South London Listens has been fundamentally different - we felt seen, valued, recognised, respected and that we could create change together. We felt actively part of the process of change".
Laura, Be Well Champion, Creating Ground

www.citizensuk.org

https://www.southlondonlistens.org/