Summary of community insight

September 2025

Our approach to engagement

- Our approach to engagement around prevention is aligned to our [SEL Working with People and Communities Strategic Framework](#) and is undertaken at a system, place and neighbourhood level.

- We recognise the importance of taking a multi-pronged approach to engagement in order to reach residents who are underserved and most likely to face health inequalities or have low trust and confidence in statutory services.

- We use our on-line engagement platform, [Let's talk health and care in south east London](#), to understand insight, views and experiences and augment this approach by carrying out outreach into our communities.

- We have established a [SEL People's Panel](#) with over 1,000 members broadly reflect of the population (according to the Census 2021) to gain insight from the wider population of south east London.

- We work in partnership with our, our [SEL VCSE Alliance](#) and VCSE partners including the [Trust and Health Creation Partnership](#) and wider partners at south east London and place to maximise engagement opportunities, share and action insights and reduce duplication.

- We have ongoing partnerships with Citizens UK as part of [South London Listens](#) and with [Impact on Urban Health](#) on the Black maternal health programme and the Black mental health programme that focus on listening, developing deep rooted relationships and trust, and co-designing actionable solutions.

- We have developed a webpage to share insight across programmes and with local people [What we've heard from local people and communities - South East London ICS (selondonics.org)](#)

Examples of key engagement activity

- We undertook targeted engagement with women and girls in our boroughs to inform the development of our SEL women's and girls' health hub. This has included surveying the South East London People's Panel, outreach sessions in the community targeted to underserved communities and across the life course, focus groups and digital engagement (e.g. through social media, ICS Let's Talk page)

- We have undertaken engagement via our People's Panel and targeted outreach supported by social media to inform the development of the Creative Health programme, the re-procurement of 111; and we have gained insight from local people via surveys, outreach and focus groups as part of overprescribing and medicines waste campaign, weight management pathway development and information on accessing services and waiting for treatment

- We have collated insights from surveys, workshops, focus groups and co-design events and interviews, including: Vital 5, ICS strategy development, development of the Joint Forward Plan, Change NHS and the three shift areas; and adults with autism to inform the development of community services.

- To rebuild trust and improve healthcare access and outcomes, through our work with Impact on Urban Health Black Maternal Health project we have listened to real experiences, shared ideas and are making decisions side by side including which solutions would deliver the changes needed and which organisations will be funded to deliver them.

- We have engaged Mabadiliko CIC to work with VCSE organisations and some of our Core20Plus5 communities, including the Latin American, LGBTQIA+, Black African and Caribbean, and South Asian communities. This also included people who were living in poverty, and asked for insights around living with obesity, mental health, diabetes, heart disease, hypertension, and the Vital 5 Check.

- We have carried out listening campaigns as part of South London Listens to understand what stops local people from thriving and working with local people through our Health and Housing Coalition and Be Well programme with Citizens UK to address many of these issues.

Racism, stigma and inclusivity

- Perceived lack of engagement and insight about experiences of people from racially minoritised backgrounds, with treatments designed for White Europeans

- Need for cultural humility and sensitivity training, and respect for ethnic and cultural backgrounds.

- Healthcare professionals not trained to care for people from minoritised backgrounds.

- Interpersonal racism, trauma and stigma fuels generational distrust and disengagement from healthcare services.

- Stigma (either from condition or marginalised or minoritised groups) makes it harder to seek help and support.

- Need to work with people and communities over time to develop relationships and build trust and to use trauma informed approaches.

- Advice and treatment to be framed in culturally appropriate and inclusive way.

- Lack of LGBTQIA+ specific services and affirming environments.

Rebuilding trust in the system

- Too many people feel unheard, unseen and let down by healthcare services.

- People want to be active agents in their own healthcare, yet disengage due to distrust or fear from negative experiences and the complexity of healthcare pathways.

- Address power imbalances through asking what matters to you during appointments.

- Need for culturally sensitive services and trauma informed approaches.

- Avoid over-medicalising distress or pain.

- Patients need to feel listened to, respected and taken seriously, resulting in a greater willingness to engage in interventions and services.

- Ensure non-judgemental and appropriate time and place for healthcare, including Vital 5 Check

Working with and in the community

- There is a need to build trust and relationships with communities and work with them in a more collaborative, empowering way over longer timescales to co-design solutions and interventions.

- Develop and enable peer support models.

- Develop tools to identify carer's needs and respond to them.

- Positive views on moving care into community settings or at home, acknowledging that social care and VCSE are key partners and that not everyone's home is suitable for receiving care

VCSE

- Recognition that VCSE often have trusted relationships with people as embedded in communities.

- Complex NHS commissioning and funding processes which can be onerous for smaller organisations

- Short term funding for projects and programmes which makes demonstrating impact and sustaining work difficult.

Communication

- There is a desire for jargon-free, inclusive, plain and respectful language for leaflets, posters and educational materials, using visuals.

- Some people want health information and education in digitally accessible formats.

- There are language and communication barriers and "unseen" people, e.g. homeless people, refugees and migrants, people who are housebound and autistic people.

- There is a need for interpreting services and clarity on how to access them.

- There need to be sensitive handling of stigmatising discussions and topics, e.g. mental health, sexual health, weight.

- People do not want to tell their story multiple times across different health and care services and settings.

- There is a need for trustworthy and culturally relevant health information.

Accessibility

- Challenges in accessing services and long waiting times with people unaware of how to navigate the complex healthcare system, particularly for people from minoritised communities.

- There is confusion about service eligibility (especially for migrant communities) and the complexity of where to go for what.

- Many people self-care / go to pharmacies, use NHS 111 though some still use A&E unnecessarily with some communities not aware of NHS 111.

- People want improved and convenient access offering integrated care which is culturally appropriate, inclusive and incorporates outreach with a hybrid model of both digital and in-person.

- People want care navigation support (virtual or in-person) to help people navigate complex health and care pathways, working with trusted organisations.

- Extended hours and community-based services and mobile services/outreach to increase engagement and access has been highlighted.

Prevention

- Some people have stressed the importance of targeting (prevention) services on communities with highest needs, based on data and insight and focussing on children and young people.

- There is a need for broader health education and public health initiatives for self-management and patient activation.

- People want more joined-up, proactive services that focus on prevention and treat the "whole person." They also want services to be equitable and locally accessible.

- Mental health can be a barrier to access other preventative services (e.g. weight management services) due to previous negative experiences and the need to build trust is important.

- Importance of a holistic approach across different health conditions and within prevention, e.g. all Vital 5 assessed together.

- Include conditions that are important to communities, and which are perceived as "missing" from the Vital 5, e.g. diabetes, women's health, sickle cell.

- People highlighted the need for workshops, support groups, educational sessions and yoga/exercise classes in community spaces.

Knowledge and awareness

- Community based education which is built on trusted relationships and culturally sensitive is seen as key to support both prevention and self management.

- Need for improved awareness of and access to resources to support women's health, broader self-management and lifestyle change as there is a lack of awareness of importance of prevention how it links with lifestyle and other conditions, and how it affects health.

Social determinants of health

- People recognise the importance of the wider social issues like housing, safety, and employment as being critical to people's health and wellbeing and feel that they are often overlooked and people don't know where to go for support in these areas.

- Financial struggles, lack of employment, poor wages, poor housing and lack of support in areas like healthcare and mental health services are major concerns.

Mental health and wellbeing

- Mental health is often limited to moments of crisis with little attention to prevention, consistency or care grounded in shared experiences.

- People also report poor experiences with mental health services and long-term conditions due to lack of coordination and personalised care.

- The need for better recognition of the links between long term conditions and mental health and anxiety.

- There is a call for better mental health support and recognition of the role of family carers

- Both young people and older adults report feelings of loneliness.

- There is a need to promote mental health awareness to overcome stigma.

Integrated, comprehensive and collaborative care

- People want closer links between and across services, rather than a disjointed and overwhelmed system, with high demand and often fragmented pathways.

- People want care that is tailored for individual circumstances, supports and is culturally relevant.

- People want easier access to point of care testing for quick diagnosis and onward signposting.

- Addressing chronic disease risk factors.

- There is a need for better transition between adult and children's services for many including autistic people.

- Improved awareness of routes for support after discharge.

- Continuity of care is important for people with long term conditions, and others who may be vulnerable.

Digital and data

- General welcoming of technology that is easy to use for patients and staff, as well as securely integrated between organisations.
- Concerns about digital tools exacerbating health inequalities. People may not have the resources, confidence or training to use or access digital tools or devices. Need to ensure alternative options are always available.
- Concerns about data security and confidentiality. Mistrust of official bodies, sharing data with private companies and wariness of cyber security threats.
- Training for staff is essential to allow for: the digital tools and resources to be used to their full benefit, as well as supporting patients to use the tools.
- Current patient-facing tools have limitations which can undermine trust in new tools being implemented.
- Need to learn from past roll-outs of technology to ensure longevity of use so we reduce the need for patients to constantly adapt to new digital tools.

Maternal health and support

- Women, particularly from Black and minoritised communities have poorer experiences of pre-pregnancy, pregnancy, birth and postnatal care.
- The above is exacerbated for women form migrant communities who may have a lack of family support affecting their wellbeing, as well as language and communication challenges and added financial pressures.
- To reduce Black maternal health inequalities, we have heard that we need:
  - Culturally humble health education
  - Tools for advocacy and empowerment
  - Peer-led community-based-support
  - Equitable access and capacity building
- We have heard community-led approaches are essential to building a maternal health system that centres joy, safety and justice.

Education and training

- Improved awareness of the importance of mental wellbeing conversations.
- Cultural sensitivity / culturally humble, anti-racism, and trauma informed approaches training is needed.
- Health education to be delivered by communities reflecting communities they serve.
- The importance of recruiting, retaining, training and supporting people from local communities to work in health and care has been raised to support building of trust, valuing lived experience and community knowledge.

Youth engagement and education:

- Engaging with young people and education on relevant topics needs consideration of appropriate channels.
- Collaboration with schools and youth-based organisations important for engagement.
- Importance of honest and culturally relevant information to support health and wellbeing including about bodies, identity and care as part of sexual and reproductive health education.