

## Healthwatch Southwark's Response to the 10-Year Health Plan for the NHS in England

### Introduction

The government's 10-Year Health Plan provides an opportunity to address systemic inequities in healthcare and support Southwark's most vulnerable populations. Healthwatch Southwark's response is grounded in feedback from listening tours, signposting data, the Community Health Ambassadors Programme, and collaborations with Community Southwark. This document highlights critical priorities for improving health and care services, focusing on equity, integration, and prevention.

### Q1: What does your organisation want to see included in the 10-Year Health Plan and why?

Healthwatch Southwark advocates for a comprehensive approach that addresses the root causes of poor health outcomes, supports vulnerable groups, and enhances service delivery.

#### 1. Enhanced Mental Health Support

The community has expressed significant concerns about mental health due to successive crises, from the pandemic to the cost-of-living crisis. Feedback highlights that individuals living in isolation, including older adults and those recovering from illness or surgery, are particularly vulnerable. [Our research](#) suggest that these gaps often lead to unmet needs such as neglect in aftercare and fragmented mental health support.

##### ○ Recommendations:

- Expand access to mental health services, with targeted support for older adults, young people, and people with disabilities.
- Provide culturally competent and trauma-informed care for ethnic minority groups.
- Establish peer support and mentoring programmes to foster community-based recovery pathways.

#### 2. Addressing Financial, Food, and Housing Insecurities Through NHS-Led Initiatives

The economic crisis has exacerbated financial, food, and housing challenges, significantly impacting health outcomes, particularly among vulnerable families. The NHS can play a vital role by collaborating with local authorities and integrating support into healthcare services to address underlying factors contributing to poor health, improving outcomes for vulnerable populations. Our recent [listening tour](#) highlighted how these issues have a huge impact on people's health decisions and outcomes.

##### ○ Recommendations:

- Use NHS Data for targeted support to identify and connect patients to wraparound services for financial, housing, and utility assistance through social prescribing.
- Expand food security initiatives by partnering with food banks and offer culturally appropriate food options and vouchers alongside healthcare interventions.
- Improve housing standards by collaborating with local authorities to enforce housing regulations and address health risks from poor living conditions like mould and damp.
- Integrate housing-health programmes by embedding healthcare services into housing improvement schemes to support families holistically.
- Enhance social prescribing by providing direct access to resources addressing social determinants of health, such as food and housing support.

### 3. Support for Marginalised Communities

Ethnic minority groups in Southwark face systemic disadvantages, including limited representation in decision-making and barriers to accessing services. This is why our [strategic focus](#) is to address these issues over the coming years.

#### ○ Recommendations:

- Fund initiatives to empower BAME communities through representation and advocacy. An example of good practice is the [Community Southwark R.E.A.C.H Alliance's](#) work to improve health outcomes.
- Provide targeted, culturally appropriate healthcare and social support tailored to these communities' needs.

### 4. Support for Young People

Young people face unique challenges, including unemployment, mental health struggles, and disruptions caused by COVID-19. This was a strong theme that came out of our listening tour data and [previous research](#) conducted in the borough

#### ○ Recommendations:

- Establish youth-focused mental health services, particularly for those experiencing isolation and job insecurity.
- Expand job training and skill-building initiatives, fostering pathways to employment.

**Q2: What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?**

#### 1. Infrastructure and Capacity

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One of the main barriers to shifting care from hospitals to communities is the current capacity and infrastructure of local health services. Many GP practices and community clinics in Southwark are already operating at full capacity. For example, access to GPs is limited due to staffing shortages and long waiting times, which are exacerbated by the increasing demand for services. The demand for urgent care, diagnostics, and specialist appointments has stretched local resources, and many practices are already struggling to meet the current patient load. Moving more services into the community without substantial infrastructure improvements would risk overwhelming already stretched systems, leading to a decrease in the quality of care.

- **Recommendation:** To successfully shift care, substantial investments are required to expand and upgrade existing community health facilities. This would involve not only increasing the physical capacity of local clinics but also ensuring they are equipped with the necessary technology and staffing to provide a wide range of services. This could include introducing or expanding services such as diagnostics (e.g., X-rays, blood tests), minor emergency care, and ongoing treatments like physiotherapy, which are typically hospital-based.

## 2. Staffing Shortages

The workforce is perhaps the most critical issue in moving care from hospitals to communities. Healthwatch Southwark has consistently found that healthcare providers in Southwark face significant recruitment and retention challenges, particularly in community and social care settings. Many community-based services are understaffed, and there is a lack of trained professionals available to take on expanded roles in the community. As more services are moved into the community, there will be an increasing demand for skilled healthcare professionals in primary care, mental health, and social care.

- **Recommendation:** The government must prioritise the recruitment, training, and retention of healthcare professionals in community settings. This could involve incentivising careers in primary care and community health by offering competitive salaries, career development opportunities, and investing in training for staff who can deliver a broader range of services. Additionally, increasing the number of apprenticeships and other entry-level positions in healthcare could help address workforce shortages in the long term.

## 3. Social Care Integration

Moving more care from hospitals to the community requires seamless integration between healthcare and social care services. However, Southwark's social care system is already under significant strain, and there are challenges in coordinating care between different sectors. For example, patients who require ongoing support after a hospital discharge, such as those recovering from surgery, often face delays in receiving care at home, especially when local authorities and healthcare providers do not coordinate effectively. Social care providers are also facing a growing demand for services, but funding and resource constraints make it difficult to scale up community care.

- **Recommendation:** Strengthening the integration between NHS services and social care is vital for community-based care to succeed. This involves more than just physical integration of services; it requires establishing clear, coordinated care

pathways between healthcare providers, social workers, and community organisations. Healthwatch Southwark suggests that funding should be allocated to local authorities to expand social care resources and ensure that services are available when and where they are needed. Cross-departmental collaborations should be established to ensure that hospitals, social care teams, and community-based services work in tandem to support patients effectively.

#### 4. Cost and Accessibility of Care

Although community care aims to reduce costs and improve accessibility, financial barriers still exist for many residents. For example, transport costs to community clinics or local GP practices may prevent some individuals from accessing care, especially those from lower-income backgrounds. Families struggling with financial insecurity, such as those in poverty, may find it difficult to cover travel expenses, particularly if they require multiple visits to clinics or specialists. Furthermore, there may be hidden costs in community-based care, such as paying for over-the-counter medications, diagnostics, or therapies not covered by the NHS.

- **Recommendation:** To overcome financial barriers, it is crucial to offer more affordable and accessible options for transportation to health services. This could include subsidising public transport for patients attending appointments, or offering free or discounted transportation services for low-income individuals. Additionally, expanding the provision of free or low-cost community-based diagnostic and therapy services would help ensure that financial constraints do not prevent access to care.

#### 5. Public Trust and Awareness

Another significant barrier to shifting more care to the community is a lack of awareness and trust among the public. Many residents, particularly those from vulnerable or underserved communities, may be unaware of the services available to them in the community. Additionally, there is often a perception that hospital-based care is superior or more reliable. This is particularly true for people from BAME communities and other marginalised groups who may have historically faced discrimination in healthcare settings and therefore may feel more comfortable seeking treatment in hospitals. A lack of understanding about how community care works, or concerns about its quality, can discourage patients from using these services.

- **Recommendation:** A comprehensive public awareness campaign is needed to educate residents about the range of services available in the community. This could include outreach through local media, community events, and partnerships with local organisations. Healthwatch Southwark's Community Health Ambassadors Programme could play a key role in these efforts, acting as trusted community figures to bridge gaps in knowledge and build confidence in local health services. Additionally, there should be a focus on ensuring that community-based services are culturally competent and that patients feel comfortable using them.

#### 6. Complex Risk Management

Managing complex conditions outside hospitals presents significant challenges for community health services, including limited specialist expertise, inadequate staff training, and a lack of diagnostic and monitoring tools. These gaps make it difficult to

provide timely and effective care for patients with chronic illnesses, post-surgical needs, or unstable health conditions. Additionally, fragmented communication between hospitals, community providers, and social care teams often results in disjointed care and increased risks for patients transitioning between services. Community facilities also face the strain of balancing routine care with the additional demand of managing complex cases, which can compromise overall service quality.

- **Recommendations** - To address these challenges, robust investments are needed to expand staff training, introduce portable diagnostic equipment, and establish specialist support networks that enable community providers to consult with hospital-based experts. Integrated care pathways, supported by shared digital records, can improve coordination and reduce risks during care transitions. Developing multidisciplinary health hubs and piloting models that embed hospital expertise in community settings will further enhance the capacity of local services to manage complex conditions effectively, improving patient outcomes and reducing the reliance on hospital care.

## Enablers

### 1. Building Capacity in the Community

A fundamental enabler of shifting more care into the community is the capacity of local health services and their ability to meet increased demand. Healthwatch Southwark recommends leveraging existing community assets, such as community centres, pharmacies, and local health teams, to provide services that are currently hospital-based. Community-based care models, such as “care in the home,” could also be expanded by providing more support for home-based healthcare workers. A clear strategy must be developed to gradually transfer services while building community resources.

### 2. Self-Referral, Signposting, and Education

Empowering residents to take control of their healthcare can ease the transition from hospital care to community care. Clear, user-friendly signposting to community services can enable individuals to access the care they need without having to go through lengthy hospital waiting times. Initiatives like the Community Health Ambassadors Programme, which aims to educate residents about local health services, are critical in building understanding and trust. Furthermore, expanding self-referral systems for services such as physiotherapy, mental health support, and certain diagnostic tests can help streamline care in the community and reduce hospital congestion.

### 3. Strong Community Networks

Collaborating with voluntary and community sector organisations (VCS) is key to expanding the scope and reach of community-based care. Community Southwark and other local organisations can help ensure that services are designed and delivered in ways that reflect local needs, priorities, and cultural contexts. These community-based organisations can also provide support and advocacy for individuals navigating the healthcare system. Moreover, the South East London VCSE (Voluntary, Community, and Social Enterprise) Charter promotes co-production between the NHS and community groups, and could provide a model for scaling up partnerships in Southwark.

### 4. Sustained Investment and Long-Term Planning

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Shifting care to the community requires long-term investment and sustained political commitment. Healthwatch Southwark recommends that the NHS and local government work together to create a detailed, multi-year plan for expanding community health services. This plan should include funding for infrastructure improvements, workforce development, and technology upgrades. Crucially, it should also incorporate regular feedback mechanisms to ensure that services evolve in line with community needs.

### **5. Effective Use of Technology**

Technology plays a vital role in facilitating the shift to community care. Digital platforms that allow patients to book appointments, access test results, and communicate with healthcare providers remotely can significantly ease the burden on community services. Healthwatch Southwark recommends investing in telehealth infrastructure, particularly for patients in underserved areas, to reduce the need for in-person visits while still ensuring high-quality care.

**Q3: What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?**

#### **Challenges**

##### **1. Digital Divide**

A significant proportion of Southwark residents, particularly older adults, low-income families, and people with disabilities, lack access to the necessary digital devices, internet connectivity, or the skills to navigate digital healthcare systems. This limits their ability to engage with telehealth services, online booking systems, and digital health records. Digital poverty remains a critical barrier, requiring urgent attention to avoid widening health inequalities.

##### **2. Trust and Privacy Concerns**

Many residents express concerns about how their personal health data is collected, processed, and used, particularly with the increasing role of AI and automation in healthcare. Feedback highlights the need for greater transparency in data handling to ensure alignment with ethical standards like GDPR. Mistrust is especially pronounced in migrant and ethnic minority communities, who are already cautious about interacting with public institutions. An example of this is with patients impacted by the recent Synnovis attack in Southwark's Kings College Hospital and Guys and St Thomas Trust.

##### **3. Cultural Relevance and Accessibility**

Current technologies often fail to account for diverse cultural and linguistic needs, resulting in lower adoption rates among BAME communities. A lack of multilingual platforms and culturally tailored interfaces exacerbates exclusion.

##### **4. System Fragmentation**

Healthcare providers in Southwark face challenges with integrating disparate IT systems. Patients often have to repeat their medical history due to poor interoperability, frustrating users and wasting resources. For example, GP's in the

same primary care network (PCN) may choose between self-funded or commissioned software, such as AccurX or E-consult, exacerbating frustration of having to learn new software if a patient changes their GP within the same PCN and borough.

## 5. Ethical Issues in AI Implementation

Feedback has highlighted concerns about biases in AI algorithms, particularly when they are trained on data sets that do not reflect the UK's diverse population. This could lead to inequitable health outcomes and further systemic exclusion.

### Enablers

#### 1. Digital Literacy and Inclusion Programmes

Building on the success of the Community Health Ambassadors Programme, targeted workshops could help residents develop confidence in using digital health tools. This could include training in accessing telehealth services, navigating online booking systems, and using wearable health devices. Partnerships with local schools and community organisations could extend the reach of these initiatives.

#### 2. Accessible, Multilingual Platforms and Information

Developing user-friendly platforms with multilingual and disability-friendly features would ensure inclusivity. Platforms should include voice-to-text options, options for multiple languages, support for partial sight, and easy navigation for those with limited technical literacy. Our work with [Latin American communities](#) in Southwark has yielded impactful results where services now produce a range of health information in Spanish and Portuguese.

#### 3. Ethical Frameworks for AI

Implementing strong ethical guidelines for the use of AI in healthcare, with a focus on transparency, fairness, and accountability, will help build trust. Ensuring AI models are trained on diverse UK-specific datasets is crucial for equitable care delivery.

#### 4. Integration of Systems

Investment in interoperable systems that seamlessly connect GP practices, hospitals, and community services would improve the patient experience. Southwark could pilot such systems, ensuring data-sharing protocols prioritise patient consent and security. An example of this is the integration of MyChart in the EPIC app used by local NHS providers for patients to access relevant health information

#### 5. Collaborations with Local Tech Providers

Engaging local tech firms to co-develop solutions tailored to population health needs would help bridge gaps in digital access and inclusion as patients could conduct regular examinations and receive live medical advice from their mobile or wearable tech devices. These collaborations could ensure that digital tools are designed with input from the communities they serve that can aid early detection

of issues impacting health outcomes from minority communities. An example of this is DotPlot to detect breast cancer.

**Q4: What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?**

### Challenges

**1. Health Inequalities and Social Determinants**

Socioeconomic factors such as poverty, poor housing, and food insecurity disproportionately affect residents' ability to engage in preventative health measures. For example, children living in mould-infested homes are at higher risk of respiratory illnesses, yet families may struggle to access necessary medical or housing interventions.

**2. Resource Constraints**

Feedback indicates that existing services often lack the staff, funding, and infrastructure needed to offer widespread early screening and preventative care. This leads to a reactive rather than proactive approach, with conditions often addressed only in crisis situations.

**3. Misinformation and Cultural Barriers**

Social media misinformation, such as anti-vaccine campaigns, undermines public trust in healthcare services. Additionally, cultural beliefs around health and medicine can deter some groups from seeking preventative care. For instance, some communities rely on traditional remedies or hesitate to access NHS services due to perceived institutional biases.

**4. Access to Services**

Difficulties in navigating complex health systems, particularly for migrant communities and those with disabilities, prevent timely diagnosis. This issue is exacerbated by language barriers and a lack of culturally sensitive communication.

**5. Hesitancy Due to NHS Pressures**

Media reports on NHS pressures discourage some residents from accessing services for early symptoms, fearing they might 'burden' the system.

### Enablers

**1. Outreach and Mobile Health Units**

Deploying mobile units for health screenings, vaccinations, and check-ups can bring preventative services directly to underserved neighbourhoods. These units should target areas with high deprivation and health disparities, building trust with local residents.



- 2. Education and Awareness Campaigns**

Collaborating with schools, community centres, and local media to promote preventative health education can counter misinformation. Campaigns should focus on accessible messaging tailored to different cultural contexts and age groups.
- 3. Social Prescribing**

Expanding social prescribing initiatives, which connect individuals to non-clinical services like exercise programmes and mental health workshops, can address root causes of ill health. For example, linking families in poor housing conditions to support services can mitigate long-term health impacts.
- 4. Investment in Public Health Initiatives**

Funding programmes like the “Vital 5” checks (blood pressure, smoking status, BMI, alcohol intake, and mental health) through community outreach can ensure earlier detection of chronic conditions.
- 5. Addressing Social Determinants**

Interventions targeting housing, food security, and employment are critical. For instance, subsidising healthier food options and improving housing standards can prevent conditions like obesity and respiratory diseases. Coordination across government departments is necessary to address these broader determinants effectively.

## Q5: Policy Ideas for Change

### Quick to Do (1 Year)

- 1. Expand Mobile Outreach Services**

Launch mobile health units to provide screenings, immunisations, and health education in underserved areas. These units can focus on the most vulnerable populations, such as older adults living alone and homeless individuals. Feedback during our [listening tour](#) from residents and the Vital 5 outreach team advocate for these types of services being more readily available, accessible closer to home and offered frequently.
- 2. Launch Digital Literacy Workshops**

Host workshops across Southwark to teach residents how to use digital healthcare tools. Special attention should be given to older adults, migrant communities, and those with disabilities to bridge the digital divide.

**3. Support Immediate Food Security**

Expand partnerships with food banks and community organisations to provide culturally appropriate food parcels and vouchers. This should include targeted support for families with young children.

**4. Reduce Waiting Times at GPs**

Address waiting lists by extending consultation times to enable patients to discuss multiple issues in a single visit, reducing the need for repeat appointments. While GP access is of national concern, this has been reflected as an ongoing issue explored by Healthwatch Southwark in our 2022 [GP access project](#)

**Medium Term (2-5 Years)**

**1. Develop Integrated Health Hubs**

Establish accessible health hubs that combine GP services, diagnostics, mental health support, and social care under one roof. These hubs should collaborate with the voluntary sector to offer holistic, community-based care.

**2. Culturally Inclusive Digital Platforms**

Design and implement multilingual, culturally tailored digital tools that make booking appointments, accessing records, and navigating NHS services more inclusive. Platforms should accommodate visual impairments, low literacy, and cognitive disabilities.

**3. Expand Social Prescribing Networks**

Invest in social prescribing services linked to local community initiatives, enabling GPs to refer patients to non-clinical support for housing, financial aid, and mental health. Our [report](#) explores how service users benefited from this support back in 2019

**4. Empower Voluntary Sector Collaboration**

Reduce red tape for voluntary and community sector (VCS) organisations working with the NHS. Encourage co-production of healthcare solutions under frameworks like the [South East London VCSE Charter](#).

**Long Term (5+ Years)**

**1. Cultural Competence Training**

Implement borough-wide training for healthcare providers on cultural competence

and equity. This would improve service delivery for BAME communities and other marginalised groups.

**2. Sustain Funding for Public Health**

Commit to sustained investments in programmes addressing the social determinants of health, such as affordable housing, job creation, and food security.

**3. Integrated Cross-Government Initiatives**

Foster collaborations across health, housing, and education departments to align efforts in improving public health outcomes. A joined-up approach will ensure that broader social challenges are not overlooked.

**4. Education Through Healthcare Professionals**

Train all healthcare staff to provide accessible, educational resources on common health issues, empowering patients with the knowledge to make informed decisions.