

RECONNECT RESET & REBUILD COMMUNITY ENGAGEMENT REPORT 2025



Prepared by:

Sakoon Through Cancer
• EMPATHY • SUPPORT • TRUST

Key findings from the Hear Us, Heal Us workshop – 10th February 2025

Data collection for Frimley Health & Care's Reconnect, Reset & Rebuild community engagement.

Introduction

This report presents key findings from the *Hear Us, Heal Us* workshop and wider community discussions, offering insights into community perceptions, challenges, and potential solutions to improve health and wellbeing services. The report integrates **local lived experiences with national and Slough-specific data** to highlight barriers and co-create solutions for a more inclusive and effective health system.

Lord Darzi published an independent investigation of the NHS, which concluded that the health service is in a “critical condition.” With the Government saying that the NHS needs to be reformed, this provides a real opportunity to reshape it so that it works not only for patients but also in collaboration with system partners.

1. Getting more NHS professionals to remember that people are experts in their care and must be involved in decisions that impact their health.
2. Making improvements to ensure that the NHS listens to patients, learns from and acts on their feedback and guarantees meaningful and actionable rights.
3. Getting the basics right. Small things can often make the most significant difference to patients, such as NHS teams keeping people updated about their treatment and communicating with people in ways that work for them according to their needs and preferences.
4. Using patient experience to understand if NHS services are performing well.

The Community Engagement Fund, on behalf of Frimley ICB, is part of the Reconnect, Reset, Rebuild work. Sakoon Through Cancer is pleased to announce that they were awarded funding to support local conversations about the future of health and care services.

Samina, Founder of Sakoon Through Cancer, said, “Sakoon Through Cancer is a charity that supports predominantly South Asian Women; however, we are an inclusive charity that will work with all communities on Women’s Health and Cancer. It was a brilliant opportunity to incorporate the research as part of the Roti Club (a culturally appropriate supper club) to hear the voices of over 40 incredible women.”



The safe space enabled us to listen, share, connect, and, most importantly, amplify the voices shaping the future of health services in the local community.

Community – what does it mean to you?

Participants were asked to describe their community in one word, resulting in a mix of positive and negative descriptions.



Themes:

- **Supportive and Diverse** – Many participants felt a strong sense of community and cultural richness. Words such as *friendly, well-knit, vibrant, multicultural, and home hub* were frequently used.
- **Challenges** – Others identified issues such as *broken, superficial and isolated*, suggesting gaps in cohesion and inclusivity.

◆ Slough is one of the UK's most ethnically diverse areas, with **over 60% of the population from minority backgrounds**, yet community support networks are not always inclusive of cultural needs.

Community needs – what's missing?

Participants highlighted several gaps in local services, particularly around mental health, accessibility and culturally tailored support.

Key needs:

- ✓ **Mental health support** – More accessible and culturally sensitive services.
- ✓ **Resources and education** – Support for childhood trauma, IT and online literacy, and confidence building.
- ✓ **Aging population needs** – More services to support older adults, particularly those isolated.
- ✓ **Transport accessibility** – Expensive and limited options impact service access. A single hospital visit can range from £25 to £35 (travel & parking, etc). Public transport needs to be improved, and links to health centres and hubs bus routes need to be aligned.
- ✓ **Healthcare access** – Long waiting times, impersonal care and a lack of trust in IT & AI-driven services.
- ✓ **Cultural inclusion** – Ethnic groups feel overlooked in service provisions and policymaking. They would see a GP three or five times about their symptoms before being referred or taken seriously.
- ✓ **Grief and bereavement support** – Dedicated spaces for emotional and community healing.

Barriers to accessing support

Even when services are available, significant barriers prevent people from accessing them.

Key barriers identified:

- ✖ **Financial challenges** – Cost of services, transport and parking.
- ✖ **Lack of representation** – Communities feel underrepresented in-service leadership roles.
- ✖ **Female-specific needs** – Dedicated spaces, including a *Mother's Hub* and a *Menopause Clinic*.
- ✖ **Being dismissed or unheard** – Many felt they had to tell their story repeatedly or were not taken seriously.
- ✖ **Feeling Ignored or dismissed**
 - Many patients reported that their symptoms were not taken seriously, repeated visits to be heard, and time, energy and effort to book appointments 10-minute slot is never long enough to need holistic assessments, and symptoms are interlinked, not insular, which delays diagnosis, and some ethnic communities face worse outcomes than their white counterparts.
 - Clinicians made them feel they were wasting time or that their voice didn't matter.
 - Clinicians reported a substantial lack of empathy and patient-centred care.
 - Lack of awareness or understanding of HRT
 - UK-born infants of South Asian ethnic origin are known to have lower birthweights than their White British counterparts. When plotted on currently used birthweight charts, they can be misclassified as small for gestational age. Similarly, large for gestational-age infants can be missed. One woman reported this was the underlying challenge for her daughter and her five pregnancies at Wexham Park.
- ✖ **Geographical issues** – Healthcare hubs and events are often far from where people live.
- ✖ **Cultural and language barriers** – A lack of culturally competent services and interpreters.
- ✖ **Social stigma** – Fear of judgment prevents people from seeking help, particularly around mental health and women's health (shame and taboos)

◆ **Slough:** Research by Healthwatch Slough indicates that **40% of ethnic minority residents feel their healthcare needs are not fully understood by professionals.** care can ensure comprehensive care for individuals



Co-Creating Solutions

Participants emphasised the importance of community involvement in designing services.

Key solutions identified:

 **Cultural training for professionals** – Ensuring services are culturally competent by embracing **cultural competency**, understanding the stigma and taboos communities face and how this marginalises women. Cancer is taboo in the South Asian Community and hardly spoken about; hence, no family history is available for many women as loved ones were buried and the cause of death, e.g. Cancer, is not shared; therefore, women are not eligible for genetic testing.

 **Community-led hubs/Women's Health Hubs** – A localised, **one-stop approach** for multiple services.

 **Patient empowerment courses and workshops** – focused on **confidence**, creative arts programmes (art therapy), communication and life skills

 **Walking groups and social spaces** – To tackle isolation and improve health.

 **Better data collection and transparency** – Community-led **data sharing and insights**.

 **Education** – Healthcare professionals volunteer time to educate and empower communities - mutual benefits for both. Offering **health, wellbeing & resilience training**. Compassionate leadership training for healthcare professionals is not covered at medical school. There is compassion fatigue, and most commented on poor bedside manner during consultations.

 **Stop cutting essential services** – Ensuring continuity and **long-term support frameworks**.

 **More inclusive and diverse spaces** – Ensuring **women, ethnic minorities and disabled individuals** feel represented and supported.

Community initiatives have proven successful, with social prescribing models benefiting many residents. However, **funding remains a barrier** to scaling up these solutions. It was felt that giving power to people to shape what is needed rather than be on the receiving end of what has changed without any understanding or consultation. Collaborating with Local Authority Health, The Voluntary sector, and Businesses to offer local solutions as Wellness is everyone's big priority. Building thriving communities empowering self-care and self-love. Women reported they are caregivers with no support or time for them to find themselves and gain insight into self-care, which was a massive barrier to wellness. Visibility in the community of GPS giving talks and volunteering their time outside of a clinical appointment to develop community resilience and confidence in local services, enabling a "can do" attitude, it's everyone's business to get this right!



Conclusion

Recommendations for Frimley ICB:

- Invest in community-led programmes** – Strengthen local hubs by prioritising lived experience and cultural needs.
- Improve healthcare accessibility** – Address **transport, digital access and financial barriers**.
- Enhance professional training**—Mandate cultural competence and lived experience integration. Value the importance of lived experience and offer incentives for specific programmes or projects, as reliving your experience is traumatic. Specialist trauma-led care focuses on childhood traumas leading to long-term conditions or diseases. Women today experience autoimmune disorders due to changes in hormone levels and live with chronic pain. *Autoimmune diseases affect approximately 8% of the population, 78% of whom are women.*
- Expand mental health and grief support** – More **inclusive, affordable** options. Mother tongue counselling support.
- Strengthen data collection & transparency** – Work with communities to **map needs and track outcomes effectively**.
- Prioritise early intervention** – More support in **schools, workplaces and local hubs** to prevent crises.
- Develop specialist women's services** – **Menopause, maternal health and female-specific community spaces**, for example a Women's Health Hub creating a safe space for women to offer peer support and creative ways to sign post.

The way forward: This report highlights **real experiences and real needs** of the Slough community. Addressing these challenges **requires collaboration between Frimley ICB, community leaders and residents**. By **co-designing services that reflect diverse needs**, we can **create a more inclusive and supportive health system for all**.

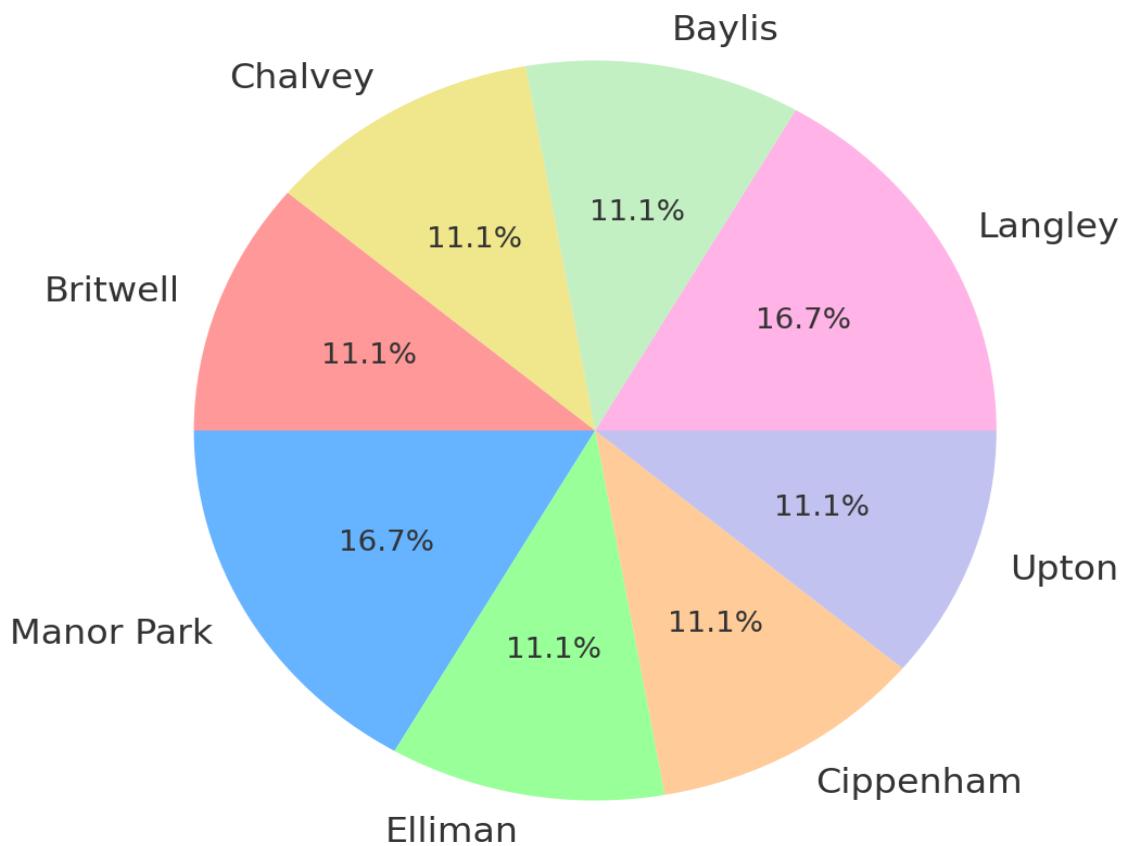
Next Steps - Engaging with the Community

We propose a **follow-up engagement session** with Frimley ICB, focusing on:

1. **Sharing this report with key stakeholders** – Ensuring community voices are heard and noted by publishing “you said, we did.”
2. **Establishing a co-creation working group** – To develop **practical solutions**.
3. **Pilot initiatives – Testing** Women’s Community Health Hubs, mental health programmes and transport support discounted provision with bus/taxi company’s
4. **A powerful theme emerged: the need for a Hub** – a one-stop space where women feel supported, heard and empowered. Which focuses on women’s health-related topics that are taboo and not openly spoken about, e.g. menopause, vaginal dryness, painful sex and traumatic birthing experience the inequalities in care for marginalised communities. Counselling, coaching and befriending services.
5. **Monitoring impact and progress** – Using **transparent data collection and lived experience insights**.



Percentage of Participants by Area in Slough



We received a **diverse representation from across Slough**, ensuring that voices from different communities were included. Participants came from **Manor Park, Langley, Britwell, Elliman, Cippenham, Upton, Baylis, and Chalvey**, reflecting a **broad range of perspectives** on local healthcare and community needs. This varied input helps provide a **comprehensive understanding** of the challenges and opportunities within Slough's healthcare system.

Reported completed on 25/02/25 by:

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