

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Date: 23 September 2025

Time: 10:00 to 12:00

Venue: Online via MSTeams

Agenda

No.	Agenda Item	Lead	Purpose	Time
Opening Actions				
1.	Welcome, Introductions and Apologies	Chair	-	10.00
2.	Relevant Persons Disclosure of Interests <ul style="list-style-type: none"> Register of Interests 	Chair	Note changes and approve	
3.	Approval of the Minutes of the meeting of 14 February 2025 and Matters Arising			
4.	Review of Action Tracker			
Strategy				
5.	Update from ICB Board meetings 21 March and 27 June 2025 <ul style="list-style-type: none"> Green Plan Infrastructure Strategy 	Robin Porter/Felicity Cox	Note	
6.	ICB reconfiguration	Robin Porter/Felicity Cox	Note	
7.	10 Year Plan <ul style="list-style-type: none"> Next Steps for delivery of the 10 Year Plan in BLMK National Neighbourhood Health Implementation Programme 	Maria Wogan/Felicity Cox	Note	
8.	Community and Mental Health Services Transformation - Case for Change	Maria Wogan/Felicity Cox	Note	
9.	Hospital Opportunities Assessment	Maria Wogan/Felicity Cox	Note	
10.	Primary Care Access update	Amanda Flower	Note	

No.	Agenda Item	Lead	Purpose	Time
11.	BLMK Green Plan 2025 – 2032 – Final	Tim Simmance	Note	
Governance				
12.	Communications from the meeting	Chair	Discuss	
13.	Review of meeting effectiveness	Chair	Note	
Closing Actions				
14.	Any Other Business	Chair	-	



Extract from Register of Interests - as at 11.9.2025
For Health & Care Partnership 23 September 2025

Members are asked to:

> Review the Register of Interests and confirm their entry is accurate and up to date.

All in attendance are asked to:

> Declare any relevant interests relating to matters on the agenda.

> Confirm that all offers of Gifts and Hospitality received in the last 28 days have been registered with the Governance & Compliance team via blmkicb.corporatesec@nhs.net

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Ainsworth	Nicola	Joint Acting Director of Public Health, Luton Council	No									02/01/2025
Barhey	Manraj ("Baz")	Primary Care Network Clinical Director, Luton	Yes	Y				GP Partner Woodland Avenue Practice	01/04/1995	Ongoing	Declare in line with conflicts of interest policy	23/08/2022
Barhey	Manraj ("Baz")	Primary Care Network Clinical Director, Luton	Yes		Y			Member of Evexia GP Federation	01/09/2021	Ongoing	Declare in line with conflicts of interest policy	23/08/2022
Barhey	Manraj ("Baz")	Primary Care Network Clinical Director, Luton	Yes		Y			GP with Interest in Dermatology and Skin Surgery	01/04/1995	Ongoing	Declare in line with conflicts of interest policy	23/08/2022
Barhey	Manraj ("Baz")	Primary Care Network Clinical Director, Luton	Yes		Y			Medics PCN Clinical Director	01/07/2019	Ongoing	Declare in line with conflicts of interest policy	13/03/2022
Blackmun	Diana	Chief Executive Officer, Healthwatch Central Bedfordshire	Yes		Y			Chief Executive Office of Healthwatch, Central Bedfordshire	April 2013	Ongoing	Declare in line with conflicts of interest policy	05/12/2022
Blackmun	Diana	Chief Executive Officer, Healthwatch Central Bedfordshire	Yes		Y			Chair of Bedfordshire Autism Voice Alliance	Nov 2022	Ongoing	Declare in line with conflicts of interest policy	05/12/2022
Carr	Jane (Cllr)	Cllr, Milton Keynes City Council	Yes		Y			Qualified social worker, registered with Social Work England	May-95	Ongoing	Declare in line with conflicts of interests policy	06/01/2025
Chase	Simon	Chief Paramedic (Allied Health Professional) & Director of Quality	No									11/10/2024
Cook	Caroline	Chief Executive Officer, Luton All Women's Centre	Yes	Y				My substantive post - Chief Executive at Luton All Women's Centre. Charity no 1101754. Suite 2, The Spires, Adelaide Street, Luton LU1 5BB	20/10/2017	Ongoing	Declare in line with conflict of interest policy. Exclusion from involvement in part or all of related meeting or decision-making	09/04/2025
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			I am a trustee of a charity as a member (and secretary) of the parochial church council of the Ecclesiastical Parish of Bushey	01/07/2023	Ongoing	We supply no services to the ICB	13/10/2023
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			I am a registered pharmacist with the General Pharmaceutical Council (GPC) and a member of the Royal Pharmaceutical Society	17/08/1987	Ongoing	I will excuse myself should an interest arise	14/06/2022
Elliott	Elizabeth	Consultant in Public Health, Luton Council	No									13/09/2023

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Faulkner	Caroline	Business & Commissioning Manager, Keech Hospice / VCSE Strategy Group Chair	Yes	Y				Employee of Keech Hospice	14/02/2025	Ongoing	Exclusion from involvement in related meeting or decision-making	09/04/2025
Freda	Emma	Chief Executive Officer, Healthwatch Bedford Borough	No	Y				Employed by Healthwatch Bedford Borough, 21-23 Gadsby Street Bedford Beds MK40 3HP	01/10/2023	Ongoing	I will declare in line with the COI policy. I will remove myself from any decision	11/10/2023
Fuller	Donna	Councillor, Milton Keynes Council	No									14/10/2024
Gill	Manjeet	Non Executive Member	Yes	Y				Non Executive Director, Sherwood Forest NHS Hospitals Foundation Trust	11/11/2019	Ongoing	Would flag any conflict in agendas	27/09/2022
Gill	Manjeet	Non Executive Member	Yes	Y				Managing Director, Chameleon Commercial Services Ltd, 12 St Johns Rd, LE2 2BL	09/09/2017	Ongoing	Regular 1-1s flag any issue and agenda items	27/09/2022
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes.	No									27/06/2022
Keech	Tracey	Deputy CEO, Healthwatch, Milton Keynes	No									02/11/2023
Kellerman	Volker	Director of Partnerships and Strategic Development at South Central Ambulance Service NHS Trust	No									18/06/2024
Macpherson	Angela	Integrated Care Partnership Board member, Deputy Leader, Buckinghamshire Council	No									22/09/2022
Mahmood	Basit	Luton Borough Councillor and portfolio holder for Adult Social Care	Yes	Y				Councillor, Luton @Borough Council	05/05/2023	Current	Declare in line with conflicts of interests policy	18/05/2025
Mahmood	Basit	Luton Borough Councillor and portfolio holder for Adult Social Care	Yes				Y	Member of Bedfordshire Police and Crime Panel	05/05/2023	Current	Exclusion from involvement in related meeting or decision making	18/05/2025
Malik	Khtija	Co-Chair and Councillor, Luton Borough Council	Yes		Y			Governor on East London NHS Foundation Trust	2019	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Marland	Peter	Leader, Milton Keynes City Council	Yes	N	N	N	N	Chair, Local Government Association Economy & Resources Board	01/12/2022	Ongoing	No conflict of interest	28/08/2024
Marland	Peter	Leader, Milton Keynes City Council	Yes	N	N	N	N	Board Member, Local Partnerships	01/09/2021	Ongoing	No conflict of interest	28/08/2024
Marland	Peter	Leader, Milton Keynes City Council	Yes	N	N	Y	N	Trustee, Helen & Douglas House Children's Hospice	01/02/2020	Ongoing	Will declare in meetings as appropriate	28/08/2024
Rammohan	Navaneetha	Clinical Director, Nexus Milton Keynes Primary Care Network/Integrated Care Partnership representative for Milton Keynes Primary Care Networks	Yes		Y			Oakridge Park Medical Centre, GP Partner	01/02/2018	Ongoing	To be excluded from meeting when discussing primary care issues	26/09/2022
Rammohan	Navaneetha	Clinical Director, Nexus Milton Keynes Primary Care Network/Integrated Care Partnership representative for Milton Keynes Primary Care Networks	Yes		Y			Nexus MK PCN - Clinical Director	01/07/2019	Ongoing	To be excluded from meeting when discussing primary care issues	26/09/2022
Rowlatt	Amanda	Vice Chair CNWL	??									
Sharp	Andy	Director, Social Care, Health & Housing, Central Bedfordshire Council	Yes	Y				Director, New Vista Homes	01/02/2023	Ongoing	Declare in line with conflicts of interest policy	12/09/2023

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare						Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Sharp	Andy	Director, Social Care, Health & Housing, Central Bedfordshire Council	Yes	Y					Director, Care is Central	01/02/2023	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Sharp	Andy	Director, Social Care, Health & Housing, Central Bedfordshire Council	Yes	Y					Director, Central Bedfordshire Group	01/02/2023	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Simmons	Hazel	Leader of Luton Council	Yes			Y			Treasurer Lewsey Festival Committee	1995	Ongoing	Declare in line with conflicts of interest policy	20/11/2023
Simmons	Hazel	Leader of Luton Council	Yes			Y			Secretary Lewsey Community Garden	2019	Ongoing	Declare in line with conflicts of interest policy	20/11/2023
Smith	Mark	Adult Social Care & Health Executive Member for Central Bedfordshire Council	Yes		Y				Care is Central, co no 12641420, Unit 10 Bury Farm Mill Lane, Stotfold Beds	16/10/2023	Ongoing	No perceived interest	11/09/2024
Smith	Mark	Adult Social Care & Health Executive Member for Central Bedfordshire Council	Yes		Y				Care is Central Residential Ltd, co no 15188179, unit 10, Bury Farm Mill Lane, Stotfold, Beds	13/11/2023	Ongoing	No perceived interest	11/09/2024
Smith	Mark	Adult Social Care & Health Executive Member for Central Bedfordshire Council	Yes		Y				New Vista Homes co no 12641085	16/10/2023	Ongoing	No perceived interest	11/09/2024
Sumray	Richard	Chair, Bedfordshire Hospitals NHS Foundation Trust	Yes	Y					Chair, Bedfordshire Hospitals NHS Foundation Trust	01/04/2023	Ongoing	Declare in line with conflicts of interest policy	27/10/2023
Thomas	Lynda	Chair, Cambridge Community Services - member of BLMK Health & Care Partnership	No										15/04/2025
Towler	Martin	Councillor, Bedford Borough Council - Portolio Holder for Health and Wellbeing at Bedford Borough Council	Yes		Y				Governor, Bedford & Luton Hospital				07/05/2025
Towler	Martin	Councillor, Bedford Borough Council - Portolio Holder for Health and Wellbeing at Bedford Borough Council	Yes		Y				Governor, ELFT				07/05/2025
Travis	Heidi	Interim Chair of Milton Keynes University Hospitals NHS Trust	No										11/09/2024
Turner	Philip	Chair, Healthwatch Luton	No										06/12/2022
Walker	Kate	Adult Services, Bedford Borough Council	No										11/01/2023
Wheeler	Deborah	Vice Chair, East London NHS Foundation Trust	Yes	Y					Non-Executive Director, North East London NH Foundation Trust	May 2024	Ongoing	Declare in line with conflicts of interest policy	17/05/2024
Wheeler	Deborah	Vice Chair, East London NHS Foundation Trust	Yes	Y					Member of the Test of Competence Assurance Advisory Group, Nursing & Midwifery Council	May 2024	Ongoing	Declare in line with conflicts of interest policy	17/05/2024
Wheeler	Deborah	Vice Chair, East London NHS Foundation Trust	Yes		Y				Trustee, Epilepsy Society	May 2024	Ongoing	Declare in line with conflicts of interest policy	17/05/2024
Wheeler	Deborah	Vice Chair, East London NHS Foundation Trust	Yes		Y				Trustee, Revitalise Respite Holidays (Chair of Quality & People Committee, Lead Trustee for Safeguarding)	May 2024	Ongoing	Declare in line with conflicts of interest policy	17/05/2024
Wootton	Tom	Mayor of Bedford Bedford Borough Council	Yes	Y					Mayor of Bedford Bedford Borough Council	May-23	Ongoing	Declare in line with conflicts of interest policy and exclusion from involvement in related decision-making	22/07/2025
Wootton	Tom	Mayor of Bedford Bedford Borough Council	Yes	Y					Member of East of England Local Government Association	May-23	Ongoing	Exclusion from involvement in related meeting or decision-making	22/07/2025
Wootton	Tom	Mayor of Bedford Bedford Borough Council	Yes	Y					Member of Ravensden Parish Council	May-23	Ongoing	Exclusion from involvement in related decision-making	22/07/2025

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Wootton	Tom	Mayor of Bedford Bedford Borough Council	Yes	Y				Member of The Conservative Party	May-23	Ongoing	Exclusion from involvement in related decision-making	22/07/2025
Wootton	Tom	Mayor of Bedford Bedford Borough Council	Yes				Y	Partner Administrator - East of England Ambulance Service NHS Trust	Aug-17	Ongoing	Declare in line with conflicts of interest policy	22/07/2025

Date: 14 February 2025

Time: 10.00

Venue: MS Teams

Minutes of the: meeting of the Health and Care Partnership

Members:		
Name	Title	Initials
Councillor Martin Towler	Chair, Health and Wellbeing Board, Bedford Borough Council (Co-Chair and Chair of Meeting)	MT
Councillor Khtija Malik	Portfolio Holder for Public Health, Luton Council, (Co-Chair)	KM
Dr Manraj Barhey	Clinical Director, Primary Care Network, Luton	MB
Councillor Jane Carr	Leader of the Liberal Democrat Group, Milton Keynes City Council	JC
Manjeet Gill	Acting Chair, BLMK ICB	
Felicity Cox	Chief Executive, BLMK ICB	FC
Emma Freda	Chief Executive, Healthwatch Bedford Borough	EF
Vicky Head	Director of Public Health, Bedford Borough, Central Bedfordshire & Milton Keynes	VH
Tracy Keech	Deputy Chief Executive Officer, Healthwatch Milton Keynes	TK
Dr Jane Kocen	Clinical Director, Bedford Borough Primary Care Network	JK
Councillor Angela Macpherson	Deputy Leader, Buckinghamshire Council	AM
Sonal Mehta	VCSE Partnership Lead, BLMK ICB	SM
Dr Navaneetha Rammohan	Clinical Director, Primary Care Network, Milton Keynes	NR
Amanda Rowlatt CBE	Vice Chair, Central and North West London NHS FT	AR
Andy Sharp	Director of Social Care, Health and Housing	AS
Mrunal Sisodia	Chair, East of England Ambulance Service NHS Trust	MS
Richard Sumray	Chair, Bedfordshire Hospitals NHS Foundation Trust	RS
Eileen Taylor	Chair, East London NHS Foundation Trust	ET
Heidi Travis	Chair, Milton Keynes University Hospital NHS Foundation Trust	HT
Phil Turner	Chair, Healthwatch Luton	PT

In attendance:		
Name	Title	Initials
Sharn Basra	Chief Executive, Bedfordshire Police & Crime Commissioner	SB
Andrew Clayton	Partnership Governance Lead BLMK ICB	AC
Philippa Dent	Public Health Speciality Registrar	PD
Michelle Evans-Riches	Head of Governance, BLMK ICB	MER
Caroline Faulkner	Business and Commissioning Manager, Keech Hospice	CF
Shirley Pointer	Non-Executive Member, BLMK ICB	SP
Robin Porter	Chief Executive, Luton Council	RP
Tim Simmance	Associate Director of Sustainability and Growth, BLMK ICB	TS
Maria Wogan	Chief of Strategy and Assurance, BLMK ICB	MW
Dominic Woodward-Lebihan	Deputy Chief of Strategy and Assurance	DWL

Apologies from members:		
Nicola Ainsworth	Joint Director of Public Health, Luton Council	
Diana Blackmun	Chief Executive Officer, Healthwatch Central Bedfordshire	
Simon Chase	Chief Paramedic, East of England Ambulance Service NHS Trust	
Mary Elford	Chair, Cambridgeshire Community Services NHS Trust	
Elizabeth Elliott	Joint Director of Public Health, Luton Council	
Deborah Wheeler	Vice Chair, East London NHS Foundation Trust	

Item No.	Agenda Item	Action
1.	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed everyone to the meeting and noted that the meeting was quorate</p>	
2.	<p>Relevant Persons Disclosure of Interests</p> <p>Members were asked to declare any relevant interests relating to matters on the agenda.</p> <p>Noted: CF declared for the purpose of transparency that she was employed by Keech Hospice, an organisation providing services commissioned by the BLMK ICB, and would raise the matter with the Chair should any actual or potential conflict of interest arise.</p>	
3.	<p>Approval of Minutes and Matters Arising</p> <p>The minutes of the meeting held on 19 September 2024 were considered by the meeting and agreed.</p>	
4.	<p>Review of Action Tracker</p> <p>It was noted that RS and Dr Ian Reckless had met following the last meeting and the Health Services Strategy had been presented to non-executive directors of the BH NHSFT. FC confirmed that the public consultation on the</p>	

	<p>Mt Vernon Cancer Centre proposal would begin in earnest in May 2025, following local government elections. The meeting agreed to close actions 30, 32 and 33.</p> <p>RS said that it was important that the Mt Vernon Cancer Centre proposals were discussed within the ICB and ICP, and FC agreed. The Linac (Linear Accelerator) would be a crucial part of the proposal for BLMK residents and a preliminary position would be helpful. A BLMK final position could be developed once the public consultation was completed.</p> <p>ACTION 34: FC to consider and discuss with partners the development of a preliminary position on the Mt Vernon Proposals.</p>	<p>ACTION 34: FC</p>
<p>5.</p>	<p>The BLMK Health and Care Strategy</p> <p>DWL presented the paper and highlighted the following points:</p> <p>The current strategy was approved by the partnership in January 2023 and the paper considered progress made over the past two years, and looked forward to the successor strategy for the period 2026 to 2029.</p> <p>Advances in the collation and analysis of health data since 2023 would allow the 2026 strategy to be more data driven than the earlier iteration, with the setting of targets and measurement of outcomes facilitated by the work of the Population Health Intelligence Unit.</p> <p>Initiatives taken by the ICB and partners to meet the strategic priorities of the 2023 strategy included mental health support teams based in schools in Luton and Milton Keynes to support young people, high diagnosis rates for dementia (significantly above national averages), improved support for patients in their homes and reduced emergency admissions, with the work of the Bedfordshire Care Alliance through the unscheduled care hub being particularly notable. Good progress had been made with the primary care estate, with 15 of the 23 projects prioritised in 2023 being delivered. A new Community Diagnostic Centre had opened in Milton Keynes and the business case for a Clinical Diagnostic Centre in Luton town centre was in development. Primary care appointments were up by 10.4% in 2024 compared to 2023.</p> <p>The system had faced challenges and not all had gone according to plan. Vaccination rates were not as high going into Winter 2024 as we would have wished to see, and some of the transformation work had not gone as far and as fast as we would have liked, particularly in hospital discharge.</p> <p>Lessons had been learned in the commissioning space, for example the musculoskeletal commissioning exercise had taught us that coproduction and engagement could be lengthy and complex. Commissioning projects coming to the fore in 2025/2026 would build on that learning.</p> <p>Going into 2025/2026 the system faced financial challenges. The Secretary of State had been clear that systems were to deliver a balanced financial plan, leaving BLMK facing a £140 million gap in the medium term. Productivity improvements would need to be the priority, facilitated by service transformation. Key priorities going into 2026 would need to be admissions avoidance and discharge pathways, end of life care and complex care.</p> <p>As the paper made clear, difficult financial decisions would need to be made about what the system could afford to provide. Proposed changes to services, through commissioning, decommissioning or variations may require local</p>	

authority scrutiny or consultation, so coordination amongst partners to ensure that this ran smoothly and efficiently would be essential.

The new strategy needed to be one that all partners agreed and were invested in and committed to. It would need to accord with the financial plan and take on board measures detailed in the NHS ten year plan, which would be published later this year. The ICB would see a new Chair appointed and a comprehensive spending review was expected in June, so big changes were afoot. The plan would need to be evidence based, and the steps to formulate it would include a joint ICB/ICP seminar and a comprehensive programme of consultation with partners, laid out in draft at Annex B of the report.

TK said that place-based scrutiny committees would want to focus on how the strategy would impact health and care at place, rather than at a BLMK system level. It would be important to consider the place angle during preparation and future presentation of the strategy. NHS planning guidance had also diluted targets in a number of key areas, such as annual physical health checks for mental health and learning disability patients, hypertension, and waiting lists for community services. The focus of the system has been on prevention, and careful consideration will need to be given to the impact of the changes to these targets.

MB welcomed the report and the data included, there was some good feedback and good news, particularly in the area of admissions for falls for example, which showed a reduction of 34% on the 2020 baseline. PCNs welcomed the move to neighbourhood working and looked forward to involvement in the development of the strategy. RS agreed, and emphasised the need for the strategy to be partner led. The lessons and experience gained from the admissions avoidance for falls work for example needed to be shared and rolled out across the system, and the data would be key to that learning. Bedford hospitals had seen significant improvements in admissions, and looked forward to initiatives to continue this trend, for example through health promotions at a neighbourhood level, such as encouraging physical exercise. Other important areas of focus for the strategy to consider would be capital and estates, and a building on the Denny Review and the inequalities agenda.

RS was keen to see BLMK act boldly to get to grips with the challenges it faced. The increase in population across the area would be an undoubted challenge and spend per head was likely to reduce. Further devolution of decision-making, for example discharge work to the trusts, would support place and neighbourhood based working.

MS said that there were opportunities to build on the success of the admissions avoidance work. In January, 300 conveyances were avoided by the unscheduled care hub, which represented a significant saving and reduction in patients in hospitals. The live tracker was showing 102 avoidances in February thus far, but a further 57 patients came out due to there not being the right support available in the community available at the right time. With resources in the right places these could have also been avoided. There was also work to do to reduce handover delays, but overall this was moving in a very positive direction.

JK said that the increase in population was compounding existing difficulties in estates provision for primary care. Locally the practice had seen its population more than double from 10,000 to 22,000 over recent years and whilst developments such as the De Parys Medical Centre showed progress many

practices were working from outdated and temporary buildings. Bringing healthcare closer to home would require investment in buildings.

The Chair welcomed the comments so far, and said that the VCSE had an important role to play in the development of the strategy. CF agreed and welcomed the report. RS's comments on devolution and the importance of local local-decision making were views that the VCSE sector could get behind, and it would help them to deliver some of the priorities. SM said that the development of the strategy provided an opportunity to work differently with residents and communities and engage our VCSE sector. They were able to bring creative solutions to bear on these problems, including supporting the longer term reduction of demand on services.

DWL thanked members of the partnership for their contributions. It was the case that there may be a reduced focus on prevention coming from the centre, but prevention would need to remain centre stage if the system was to manage within the financial restraints facing it, and to meet the needs of the population. Some of the successes of the past few years were indeed to be celebrated and built on, as well as learning from those areas where progress had been more limited. It was recognised that capital funding was an issue across the system, but the ICB had learned from working on projects such as the Luton CDC and would build on that and pursue further opportunities. The population growth offered opportunities, for example the plans for the Oxford/Cambridge corridor with BLMK in the centre of the proposed English "Silicon Valley", the development of East West Rail, and the possible establishment of a theme park in Marston Vale and the expansion of Luton Airport.

JD agreed with the comments of other partners. The Fire Service welcomed the focus on prevention, and pointed out that that it was not infrequently the case that it was the same vulnerable members of our population that were calling on their help as those calling on the help of the Ambulance Service and primary care for example. Over time developments in BLMK would bring more cash and more resources in the form of investment and business rates amongst other things, but it did present shorter term challenges and prevention was key to managing those.

MG welcomed the opportunity to contribute to the new strategy. Money was short across the board and it was vitally important for partners to work closely and consider how to transform services in efficient and cost effective ways to deliver to the population. The partnership had an important role to play in overseeing the development of the strategy and the Board of the ICB would be similarly engaged in supporting that.

FC informed the Board that Chief Executives of system partners were in discussions to try to ensure that funding across services was appropriate to the growing population of BLMK, and would continue to pursue opportunities and share that with partners.

MW said that the strategy would be included as a discussion item on the next ICB/ICP seminar in May, and that the estates issue would be a part of that.

	<p>The Mt Vernon Cancer Centre proposals would also be included for discussion at that seminar.</p> <p>The Chair thanked DWL for the presentation and paper and members for their contributions to the discussion, and invited members to write to DWL if they had additional input to make.</p> <p>The Partnership noted the report</p>	
6.	<p>English Devolution White Paper – A BLMK Perspective</p> <p>RP introduced the item and highlighted the following key points:</p> <p>A key point to note was that the white paper proposed the establishment of strategic authorities, and not an amalgamation of the existing local government structure. It would involve the transfer of powers and responsibilities from central government to the local area. Proposals also included the unitisation of existing local authorities, i.e. the coming together of district and county councils, but this was already in place across BLMK.</p> <p>The white paper also stated that the “ideal” size for a unitary authority would be in the region of 500,000 people, but it was felt that this was unlikely to have any local impact in the short to medium term.</p> <p>HM Government had informed local authorities in BLMK during the passed week that they would not be included in the first wave of places that would move to a strategic authority. It could be that BLMK was included in the second wave, which was anticipated to take place at the time of local elections in May 2027.</p> <p>Two options had been put to government for BLMK. The first was the creation of a BLMK strategic authority, and the second was BLMK plus Northamptonshire to form a South Midlands strategic authority, with a population of around 1.8 million. The thinking behind this was that otherwise Northamptonshire would be at risk of becoming something of an island of 800,000 people located between BLMK and the Midlands. Having said that, government has agreed to Cumbria becoming a strategic authority with a population of only around 500,000, so this was evidently not an insurmountable problem.</p> <p>Milton Keynes and Luton strongly supported the BLMK proposal for three main reasons. Firstly for reasons of public sector alignment, i.e. BLMK has worked closely together as partners now for several years, increasingly successfully integrating health and social care and including blue light services. Secondly, the separate areas within BLMK are set along the same strategic economic pathway, including initiatives mentioned already at the meeting including Universal Studios, Luton Airport and the Oxford/Cambridge Corridor. There is a proven track record of us working closely together in this space, whereas the connections northwards to places like Corby for example are substantially weaker. Thirdly, from a social perspective there is substantial integration, with a population that readily moves within Luton, Bedford, Milton Keynes and Central Bedfordshire for housing and work.</p> <p>The four local authority chief executives would be working together to work up their rationale in more detail to present a case for government later in the year, in good time for a potential second wave.</p> <p>RS welcomed the proposal and asked if the ICB/ICP and individual institutions could support and play a role in the planning and submission to government.</p>	

	<p>RP said that he agreed that the partners had an important role in this, and the strategic authority provided an opportunity to further integrate and support the health of the population, with Manchester being a good example. He looked forward to discussing this with partners as the next, more substantial, submission was worked up.</p> <p>MR asked whether further detail was available on how the strategic authorities would work with local authorities and other partners in practice. RP said that the white paper had not provided that level of detail, but based on practice with existing devolution deals it had come with substantial capital funding to spend on the kinds of projects already discussed in this meeting.</p> <p>MG asked whether the devolution would be bespoke, inasmuch as previous deals had included the ability for local areas to be flexible and negotiate the terms of their devolution, or was it more likely to be prescriptive without the ability to negotiate terms. RP said that whilst details remained to be confirmed it seemed likely that it would be a fixed process and not amenable to locally negotiated terms.</p> <p>The Chair thanked RP for the paper and presentation, and looked forward along with other partners to working with local authority colleagues in progressing this matter.</p> <p>The Partnership noted the presentation</p>	
<p>7.</p>	<p>The BLMK ICS Green Plan</p> <p>TS presented the item and asked the partnership to consider the draft plan, with particular attention to the vision it presented and the three “We will” statements within the report.</p> <p>An associated action plan was also distributed with the papers and this included a return to the partnership meeting in the Autumn with the final plan for approval.</p> <p>The Green Plan sits within the fourth pillar of the ICS, helping the NHS to support the broader social and economic development of the BLMK area and population. The ICS has a statutory obligation to prepare a Green Plan, along with other NHS bodies within the ICS, for example the acute trusts each have their own plan. In addition to this, the ICB has a role as an advisor and consultee on local development. The plan has a broad role to play in being a part of the conversation on climate change and sustainability generally, but also to contribute to consideration of the wider determinants of population health within BLMK.</p> <p>The current Green Plan (2022 – 2025) priorities have supported an overall reduction of 5% of our total emissions footprint, but that amounted to 17% of emissions under our direct control, which is substantial. Notable successes include the elimination of an anaesthetic gas called Desflurane, which is approximately 3,500 more damaging than carbon dioxide, and a 32% reduction in inhaler emissions, which are also particularly harmful to the climate. There has been progressive improvement in reducing waste and increasing renewables across our acute sites, and a steady move towards the use of renewable as opposed to single use equipment. Particularly in the context of increasing demand for healthcare there has been significant progress.</p> <p>The new plan seeks to embed these improvements and draws on our experience and learning over the past three years, taking on board discussions</p>	

and advice from sustainability leads from NHS, VCSE and local authority partners, as well as ICB colleagues in medicines optimisation, estates and procurement. Discussions and feedback from the November ICB/ICP seminar, which included national sustainability experts and the views and ideas of BLMK Youth Councillors, have been incorporated into the draft. Whilst there remains some work to be done on timelines and accountability, key themes have emerged. We want to grow and foster understanding of the links between health, climate change and environmental sustainability, particularly amongst those involved in delivering services, and to help break down the barriers that exist that prevent change. We need to work to share skills and knowledge and pool resources to support our residents, particularly the most vulnerable amongst them. Suppliers account for a large part of our carbon footprint, and we need to exercise our buying power to influence them to reduce theirs.

In addition we need to support our voluntary sector in their sustainability journey, and focus thinking towards the prevention agenda, promoting a healthy lifestyle and reducing the use of intensive resources in health and care.

Work on the plan was led by a sustainability leadership group, which included colleagues from local authorities, NHS organisations, VCSE and a resident representative. It was hoped that the plan would support and inspire other organisations to adopt similar plans themselves where they do not currently have them, and also to encourage alignment of policies across partners where appropriate.

The “We will” statements focused on health improvement and protection, caring for our surroundings and reducing our greenhouse gas emissions. The means to achieve these ambitions were practical, for example promoting exercise, providing onsite catering that was healthy and from sustainable sources, reducing the need to travel, promoting recycling and reducing waste, encouraging diversity.

TK welcomed the report and suggested other areas that could be considered for inclusion. Concerns around water, i.e. the effects of changes in rainfall resulting from climate change and increasing flooding at times and periods of drought at others. SM agreed. This was an issue high on the agenda of local authorities. Flooding could have a huge impact on local communities, with direct health access implications through being cut off from the road network for example. TK said that it was also the case that whilst digital technology offered potential solutions to some problems, it should nevertheless be borne in mind that data centres were responsible for significant water use.

JK said that it was a welcome and ambitious plan. It would create challenges in primary and secondary care, with around 50% of the carbon footprint created by medicines, equipment and other supply chain sources. The changes made to inhalers was a very positive move and this needed to be built on through action in procurement.

RS commended the plan and the work undertaken thus far. The November seminar had been very successful and a good launching pad for the project. There was a huge appetite and great enthusiasm within BHFT to take this forward, with 16 members of staff putting themselves forward as sustainability champions to support efforts. There was a need to promote awareness and provide training to capitalise on that support. It would also be necessary to

	<p>report progress upwards within the ICB, and for the ICB to take ownership and support partner organisations in their endeavours.</p> <p>LM said that communications with residents and communities would be vital. The plan contained important information on the links between our environment and the promotion of a healthy lifestyle. There was a clear danger that faced with the pressures of a growing list of priorities, exacerbated by a growing population and restricted finances, that sustainability initiatives could be pushed down the agenda.</p> <p>TS thanked members for their comments and agreed that these were key issues. Studies had shown for example that people were inclined to see environmental sustainability as a global problem, outside of their personal control. The solution lay in emphasising the local nature of the issues facing us, for example the flooding issues in local neighbourhoods, local food supply chains, pollution related health problems. Sustainability had a big part to play in the overall aims of the ICS, for example through the promotion of exercise and these in turn created financial benefits both directly for health providers and also for the community as a whole. The Green Plan of itself could not achieve everything that needed to be done, but the actions of leaders in promoting its messages and ensuring that it remained a high priority would support its aims.</p> <p>MS said that the East of England Ambulance Service was committed to finding ways to improve its sustainability and lessen its environmental impact. A new hub opened recently in Bury St Edmunds for example was carbon neutral and this would be continued as new centres were opened. However, a lack of charging infrastructure had meant that a proposed purchase of electric ambulances had not gone ahead, and diesel vehicles had been purchased instead, although they did have larger batteries to enable engines to be switched off when the vehicles were stationary. With the fleet covering around 25 million miles per annum that represented a huge volume of fuel. It was hoped that in the future as the infrastructure improved that this could be progressed.</p> <p>The Chair thanked TS and colleagues for the work undertaken, and looked forward to ongoing dialogue as the plan progressed.</p> <p>The Partnership noted the draft plan and report.</p>	
<p>8.</p>	<p>Health and Care Partnership Terms of Reference</p> <p>MER introduced the item and presented the report and proposed revised Terms of Reference (ToR) to the meeting.</p> <p>Following a review of the ToR several changes were proposed and members were asked to consider that proposal, and if content with it to recommend them to the ICB Board for approval.</p> <p>The first change concerned VCSE representation on the Partnership. When the Partnership was established around three years ago the involvement of the sector was recognised and the most appropriate person to represent it was the ICB's VCSE Partnership Lead. Since then the VCSE Strategy Group had been established and as a result it was now proposed that the Co-Chairs of that</p>	

	<p>group replace the VCSE Partnership Lead as a member, with that postholder attending meetings as a guest in the future.</p> <p>The second change was procedural and related to the quoracy of meetings. There had been occasions over the past couple of years when meetings had not been quorate, hampering the meeting's ability to pass resolutions and make decisions. The current membership was quite large, and the existing quoracy requirement was one half of all members. The Governance team had undertaken a review of other ICPs across the East of England, the Midlands and London and whilst quoracy requirements varied across those ICPs the average quoracy requirement was one third of members. In view of those findings and to avoid problems of non-quoracy in the future it was proposed to reduce the quoracy requirement to one third.</p> <p>Other changes were largely housekeeping to reflect changes over the past three years, but were detailed in the report if members had any questions.</p> <p>RS asked the team to double check that Luton Council was referred to by that name throughout the document.</p> <p>TK asked for consideration to be given to providing funding to the VCSE sector for their attendance.</p> <p>The Partnership resolved to Recommend the revised Terms of Reference to the Board for Approval</p> <p>SM thanked members of the Partnership and the ICB for the support provided to her as a representative of the VCSE sector and for recognising the contribute made by VCSE organisations in the partnership.</p>	
10.	<p>Communications from the meeting</p> <p>The Chair informed the meeting that a report of the meeting would be delivered to the Board of the ICB at its next meeting on 21 March 2025 and asked members to contact members of the Governance team if they wished to see particular matters raised. The report would otherwise include the main items discussed at the meeting.</p>	
11.	<p>Review of meeting effectiveness</p> <p>The Chair asked for any comments on the effectiveness of the meeting or the content of the papers.</p> <p>RS said that the report on the Health and Care Strategy was good and it had provoked a useful and wide ranging discussion, laying out a blueprint for the future successful operation of the partnership.</p> <p>The Chair agreed, and noted the interrelationship between the aims of the strategy and the green plan, and looked forward to seeing both items developed over coming months.</p> <p>MS said that it had been a good meeting and the Partnership was establishing itself as a good forum for partners to agree the scope and scale of their ambitions, and also holding the ICB Board and NHS organisations to account.</p>	
12.	<p>Any other business</p> <p>The Chair noted that JK was retiring as a GP and consequently as a member of the Partnership. On behalf of the Partnership he thanked her for the valuable contribution made to meetings over the past three years, and wished her a long and happy retirement.</p>	

Approval of Draft Minutes by Chair only:

Name	Role	Date
Cllr Martin Towler	Chair	21 March 2025

Action No.	Meeting Date	Item Title	Action	Responsible Manager (Enter full name)	Past deadlines (Since Revised)	Current Deadline	Current Position	RAG (Add date action is agreed closed)
31	19 September 2024	Cancer services across BLMK - An update on current and future plans	Members to communicate the Mount Vernon Cancer Centre consultation to residents	All		As developments occur	The consultation exercise is due to begin in May 2025, members will be advised of developments June 2025 update: Consultation scheduled to begin in Summer 2025. Discussed by members at the Seminar on 23 May 2025, see Action 34 15 Sept 2025 NHSE considering Mt Vernon and Watford schemes to identify synergies. Consultation is due to begin shortly.	In Progress
34	14 February 2025	Review of Action Tracker	FC to consider and discuss with partners the development of a preliminary position on the Mt Vernon Proposals.	Felicity Cox		ASAP	Preliminary Position developed at Seminar on 23 May 2025	COMPLETE: Propose closure 23 Sept 2025

Bedfordshire, Luton and Milton Keynes Integrated Care Board Meeting: 21 March 2025

On 21 March 2025, the Board met at Priory House, Central Bedfordshire Council's offices.

Questions from the public – There were two questions from residents. The first was on Artificial Intelligence and the second on funding for FGM. The questions and answers can be viewed [here](#).

Resident stories - Three Members of the Central Bedfordshire Youth Parliament attended the Board and shared their experience of attending the first System Insight Network on 28 January, and their ideas on the Government's Change NHS conversation. The Board welcomed feedback from the young people and committed to including their views as part of ongoing programmes of work.

Chair and Chief Executive updates – The Chair reflected on recent governmental announcements about further reductions to ICB running costs, as part of a new financial reset in the NHS. The Chair reflected on the contribution made by the ICB in the past year including increasing GP appointments by 10.4%, providing more dental appointments and preventing 1,800 unnecessary admissions to hospital through the Unscheduled Care Hub. The Chair committed to providing more information on the future of ICBs as details become available.

The Chief Executive welcomed the powerful presentation from the Youth Parliament Members and reflected on the profound experience of the Oliver McGowan training on learning disabilities and autism. The Chief Executive welcomed Dr Andrew Rochford, Chief Medical Officer, to his new role, and thanked Dr Ian Reckless for his service to the system as Interim ICB CMO. She informed the Board that Anne Brierley would be stepping back from her role as Chief Transformation Officer due to poor health and thanked her for her service. The Board heard that £1.67m capital funding has been indicatively allocated to BLMK ICB under a *Primary Care Estate Utilisation and Modernisation Fund* for 2025/26, with highly prescriptive criteria set out by NHSE about how the funding could be used. The Chief Executive updated the Board on the recruitment process for the appointment of the permanent ICB Chair and explained that the appointment is with the Secretary of State for approval.

Directors of Public Health Report – The Director of Public Health for Bedford Borough, Central Bedfordshire and Milton Keynes Councils provided the Board with her annual report including an overview from the Population Health Intelligence Unit. The Board heard that the population in BLMK is expected to grow to nearly 1.3m by 2043 – an increase of 250,000 people (25%), with the highest growth expected in Central Bedfordshire (31%) and Bedford Borough (28%). Significant increases are expected in the over 85 population and with an increase in ethnic diversity, the report projected an increase in health conditions common with an ageing population. The Board heard that this was expected to lead to a 34% increase in primary care activity – meaning 1.5m more consultations per annum would be required. The Board reflected on how continued tackling of frailty in older people would help make the health service more sustainable, and that a 3% increase in vaccination rates nationally would prevent 100,000 hospital admissions each year.

Strategic Priorities – Start Well – children and families – The Board welcomed the follow up report on children and families, and the transformation metrics and data included. The ICB's Chief Nurse provided an update on the positive work being undertaken by Cambridge Community Services in pilot areas and it was agreed that work was needed to further integrate children's mental health and learning disabilities. Members reflected on the positive work to collaborate across this priority area and reinforced the need to continue to look at outcomes as a means of quality improving the process.

Operational and financial planning – Members heard that the ICB was intending to submit a balanced financial plan for 2025/26, but that there remained unmitigated risks as part of the plan. The Board agreed that a system wide approach to mitigating the risks was essential to maintain grip and deliver a balanced position. Members also agreed that Board approval would be required, together with a robust communications plan, for any de-commissioning decisions that are proposed to mitigate finances in year.

The Board ratified the appointment of Board Champions for each of the Transformation areas, and approved the refresh of the Joint Forward Plan.

Health Service Strategy – The Chief Medical Officer provided an update on the Health Service Strategy and reflected on the clinical governance being established to take the strategy forward. The Board welcomed the multi professional clinical representation involved and Members acknowledged and welcomed the co-design involved in developing the strategy. They asked for assurance that this approach would be taken through to co-delivery across the system.

Transformation of Community and Mental Health Case for Change – The Board discussed the Case for Change and timeline for the transformation of Community and Mental Health Services. Members challenged the proposed potential maximum timeline of 3 years and asked for a more ambitious timeline to be considered. Members reflected on transformation in the past 10 years and recognised the need to innovate and include resident voices and lived experiences into the process. The Chief of Strategy and Assurance and Chief Primary Care Officer agreed that they would review the timeline and approach with the aim of delivering the programme earlier and emphasised the need to ensure the ICB continued to deliver on its statutory duty to involve and that the mobilisation process ensured patient safety. The next stage is the production of the Case for Change which will be completed by the end of June 2025.

Board reports – The chairs of each Committee provided an update:

- **Audit and Risk Assurance Committee** – The Board:
 - Noted the report and including that an assessment on cyber security provided a moderate rating. Work was underway to respond to recommendations.
 - Recognised the contribution of the Finance team for their work, which was recognised in the recent internal audit.
 - Noted and approved the EPRR Annual Report on Core Standards.
 - Noted and agreed the System Risk and Board Assurance Framework.
- **Bedfordshire Care Alliance Committee** – The Board noted the Chair's update on the review of the form and function of the BCA.
- **Health and Care Partnership update** – The Board noted the report and recognised the work being undertaken to develop a BLMK devolution deal.
- **Finance and Investment Committee** – the Board:
 - Approved Section 75 Agreements, as recommended by the report.
 - Heard that there had been an improvement in the financial position of the system at Month 11 – reporting £13.7m adverse position to plan. Members heard that the forecast for year-end remains at breakeven position, because of financial control methods.
- **Mental Health, Learning Disabilities and Autism Collaborative Committee** – The Board noted the report.
- **Quality and Performance Committee** – The Board noted the report and the system performance report.
- **The Primary Care Commissioning and Assurance Committee** – The Board noted the report.
- **Remuneration Committee** – The Board noted the report.

Corporate Governance Report – proposals set out in the report were agreed.

The full set of Board papers can be found on our website [here](#).

The next meeting of the Integrated Care Board will be at **9am on 27 June 2025** at Central Bedfordshire Council, Priory House, Monks Walk, Shefford, SG17 5TG

Members of the public and partner organisations are welcome to join in person or on-line. We ask that questions to the Board from members of the public are submitted three days in advance by 23 June 2025. Questions should be emailed to blmkicb.corporatesec@nhs.net.

Board papers and a link to join the meeting is available [here](#) a week before the meeting.

If you have any queries regarding this summary, then please contact blmkicb.corporatesec@nhs.net

BLMK INTEGRATED CARE BOARD, MARCH 2025

Bedfordshire, Luton and Milton Keynes Integrated Care Board Meeting: 27 June 2025

On 27 June 2025, the Board met at Priory House, Central Bedfordshire Council's offices.

Questions from the public – There was a question from the Leighton Linlade Health Matters Group. The question and answers can be viewed [here](#).

Resident stories - Four members of staff from BLMK ICB and Bedfordshire Hospitals, who had joined the Transformational Reciprocal Mentoring Scheme, which matched senior leaders and aspirant leaders from different heritages to support increasing representation in our future leaders, shared their experience of the programme. The Chair welcomed the findings and agreed to attend the second cohort.

Chair and Chief Executive updates – The Chair reflected on a visit from The Rt.Hon. Wes Streeting MP, Secretary of State for Health and Social Care to Leighton Buzzard on 19 June to officially open seven new clinical rooms at Leighton Buzzard Health Centre, which will add up to 56,000 new appointments per year.

The Chief Executive informed the Board that the second round of ICB organisational change to reduce running costs by 30% was nearing completion. She explained vacancies were being held to reduce redundancies during the forthcoming ICB transition to a cluster and then merger. The Board agreed to delegate the sign-off of the System Winter Plan to the Chief Executive's Group.

Hospital Opportunities Assessment – Members were informed of the Hospital Opportunities Assessment to develop a hospital clinical strategy to underpin a the longer-term capital strategy for BLMK and to support the left shift to delivering care closer to home in a sustainable way. Members agreed to commission independent, external support to undertake the assessment and recommended that engagement should be undertaken with residents, stakeholders and Hospital Boards.

BLMK Infrastructure Strategy – Members approved the infrastructure strategy for BLMK and agreed it provided a sound framework for infrastructure improvements and set out clear ambitions within the context of the ICB's financial constraints. Members discussed a variance in the population data held by the Office National Statistics (ONS), and agreed representations should be made to ensure that the NHS uses data that reflects the speed of growth in BLMK, as produced by the Directors of Public Health, to avoid a significant lag in funding for our health infrastructure needs.

BLMK Joint Capital Resource Plan – The Chief Finance Officer for the ICB outlined that the Capital Resource Plan for BLMK had been approved by the Board of Bedfordshire Hospitals NHS Trust and was scheduled for approval with the Board of Milton Keynes University Hospital NHS Trust. Members approved the plan – welcoming alignment to the Infrastructure Strategy.

The Green Plan – The Green Plan 2025 - 2032 was presented to the Board, following extensive engagement with partners, providers and residents. Members welcomed the bold and ambitious programme which focuses on improving the health and wellbeing of residents. The Board approved the 'exemplary' plan.

Delivering the Financial and Operational Plan 2025/26 - Members noted that the plan met the national targets in relation to 18-week Referral to Treatment (RTT) performance target, the robust oversight and governance set out to deliver the plan and progress made in the number of difficult decisions being made. Members also acknowledged the system risk in not delivering the 2025/26 financial plan and the progress against our commitments set out in the Financial and Operational Plan, as of Month 2.

Transformation priorities – The Board noted the progress made in each of the three transformation priorities (Complex Care Children & Adults, End of Life Care and Admission Avoidance and Discharge Pathways) led by the system champions. A further update will be provided on the four enabling priority programmes to the Board on 26 September. Members recognised the progress made in the bi-monthly portfolio report and summary report and noted that System Transformation Board Assurance Framework risk is being reviewed to reflect themes identified by the priority programmes.

BLMK delegated decision making – Members reviewed the decision-making arrangements for the Bedfordshire Care Alliance (BCA) and Bedfordshire Places Review and agreed to dissolve the Bedfordshire Care Alliance Committee and support development of an interim plan to allow collaborative arrangements to proceed and for place-based priorities. The Board agreed that once greater clarity exists surrounding the form, structure and responsibilities of the new ICB (BLMK, Cambridgeshire & Peterborough and Hertfordshire), the findings of the BCA report should be used to inform an agreed action plan for collaboration throughout BLMK. Members also approved the next level of the MK Deal to begin on 1 July 2025.

Board reports – The chairs of each Committee provided an update, and the Board noted the following reports:

- Commissioning of Delegated Specialist Services
- **Audit and Risk Assurance Committee** – System Risk Register and BAF
- **Bedfordshire Care Alliance Committee** – Approved the recommendation to disband the Bedfordshire Care Alliance as an entity and Committee of the Board.
- **Finance and Investment Committee** - the meeting held on 16 May 2025 and noted the ICB Finance Report.
- **Health and Care Partnership update** - the readout from the Joint ICB and Health and Care Partnership Board Seminar on 23 May 2025.
- **Mental Health, Learning Disabilities and Autism Collaborative Committee** – Noted the update from the meeting on 6 June 2025 and; Approved the reviewed approach to the Assertive & Intensive Community Outreach Review and Action Plan as discussed at the Committee.
- **The Primary Care Commissioning and Assurance Committee**
- **Quality and Performance Committee** –the performance report.
- **Remuneration Committee**

Corporate Governance Report – Proposals recommended in the report were agreed.

The full set of Board papers can be found on our website [here](#). The next meeting of the Integrated Care Board will be at **9am on 26 September 2025**

Members of the public and partner organisations are welcome to join in person or on-line. We ask that questions to the Board from members of the public are submitted three days in advance by 22 September 2025. Questions should be emailed to blmkicb.corporatesec@nhs.net.

Board papers and a link to join the meeting is available [here](#) a week before the meeting. If you have any queries regarding this summary, then please contact blmkicb.corporatesec@nhs.net

Date:	23 rd September 2025
ICB Executive Lead:	Maria Wogan, Chief Strategy and Transformation Officer
Partner lead:	NA
Report Author:	Maria Wogan, Chief Strategy and Transformation Officer
Report to the:	Bedfordshire, Luton and Milton Keynes Health and Care Partnership
Item:	6. ICB Re-configuration Update

1.0 Executive Summary

- 1.1 In March 2025 the CEO of the NHS announced that ICBs needed to reduce their running costs by 50% by the end of 2025/26. In May 2025 the ICB Blueprint was published by NHSE which described the functions ICBs should perform within the reduced cost envelope and suggested that ICBs might work together or over a larger footprint to deliver the cost reductions and the new model.
- 1.2 On 9 September 2025, [Written statements - Written questions, answers and statements - UK Parliament](#) the Minister of State for Health announced seven new ICB footprints coming into effect on 1 April 2026 including the establishment of a new Central East ICB that will cover the population living in Cambridgeshire and Peterborough, Bedfordshire, Luton and Milton Keynes and Hertfordshire.
- 1.3 On 1 September 2025, it was announced that Robin Porter has been appointed as the Chair Designate of the new Central East ICB.
- 1.4 From October 2025, the three ICBs that currently cover the Central East ICB will be working more closely together in partnership. This includes agreeing new governance arrangements to support closer partnership working on the Central East footprint in the lead-up to the establishment of the new ICB.
- 1.5 An appointment process has taken place for a CEO and Executive Team for the Central East ICB to lead the transition to the new ICB. These appointments have not yet been announced.
- 1.6 We understand that it is proposed that Integrated Care Partnerships will be removed from the statutory requirements for ICBs and Local Authorities and this is expected to be enacted by 1 April 2027. As the new governance arrangements develop for the Central East ICB we will report to the Health and Care Partnership (BLMK's ICP) on any proposed impact. Currently we will continue with no changes to HCP governance arrangements.
- 1.7 The new governance arrangements for the Central East ICB include the proposed establishment of a Neighbourhood Health Delivery Committee for Bedfordshire and MK as a sub-committee of the ICB. It will be important to align and not duplicate the role of this committee and the BLMK ICP.

2.0 Recommendations

- 2.1 The Health and Care Partnership is asked to note the report.

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓

- 3.1 **Risks:** The risks associated with ICB reconfiguration are reflected on the ICB’s Board Assurance Framework and on a detailed programme risk log.
- 3.2 **Resourcing:** The programme is being resourced via existing ICB staff resources. ICBs are expected to deliver a 50% reduction in running costs by 31/3/26 although no central funding has been provided for redundancy costs.
- 3.3 **Inequalities:** A Quality and Equalities Impact Assessment has been undertaken.
- 3.4 **Engagement:** The ICB continues to engage with staff on ICB re-configuration and to brief and engage with stakeholders on the plans.
- 3.5 **Green Plan contribution:** A sustainability assessment has begun for the programme.

4.0 Report

- 4.1 The governance update is included in the executive summary.
- 4.2 The ICB recognises the impact of organisational change on its workforce. The change will be undertaken with the following principles:

People centred approach – in line with the People Promise	Compassionate and inclusive	Minimum disruption
<ul style="list-style-type: none"> • Thinking about the needs of patients and the impact on our people as a first step and amending plans if necessary • Taking a supportive talent-based approach with colleagues impacted by the changes • Seeking to provide stability of employment where possible 	<ul style="list-style-type: none"> • Openness and transparency of process and actions • Taking action to increase the diversity of the new ICB workforce and particularly the leadership • Co-creating at the appropriate level • Individual behaviours • Supportive change approach 	<ul style="list-style-type: none"> • Taking the minimum position to enable the change and setting the direction for future evolution by the new NHS ICBs • Keeping policy as simple as possible and testing thinking against these principles • Working together to avoid unnecessary duplication of effort and achieve greatest value –

4.3 The ICB has been focusing on supporting staff through the process via a number of mechanisms:

- **Personal Development** – We have made extensive use of our **NHS Elect** membership. All staff are able to access a range of webinars and programmes to support the personal development and wellbeing.
- **Skills Development Network** – operates across NHS organisations in England. Its remit is to provide the infrastructure for improving leadership and professional development skills.
- **Coaching** - The ICB has a number of qualified in-house coaches to support staff. Profiles and contact details are on the intranet. In addition all NHS staff Band 4 and above can access a coach through the East of England Coaching Register.
- **The Leadership Learning Zone** - is a flexible e-learning resource that takes a learner on an interactive exploration of key areas of leadership development. This suite of introductory modules developed by the Midlands Leadership Academy is equally relevant to learners who are just starting in their careers as well as experienced managers who want to consolidate their leadership capabilities.
- **OpenLearn** – home of free learning from The Open University. A provision of high quality open educational resources, free and accessible for all.
- **CV Writing and Interview Skills Workshops.** These were provided by professional career advisors from Bedfordshire Employment and Skills Academy (BESA)
- **Compassionate leadership through times of change** - 60-minute virtual workshops, for managers and leaders to explore and understand the impact of change and transition on individuals. Learn about the behaviours of compassionate leadership and being a change agent.
- **Listening Circles** – safe space to express feelings, concerns and challenges. A non-judgemental environment where individuals can speak freely without criticism or debate. These sessions are to support wellbeing and foster understanding and not for answering questions about transition.
- **Activity Packs** – a range of activity packs have been shared to directorates to support teams through times of change.
 - Navigating Change with Bridges Transition Model
 - Elevator Pitch
 - Mindfulness at work
 - Digital Detox
 - Emotional Intelligence
 - Navigating Burnout During Organisational Change
- **Line Managers Programme** – Started in February and currently has 6 modules designed and delivered by the HR/ODI Team this is constantly being reviewed and updated to respond to changing needs.
- **Wellbeing** – there is a range of resources on the intranet, including details of the employee assistance programme and external organisations that can support staff wellbeing. From 1st September the ICB is introducing **VIVUP** a staff wellbeing and benefits platform. They will provide our Employee Assistance Programme (EAP) and a 'one stop shop' for staff to access benefits and services.
- **Wellbeing Champions** – individuals who work at all levels of the ICB, from a range of roles and demographics, who identify, promote and signpost their colleagues to local and national wellbeing support and offers. Our Wellbeing Champions are trained Mental Health First Aiders, and their profiles can be found on the intranet.
- **BLMK ICS Wellbeing Festival** – 6th to 10th October 2025. A week dedicated to supporting mental, physical, financial and emotional wellbeing of all staff in the BLMK Integrated Care System (including all councils and health & social care).

- **Freedom to Speak Up** – speaking up about any concern you have at work is really important. It helps us to continuously improve our service and your working environment.
- **BME Staff Network** – meet regularly to provide a voice for staff and a solution focussed platform to share opinions and or/raise concern. Encouraging all staff within the organisation to celebrate diversity.
- **Executive Support** – The Executive Team following the launch of the consultation were offered support from the Associate Director for Career Development at NHS Elect.
- **Staff Recognition** - As part of supporting colleagues during a period of transition, we have prioritised recognition and celebration of staff achievements. **The BLMK ICB Staff Awards**, now in their second year, provide an opportunity to pause and acknowledge the dedication, compassion, and professionalism shown by our people every day. The ceremony takes place on 22nd September, and it was agreed to run the awards because recognition matters: celebrating our staff helps us to highlight achievements, reinforce our organisational values, and show appreciation for the difference our colleagues make to patients, communities, and each other. We have received over 160 nominations for 7 award categories which reflect our organisational values.

5.0 Next Steps

- 5.1 An update on the developing governance arrangements for the Central East ICB will be reported to the next meeting of the HCP.
- 5.2 Any changes to the HCP governance arrangements will require approval by the Board of the ICB and the appropriate governance approval of the constituent local authorities.

List of appendices

None

Background reading

None

Date: 26 September 2025

ICB Executive Lead: Maria Wogan – Chief Strategy and Transformation Officer

Report Author: Matt Hollex – Associate Director of Programme Management Office (PMO)

Report to the: BLMK Health and Care Partnership

Item: 7. The Ten-Year Health Plan (10YHP)

1.0 Executive Summary

The Department of Health & Social Care’s new 10 Year Health Plan for England sets out a radical transformation for the NHS, shifting care from hospitals to community-based, digitally enabled, and prevention-focused models. The plan emphasises integrated neighbourhood health services, digital transformation through the NHS App and unified patient records, and a major focus on tackling health inequalities and prevention. Key enablers include devolved decision-making to local systems, modern workforce strategies, and innovation in funding and service delivery. The draft NHS Planning Framework supports these goals by introducing multi-year, integrated planning cycles and requiring ICBs to develop strategic Commissioning Intentions that align with these priorities. For BLMK, this means developing and approving Commissioning Intentions for 2026/27–2028/29, followed by detailed operational, strategic, and neighbourhood plans in collaboration with system partners, all aimed at delivering equitable, high-quality, and sustainable care for a rapidly growing and diverse population.

2.0 Recommendations

The Health and Care Partnership is asked to review the paper and note the current progress on the development of local Planning and Commissioning Intentions based on the Ten-Year Health Plan (10YHP).

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓

Resourcing: Delivering the 10 Year Health Plan’s transformation will require significant resources across the ICB and system partners, especially to support new models of community-based, digitally enabled, and preventative care.

Equality / Health Inequalities: The plan prioritises tackling health inequalities, with ambitious targets to halve the gap in healthy life expectancy and ensure all service changes are assessed for their impact on equality through robust Quality and Equality Impact Assessments (QEIA).

Engagement: Ongoing engagement with residents, patients, and system partners is essential, with the QEIA process ensuring that all transformational changes to services, pathways, or access are informed by stakeholder input and co-production.

Green Plan Commitments: While Green Plan initiatives are a smaller feature, successful delivery of transformational change—such as shifting care closer to home and improving efficiency—will indirectly support environmental sustainability and help safeguard funding for Green Plan objectives

4.0 Report

In July 2025 the Department of Health & Social Care released 'Fit for the Future: The 10 Year Health Plan for England' following UK parliament approval.

The NHS in England faces unprecedented challenges: record waiting lists, workforce pressures, health inequalities, and rising demand from an ageing population. The 10 Year Health Plan sets out a radical transformation, aiming to make the NHS and its partners fit for the future by shifting from a hospital-centric, reactive model to one that is community-based, digitally enabled, and prevention-focused. The plan is built on the



the founding principles of the NHS—universal, free at the point of use, and funded by general taxation—but calls for a fundamental change in how care is delivered and experienced.

The plan sets out three Key Shifts and Priorities:

From Hospital to Community: The Neighbourhood Health Service

- Integrated, Local Care: Care will be delivered closer to home, with neighbourhood health centres in every community, acting as 'one stop shops' for health, social care, and voluntary sector services.
- Multidisciplinary Teams: Health, social care, and voluntary sector professionals will work together in neighbourhood teams, breaking down silos and supporting people with complex needs.
- Personalised Care: Expansion of care plans and personal health budgets, with a target for 1 million people to have a personal health budget by 2030.
- Social Care Integration: Social care professionals will be embedded in neighbourhood teams, with a focus on rehabilitation, recovery, and frailty prevention. The plan signals a move towards a National Care Service for better integration.

From Analogue to Digital: Power in Your Hands

- Digital Transformation: The NHS App will become the digital front door for patients, enabling appointment booking, care planning, self-referral, and direct communication with professionals.

- Single Patient Record: A unified, secure health and care record accessible to patients and professionals, supporting seamless, coordinated care across settings.
- AI and Automation: AI will support clinicians and reduce administrative burden, freeing up time for patient care. Digital tools will support proactive, personalised care management.

From Sickness to Prevention: Making the Healthy Choice Easy

- Prevention First: Major focus on tackling obesity, smoking, alcohol harm, and health inequalities. Ambitious targets to halve the gap in healthy life expectancy between richest and poorest regions.
- Cross-Sector Action: Prevention will be delivered in partnership with local authorities, employers, schools, and the voluntary sector, addressing wider determinants of health (housing, employment, environment).
- Genomics and Early Intervention: Rollout of population-based genomic testing and risk scoring, enabling earlier identification and intervention for common diseases.

To best ensure the three shifts are realised in local systems, the plan sets out a number of enablers including:

A New Operating Model: Devolution, Partnership, and Accountability

- Devolution: Power and resources will shift from Whitehall to local systems. Integrated Care Boards (ICBs) will be the strategic commissioners for local health and care, working closely with local authorities and other partners.
- Earned Autonomy: High-performing providers and systems will gain greater freedoms; underperformers will face intervention.
- Transparency and Quality: Routine publication of provider league tables, patient feedback, and outcome measures. A revitalised National Quality Board will set standards and drive improvement.
- Patient Voice and Choice: Introduction of a new Choice Charter, expansion of personal health budgets, and mechanisms for patients to influence funding flows (e.g., Patient Power Payments).

Workforce and Culture

- Modern Workforce Strategy: Focus on skills for digital, community, and preventative care. More flexible roles, career development, and support for staff wellbeing.
- Social Care Workforce: Improved pay, terms, and conditions for social care staff, with Fair Pay Agreements and a long-term ambition for a National Care Service.
- Leadership and Inclusion: New standards for leadership, diversity, and inclusion, with a focus on local recruitment and widening participation.

Innovation, Productivity, and Financial Sustainability

- Innovation at Scale: Five “big bets” on data, AI, genomics, wearables, and robotics to drive transformation.
- Value-Based Funding: Shift from block contracts to payment for outcomes and best practice. Year-of-care payments and incentives for prevention and community-based care.
- Capital Investment: Modernisation of NHS and community estate, with new models for public-private partnership and local flexibility in capital spending.

Following the release of the 10YHP, the **draft NHS Planning Framework** was released in August 2025.

The **draft NHS Planning Framework** outlines a strategic shift in how the NHS in England will plan and deliver services over a five-year horizon (2026/27 to 2030/31). It supports the goals of the Ten-Year Health Plan (10YHP), emphasising transformation through integrated, evidence-based, and collaborative planning. The framework moves away from short-term annual cycles and introduces a continuous, iterative planning model that aligns strategic and operational priorities across national, regional, and local levels.

It sets out clear roles for NHS England, Regions, Integrated Care Boards (ICBs), and Providers, with a strong focus on accountability, transparency, and multidisciplinary engagement. The planning process is divided into Two Phases: **Phase One - Foundational Work** (e.g. assessing population needs, reviewing strategies, and building evidence) and **Phase Two - Integrated Plan Development** (covering service redesign, workforce, finance, quality, digital, and infrastructure). The framework also stresses the importance of triangulation—ensuring consistency across all planning dimensions—and robust assurance to confirm plans are credible, deliverable, and financially sustainable. It concludes with guidance on outputs, timelines, and the evolving responsibilities of ICBs, particularly in commissioning specialised services

One of the key deliverables for ICBs as part of Phase One, is the creation of outline **Commissioning Intentions** by the end of September 2025.

Commissioning Intentions are strategic documents developed by ICBs to outline their priorities, plans, and expectations for healthcare services in the upcoming financial year. These intentions provide a clear framework for NHS providers—such as hospitals, community services, and mental health trusts—about the services that will be commissioned, any planned changes to service models, and areas of transformation or investment. They are crucial for ensuring alignment between commissioners and providers, supporting effective contract management, resource planning, and delivery of care. By setting out commissioning intentions in advance, ICBs help providers prepare for service delivery, workforce needs, and performance expectations, thereby promoting transparency, collaboration, and a shared focus on improving outcomes for patients across the local health system

Commissioning Intentions are being developed across a three-year horizon, aligned to the Bedfordshire, Luton, and Milton Keynes (BLMK) footprint. It is expected that Cambridgeshire & Peterborough ICB and Hertfordshire & West Essex ICB will also produce Commissioning Intentions based on their respective geographies. A high-level, overarching set of Commissioning Intentions will be created to unify and align the priorities of all three ICBs, forming a single Central East ICB perspective. At the time of writing, the BLMK Commissioning Intentions are still in development and are scheduled for presentation to the ICB Board on 26 September 2025. A summary of key emerging themes from the **BLMK Commissioning Intentions** is provided below:

The **BLMK Commissioning Intentions for 2026/27–2028/29** will set out a strategic plan for transforming health and care services across Bedfordshire, Luton, and Milton Keynes, aiming to address rapid population growth, significant health inequalities, and financial pressures as the ICB transitions into a larger ICB. The document will outline a shift towards prevention, integrated neighbourhood-based care, and digital transformation, with a strong focus on reducing health inequalities, improving access and outcomes for children, older people, and those with complex needs, and supporting mental health, community, and primary care. It will detail service priorities across all major care areas—including maternity, mental health, urgent and elective care, diagnostics, and prevention—while emphasising financial sustainability, workforce development, and partnership with local authorities, VCSE, and residents. The intention will balance immediate operational challenges with longer-term, system-wide transformation to deliver equitable, high-quality, and sustainable care for the growing and diverse BLMK population.

Following the sharing of Commissioning Intentions, more detailed Plans will be created with system partners as part of Phase Two of the Planning Framework. These include **1-Year Finance, Operational & Workforce Plans** (national planning returns), **5-year Strategic Commissioning Plans**, **5-year Integrated Delivery Plans** and **Neighbourhood Health Plans** at Place.

5.0 Next Steps

The following are key next steps regarding the 10YP, Planning & Commissioning Intentions:

Finalise and Approve Commissioning Intentions:

- Complete development of the BLMK Commissioning Intentions for 2026/27–2028/29 and present them to the ICB Board (scheduled for 26 September 2025)
- Coordinate with Cambridgeshire & Peterborough ICB and Hertfordshire & West Essex ICB to produce aligned Commissioning Intentions, forming a unified Central East ICB perspective.

Move to Detailed Planning (Phase Two of NHS Planning Framework):

- Work with system partners to develop more detailed plans following the sharing of Commissioning Intentions, including:
 - 1-Year Finance, Operational & Workforce Plans (national planning returns)
 - 5-Year Strategic Commissioning Plans
 - 5-Year Integrated Delivery Plans
 - Neighbourhood Health Plans at Place

Engage and Collaborate:

- Continue engagement with system partners, local authorities, VCSE, and residents to co-produce detailed plans and ensure alignment with local needs and priorities.

Embed Transformation and Prevention:

- Ensure plans reflect the three key shifts of the 10 Year Health Plan: hospital to community, analogue to digital, and sickness to prevention, with a strong focus on reducing health inequalities and improving outcomes

Date: 23 September 2025

Executive Lead: Maria Wogan, Chief Strategy & Transformation Officer

Report Author: Tara Dear, Head of System Transformation

Report to the: BLMK Health and Care Partnership

Item: 8. Community and Mental Health Services Transformation (CMHST) Update

Reason for report to the Board:

(e) other – This report is for information and noting by the partnership

1.0 Executive Summary

- 1.1 This report sets out for the progress made in the Community and Mental Health Services Transformation (CMHST) programme since the joint ICB Board / Health & Care Partnership Seminar in May 2025. The Strategic Delivery Plan approved by the ICB Board in March 2025 set out the proposed approach to transforming community and mental health services to ensure they are re-designed to meet the changing needs of the BLMK population over the next decade.
- 1.2 The partnership is asked to note the progress made and that the Case for Change is to be presented to the ICB Board on 26 September 2025. To manage potential conflicts of interests it is proposed that this committee does not discuss any potential future provider selection approach.

2.0 Recommendations

- 2.1 The Committee members are asked to:
 - a) Note the content of this report

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	n/a
BAF Risks	✓

- 3.1 Managing risk - There are a number of risks already being managed at programme level, overseen by the Programme Board on a monthly basis.
- 3.2 Interdependency with BAF Risks – The work covered in this programme also fit within the following BAF risks:
 - BAF005 System Transformation
 - BAF006 Financial Sustainability & Underlying Financial Health
 - BAF008 Impact of Population Growth on Health and Care Services Infrastructure

4.0 Report

Progress Update

- 4.1 Following the ICB Board's approval of the Strategic Delivery Plan in March 2025 the Community and Mental Health Services Transformation (CMHST) Programme Board was established in April. The Programme Board is chaired by Felicity Cox, ICB Chief Executive Officer and has membership including ICB executives, representatives from local authority partners and strategic and commercial advisors.
- 4.2 The programme has five key stages of delivery:
1. Case for change (current stage)
 2. Strategic Planning
 - 3.
 4. Proposals for Provider Selection
 5. Provider Selection Process
 6. Contract Award & Go Live
- 4.3 It is important to note that any provider selection element of this programme has yet to be agreed as it will be affected by approach and requires specific procurement and legal input.
- 4.4 Since the last update to the Partnership at the joint ICB Board / Health & Care Partnership Seminar in May the CMHST Programme Board has overseen the delivery of:
- Established the CMHST programme board.
 - Developed the Case for Change
 - The System Insights Network event which was held on 6th May 2025 with over 200 people attending the afternoon or evening sessions. This included residents and services users of community and mental health services, along with strong representation from NHS, VCSE and independent sector providers from across BLMK. The event gave residents, partners and stakeholders the opportunity to share their views on the re-design of community and mental health services. The insights from the meeting informed the case for change. A number of service users, including users of mental health services have volunteered to take part in some follow-up appreciative inquiry interviews to further expand on some of the feedback they gave at the event. The report is attached as Appendix A.
 - Engagement with residents, workforce and system partners, building on the learning from previous engagement completed partner organisations and the ICB. With support from provider and VCSE sector organisations the ICB has been completing face to face focus groups and online surveys to validate what we have heard from stakeholders.
 - Briefing local councillors and Health Overview and Scrutiny Committees on the programme.
 - Developing the Commissioning Principles which aim to drive the approach to all elements of the future transformation and ensure it delivers the ambitions of 'Fit for the Future: 10 Year Health Plan for England'.
 - Researching models of care and outcomes achieved nationally and internationally to help shape the development of the service specifications and outcomes framework
 - Engagement with the market through three market engagement events in July & September which focused on the development of the case for change, emerging transformation priorities, outcomes, commissioning principles and benefits. Another market engagement event is planned for October.

Case for Change

- 4.5 The draft Case for Change is based on evidence, includes a wide range of stakeholder feedback and aims to set out following:
- the strategic context, nationally and locally,
 - the population needs and how this is changing,
 - the impact of these changes on demand for services,
 - the local delivery challenges and opportunities,
 - the resources available to support delivery of these services (i.e. workforce, money and infrastructure), and
 - transformation priorities that will drive key decision making for current and future Community and Mental Health Services.
- 4.7 Taking into consideration the case for change analysis and the voices of residents, carers, staff and partners, four cross-cutting themes consistently emerge from the insights and findings:

1. Variation in service models and access

Services across BLMK are delivered by a range of providers, which brings strengths such as innovation and tailoring to local community needs. However, this has also led to variation in access, waiting times and care pathways. Residents and staff report that experiences can differ depending on where people live, creating concerns about equity and consistency. The NHS 10-Year Plan highlights that “every single person, no matter who they are or where they come from, deserves the same quality treatment”, and this underlines the need for a consistent core offer of community and mental health care across BLMK, with flexibility to respond to differing levels of need. Variation is also influenced by differences in workforce capacity and models of delivery, meaning people’s access to services can depend on the staffing and resources available in their area.

2. Limited focus on prevention and population health

While there are excellent examples of proactive care – including virtual wards, rehabilitation programmes and Recovery Colleges – much activity remains focused on responding to illness or crisis. Evidence and feedback highlight a strong appetite for more emphasis on helping people to stay well and for services that are informed and planned based on population health data and local needs. The NHS 10-Year Plan calls for a “shift from sickness to prevention”, strengthening the case for a greater focus on early intervention and personalised support in BLMK. Shifting towards prevention and early intervention will also require new ways of working, with staff supported to adopt population health approaches and to work differently across organisational boundaries.

3. Challenges in care co-ordination and service navigation

People value the care and support they receive but often describe services as complex to navigate, with differences in information, systems and handovers between providers. Engagement shows many experience duplication, disruption at transition points, and limited clarity on where to go for support, despite positive examples of collaboration. The NHS 10-Year Plan emphasises care “delivered as locally as it can be, digitally by default, and in a hospital only when necessary”. This reinforces the importance of embedding care in neighbourhoods, improving coordination and information sharing across services in BLMK, so care feels more joined-up and easier to navigate.

4: Provider accountability and cultural shift

With the ICB moving towards a strategic commissioning role, including the expectation to set out three-year commissioning intentions, provider organisations will need to take more of a role in service redesign and innovation. This requires a cultural shift away from organisations working within boundaries of prescribed services towards collective responsibility for outcomes across populations, adopting a flexible approach to service delivery driven by prevention and population need. This means accountability will extend to coordinating care, reducing unwarranted variation, and improving equity of access and outcomes for the BLMK population. As the NHS 10-Year Plan states, “success will be measured not just by activity delivered, but by the outcomes achieved for people and communities.”

5.0 Next Steps

- 5.1 Final version of the Case for change will be presented at the September ICB Board meeting for approval and the draft will be circulated to HCP Members when the ICB Board papers are published.
 - 5.2 Once the case for change has been approved by the ICB Board, the programme will move into the Strategic Planning Phase which includes developing of an outcomes framework, service specifications and a commercial strategy.
-

List of appendices

Appendix A –System Insight Report

Appendix B – to follow - DRAFT Case for Change & Data Pack– to be circulated on 19 September 2025

Background reading - *Not applicable*

BLMK System Insight Network

Community and Mental Health Services



Communications and Engagement Team
August 2025

Contents

- 1. Introduction 3
- 2. Summary of insights 5
- 3. What we heard at the System Insight Network meeting..... 6
 - 3.1. Access 6
 - 3.2. Staying healthy 8
 - 3.3. Crisis support..... 10
 - 3.4. Communication to enable integrated working 12
- 4. What we heard during appreciative inquiry interviews..... 14
 - 4.1. Key themes across interviews: 14
 - 4.2. Case studies 16
- 5. How will we use the insights provided?..... 19

Appendices

- Appendix 1 List of delegates
- Appendix 2 Presentation slides
- Appendix 3 Questions used in appreciative inquiry interviews

1. Introduction

On 6 May 2025, we held the second System Insight Network (SIN) in Bedfordshire, Luton and Milton Keynes (BLMK), bringing together residents and partners from across our area to take part in a discussion about mental health and community health services.

The System Insights Network was established to ensure that people, experiences and ideas from our partners and communities inform and shape health and care services in our area, helping with our mission to improve healthy life expectancy and reduce health inequalities in our communities.

The meeting focused on gathering insights and lived experiences from attendees to inform the Case for Change. This report brings together the ideas and experiences discussed, capturing the essence of what we heard. These experiences are helping the Integrated Care Board (ICB), and its partners re-imagine community and mental health services that are fit for the future. The goal is to deliver services that meet the needs of our whole population, ensuring access to care within the available resources.

More than 200 people attended the two events including, people with lived experiences (service users and carers) and residents; staff from the current providers - East London Foundation Trust (ELFT), Central and North West London (CNWL) Foundation Trust and Cambridgeshire Community Services (CCS) Trust; health and care providers who refer patients to these services, such as social prescribers, GPs, clinical nurses and mental health practitioners from Primary Care Networks (PCNs) in BLMK; as well as social workers, family centre managers, local Healthwatch and representatives from various VCSE organisations, faith leaders, elected councillors, a hospital governor, the fire service and youth councillors from Central Bedfordshire, Luton and Milton Keynes youth councils, and staff leading the work from BLMK ICB (see attendee list in appendix 1).

Following a short presentation (see appendix 2) attendees were invited to join two facilitated discussions focused on four themes. The groups were arranged to ensure there was an even split of lived experiences across all discussion groups to encourage a robust, lively and balanced discussion. The themes and questions included:

- | |
|---|
| <p>1. Access - We have already heard the things that make accessing services a challenge such as not knowing who to contact, communication with teams whilst waiting for or in between treatments.</p> <ul style="list-style-type: none">- <i>What do you think could make it easier?</i> |
| <p>2. Staying healthy</p> <ul style="list-style-type: none">- <i>How can we help residents to look after themselves and their families better?</i>- <i>Are there other things we could do differently?</i> |
| <p>3. Crisis support - We've heard that people sometimes go to A&E during a crisis, even though it might not be the best place for that kind of help.</p> <ul style="list-style-type: none">- <i>Where would be a better place or what could support look like for someone in a crisis?</i>- <i>What would help people feel safe and cared for?</i> |
| <p>4. Communication to enable integrated working - The government is introducing a new 'neighbourhood working' approach, which aims to bring services closer to where people live and connect health, social care, and community support more closely.</p> <ul style="list-style-type: none">- <i>What does this idea mean to you, and how do you think it could help you or others in your community?</i> |

We conducted nine appreciative inquiry interviews with service users and carers following the event, to build on what we had heard, enhance our understanding and consider their future needs beyond the current contract. While some of these interviews were initially set up to focus on either mental health or community services, the conversations naturally crossed over, offering valuable insights into both areas. This approach allowed us to further explore some of the emerging themes. The questions we used are detailed in appendix 3.

2. Summary of insights

Workforce, stakeholders and residents shared a wide range of views and experiences about accessing and using community and mental health services. The event created an environment in which all participants could openly share their views and reflections, acknowledging some of the challenges. While conversations often focused more on areas for improvement rather than what was working well, there was a strong sense of hope in the room. Attendees said they want things to change, and they believe it can happen, as long as the right actions are taken. Several cross-cutting themes that applied across both mental health and community health services came through clearly in both the group discussions and one-to-one interviews.

Communication - Clear and consistent communication is essential to build trust and ensure everyone is informed and engaged. Improved communication between services, and with the public, can help people navigate the system more confidently and reduce confusion.

Access to information – Better access to up-to-date information about NHS and VCSE services, tools, and resources is crucial. Locally maintained directories can support quicker and easier connections to the right help at the right time.

Coordination, integration and collaboration - Stronger coordination and integration between services are vital. A single point of access, multidisciplinary teams (MDTs) wrapping care around a person and their family, and shared IT systems would help reduce duplication and stop people from having to repeat their stories or be passed between teams unnecessarily.

Digital integration – Shared digital systems are a key enabler for seamless care. Integrated records and communication platforms can support smoother handovers between services. Digital tools, including Artificial Intelligence (AI) enabled systems, could also help with tasks like assessments, signposting to self-help, and managing appointments.

Equity and cultural sensitivity - Services must work for everyone, including seldom heard groups such as neurodivergent individuals, people who don't speak English as a first language, and those from culturally diverse communities. Access to services should not depend on your postcode or GP surgery. Culturally appropriate services and language and interpretation support are critical to delivering fair and equal access.

Community involvement - Residents and carers should be seen and treated as equal partners. Delivering services in trusted, familiar settings helps build relationships and ensures services are responsive to the needs of the community.

Personalisation - How people are treated makes a big difference. Several spoke about feeling judged, dismissed, or not understood by professionals, which discouraged them from seeking further help. Services need to recognise individual needs and treat all users with empathy, respect, and dignity.

Education and tackling stigma - Public education can help reduce stigma and encourage people to seek support. Community-based events, especially those involving professionals and people with lived experience, were seen as a powerful way to normalise conversations about mental health.

Staying well - Prevention and early support help people stay healthy and avoid reaching crisis point. People want tools and information to manage their health, as well as

community-based support like exercise spaces, cultural groups, and healthy food access. Supporting people to "wait well" when on referral lists is also important.

Crisis support - Crisis services need to be more responsive, better connected, and rooted in the community. People want immediate access to crisis support in the community to prevent visits to A&E and to access support in places they feel comfortable, such as their home, crisis cafés, or via crisis lines. Services like virtual wards, 365-day crisis cafes, and community teams which have a wide range of skills were seen as key to effective crisis care.

3. What we heard at the System Insight Network meeting

In this report we have pulled out a series of quotes from attendees that were shared at the meeting to bring to life the experiences and priorities that were voiced.

3.1. Access

From the discussions about access, the following themes emerged

- Communication and awareness
- Coordination and integration
- Digital integration
- Education and stigma
- Access to information
- Equity and inclusivity

Improving communication and awareness was seen as a foundation for better access to mental health and community services. Attendees consistently noted that services could be promoted more widely and effectively. Attendees stressed the need for better communication and promotion of services, particularly through GPs and Primary Care Networks (PCNs). With frequent GP locum turnover, it was acknowledged that maintaining up-to-date knowledge on service pathways and referral routes is a challenge.

“Need to constantly communicate with GPs to keep them up to date. Locums move around, is there a better way to make sure GPs are up to date?”

Building on insights from the Denny Review, addressing language barriers through real-time translation services and the consideration of literacy levels is essential. Participants noted a reliance on family members for translation and interpretation in many cases, due to a lack of formally arranged interpreters which is poor practice, unfair on the patient and potentially unsafe. The length of appointments for those with additional needs was also flagged as an area for development with longer time needed for those accessing therapy through online signing apps. Meeting individuals in places where they already feel comfortable, and supporting trusted local organisations, was recognised as an effective way to boost engagement, make the individual more comfortable and facilitate better access.

“Dropout rate for Talking Therapies is about 10-20%, but for patients who require interpretation it’s 60-70%.”

There was a strong sense of alignment across workforce, VCSE organisations and residents on the importance of improving coordination and integration of services to improve access. Multidisciplinary and blended teams were consistently seen as key enablers of more holistic and responsive support. Attendees also highlighted the need for clearer roles, standardised referral processes, and improved data sharing as necessary to help ensure people are not lost in the system when moving between services.

Attendees spoke in favour of single points of access, integrated IT systems, and a 'no wrong door' approach. Patients strongly argued they should not have to repeat traumatic stories at each stage of their care.

Positive views were expressed about multidisciplinary teams (MDTs) and blended teams possessing a range of skills to provide comprehensive support.

“Self-referral is a key to access – there should never be a ‘wrong’ door when people are trying to find their way into services.”

Digital tools were both welcomed and critiqued. Staff described some current IT equipment as outdated and cumbersome, often requiring them to move between devices and locations to make secure notes. Attendees welcomed the potential for AI-driven tools to streamline access and offer diagnostic support and self-help techniques. However, concerns were raised about the digital services for older adults, highlighting the need for alternative formats for people who can't access digital services. They also suggested that while AI can be helpful, it is not always the most appropriate tool - some participants noted that it can occasionally misinterpret symptoms, leading to unnecessary worry or suggesting more serious conditions than are present.

“It's important that there is a human element... a ‘bot’ might be quite frustrating.”

Tackling stigma and education remained a recurring issue and was seen as crucial for enhancing mental health support. Participants supported early education about mental health to reduce stigma, with calls for more support within schools to prevent poor health. Involving people with lived experience and health professionals at community events were suggested as ways to normalise and de-medicalise conversations.

“Stigma of using the word ‘crisis’ - consider ‘recovery support’ or something less stressful sounding.”

Access to information was identified as another key factor. Attendees recommended a local directory of services, tools, and resources accessible to both health professionals and residents. Increasing awareness of voluntary sector services was seen as vital to ensuring people receive the support they need.

“As a young person, it can feel that people are bombarded with information on pathways, it needs to be simpler and easier to access.”

A shared concern was the inconsistent access to support depending on where the person lived or their GP practice, saying as a system, we need a more consistent approach. We were told that the discontinuation of the MK Recovery College and Primary Care Plus has increased demand on remaining services, contributing to long waiting lists and referral rejections. This can sometimes result in patients turning up in A&E, which may not be the most appropriate setting for their care.

Finally, equity and inclusivity were seen as essential. There were specific calls for improved support for neurodiverse individuals, same-day services for autistic people and better communication from professional (e.g. advance notifications before calls).

Attendees also recommended working with local authorities so that children and young people could gain access to educational support in primary and secondary school, without the need for a formal ADHD/ASD diagnosis.

“Some people are waiting 2 years for an ADHD assessment... treating early will be less expensive and provide better care for patients.”

The key message from the discussions was that improving access is not just about adding more services, it is more about making the system coherent, inclusive and transparent. Attendees urged for better awareness, seamless collaboration, and a more flexible, person-centred system that meets people where they are.

3.2. Staying healthy

From the discussions about staying healthy, the following themes emerged

- Preventive measures and early intervention
- Empowerment and education
- Social and environmental factors
- Cultural sensitivity and inclusivity
- Digital integration and communication
- Collaboration and funding

Preventive measures and early intervention were repeatedly highlighted as key to helping residents manage their health more effectively. Across the discussions, there was encouragement for improved tracking of referrals and communications with patients about their appointment status. Both residents and workforce participants emphasised the value of providing timely information to support self-management while individuals await treatment. The use of digital tools to clarify referral pathways and offer timely updates was seen as a cost-effective and accurate approach.

“Keep in regular contact with patients, make efforts to understand why someone is not engaging with services, what barriers they have and what would support them to engage.”

The concept of ‘waiting well’ was raised frequently. There was strong support for drop-in services and link workers to support individuals while they wait for treatment, alongside clear signposting to local services. A consistent theme was that residents felt that insufficient community-based support has led to an overreliance on acute services and that resources needed to be divided better.

“We need support for people with long-term conditions and those who have recently been diagnosed – they need wrap-around mental health support.”

Empowerment through education was a strong theme. Participants supported encouraging residents to self-manage through initiatives like the ‘5 Ways to Wellbeing,’ which help prevent minor issues from becoming more serious. Early education around mental health in schools to reduce stigma and build resilience was also encouraged.

“... lifestyles and healthy living to be shared with young people in PHSE.”

Concerns were raised about inconsistent health messaging, with attendees emphasising the need for information to be clearer, more accessible, culturally sensitive, and tailored to

local areas. One person highlighted the lack of awareness around conditions like hypertension, describing it as an “invisible disease” that many people do not realise they should be tested for.

A broader understanding of health was suggested, encompassing social and environmental factors. More needs to be done to encourage better nutrition and physical activity. It was suggested that inspiration should come from Blue Zone countries – regions such as Sardinia (Italy) and Okinawa (Japan) where people live longer and healthier lives. These communities are known for strong social communities, regular physical activities and a deep connection to nature. Improving local infrastructure and creating programs suited to different communities was recommended, including partnerships with supermarkets to understand local eating habits and promote healthier eating. There was also an emphasis on using social spaces to reduce loneliness, especially for neurodivergent people.

“Lots of need in mental health services is social and not clinical – issues with housing etc. exacerbate poor mental health.”

Cultural sensitivity and inclusivity were identified as essential for making services more approachable and effective. Attendees stressed the value of community advocates in improving cultural understanding and helping people feel safe enough to engage with services. Suggestions included creating welcoming social spaces, health and wellbeing clubs, and promoting youth and women’s groups, particularly in areas like Luton, to help foster inclusion and encourage participation.

“Life expectancy of people with learning difficulties and autism is low. If you can get the systems and processes to work for the ‘hardest to reach’ populations, the systems would work for other populations too.”

Attendees stressed the importance of early health education to build lifelong healthy habits and reduce future reliance on medical services. Concerns were raised about inconsistent mental health and PSHE support, especially during the transition from primary to secondary school where personalised care tends to diminish.

Suggestions included earlier intervention, noting that some young people only receive help in crisis. Engaging Multi-Academy Trust CEOs and schools early was recommended to strengthen collaboration and ensure consistent support that helps young people.

Digital integration was again a central theme. Apps for self-management and health tracking were welcomed, with the NHS App suggested as a potential one-stop platform. Concerns were however raised about digital exclusion, and the need to provide safe spaces for private conversations for those who may lack privacy at home.

“Look at challenges facing different age groups and target the messages / services accordingly.”

Participants also urged for a change in tone - moving away from messaging that focuses on negative outcomes, towards a strengths-focused approach that could help build trust and encourage greater engagement.

Instead of saying ‘If you don’t do this, this will happen,’ say ‘Why don’t you try this, this may help you?’

Finally, sustainable collaboration and funding were seen as essential to deliver long-term change. Some attendees reported that some public health outreach teams no longer in place, attendees called for consistent funding for VCSE services and greater integration across services to maintain trusted connections with local communities.

“Looking at health as a whole rather than giving it a label, teams to work together to support a person’s health and wellbeing.”

The over-arching message from the discussions is that if we support people to stay well, we will reduce long-term pressures on hospital and crisis services and therefore improve quality of life overall.

3.3. Crisis support

From the discussions about crisis support, the following themes emerged:

- Rapid response and crisis management
- Community-based support
- Preventative measures
- Crisis cafes and alternative settings
- Digital integration and communication
- Training and awareness
- Holistic approach
- Support for carers

The need for effective rapid response and crisis management services was a recurring theme throughout the discussions.

Across the discussions attendees agreed that hospital accident and emergency departments (A&E) are inappropriate places to deal with mental health crises. The setting is hectic and stressful, which is not conducive for people in crisis who need peace and calm.

Attendees emphasised the importance of providing alternative sites for those in crisis. Community-based services such as crisis cafes, crisis houses and virtual wards were suggested as better alternatives for assisting individuals within their own homes or neighbourhoods. While crisis cafés and houses were seen as vital for those experiencing mental health emergencies, virtual wards were highlighted as a valuable resource for people facing urgent health issues related to long term physical health conditions. Delegates advised that the crisis café, such as the one in Bletchley, which is in a central location and open 365 days per year, has reduced A&E attendance considerably and is a spend-to-save initiative. However, for Central Bedfordshire, attendees were concerned that residents often face difficulties travelling to the two crisis cafes depending on where they live.

“A&E is the worst place to go for a person experiencing a mental health crisis – it can be a triggering environment for mental health patients. It’s noisy/loud, busy...”

It was acknowledged that mental health and community health crisis support lines are available, but that they are not sufficiently advertised, and more needs to be done to promote these to residents.

Preventive measures are necessary to avert crises at an earlier stage. Currently, not all services can refer to crisis teams; referrals must go through GP surgeries. Attendees suggested introducing a new layer or team below the Crisis Care Team, someone who would listen without judgment and validates experiences. This role might be fulfilled by social prescribers or community connectors, ideally individuals with lived experience.

“While our crisis teams are functional, current operations involve either calling 111 or attending A&E. It is essential to implement preventive measures to avert crises at an earlier stage.”

Digital integration and effective communication are crucial for crisis support. It was acknowledged that providers use different IT systems, which is a problem for health and social care workers. There is also a need to raise awareness of the extended services that are available outside of normal operating hours, such as the urgent care centres and NHS111 option 2. Suggestions were received for the NHS111 service to be linked to a texting service and for call responses to be speeded up for NHS111.

“It would be better to use WhatsApp in some situations. An application like WhatsApp is used effectively in CYP services / CAMHS.”

Training and awareness are important for crisis support. Attendees emphasised that professionals need to be well-informed about the patients’ notes, family dynamics, and basic details like medications and date of birth. Incorrect handling can lead to withdrawal from the patient. Compassion, care, and respect are crucial qualities that professionals must exhibit.

“If GPs, social care, and health were all on the same system, it would help enormously”

Attendees emphasised the need for a holistic approach to crisis support, agreeing that it is vital to consider the entire family unit. Many participants stressed the importance of understanding the challenges faced by individuals in crisis, their carers, and their families. It was widely acknowledged that carers play a crucial role, with several attendees noting that professionals often depend on them to support family members with mental health needs. However, concerns were raised about the lack of adequate support for carers in return. Suggestions were made to ensure that carers receive meaningful assistance, recognising that strengthening their support network improves overall care.

“As a second-generation carer, I support my daughter who has mental health issues and grandson. I’m responsible for managing the aftermath of her emotions and actions and picking up the pieces. Its mum can you do this; mum, can you do that. If I want to go on holiday it takes extensive planning to ensure that my daughter and grandson will be okay while I’m away”

Community-based support was discussed and attendees agreed crucial for crisis management. There was agreement that community-based personnel, such as Police Community Support Officers should work more with mental health teams, receive training on mental health, and know about the services and referral routes.

Some attendees praised a previous staffing model, *The Mix*, for its effectiveness. The approach brought together a social worker, housing officer, peer support worker, mental health professional, other relevant staff and volunteers to respond in crisis houses. The group suggested that initiatives like this should be reinstated.

These themes highlight the importance of providing an effective crisis service; however, it is equally important to focus on preventive measures to reduce the occurrence of crisis.

3.4. Communication to enable integrated working

From the discussions about communication to enable integrated working, the following themes emerged

- Effective communication and system integration
- Community involvement and outreach
- Digital integration and information sharing
- Simplifying access to services
- Cultural competency and inclusivity
- Education and awareness
- Collaboration and trust
- Tackling stigma

Attendees strongly acknowledged that effective communication is the backbone of integrated health and social care. There was clear consensus on the need for full integration, particularly through shared care records and a joined-up funding approach, where a single budget supports both health and social care services. It was widely recognised that current structures still operate in silos, with differing pay scales and employment terms creating barriers to true collaboration. Tackling these disparities was viewed as essential for delivering a seamless, person-centred experience and improving outcomes for residents and experience for staff.

“Lack of resource drives the tick list approach. People need time, and there isn’t time, because there isn’t enough money.”

It was recognised that community engagement plays a pivotal role in successful integration. Attendees from the workforce spoke positively about the roles of community connectors, social prescribers and VCSE organisations - individuals who are embedded within communities and trusted by local people. Their presence was seen as a bridge between formal services and the everyday lives of residents. There was agreement that outreach should be proactive, meeting people where they are rather than relying on them to seek out support in centralised locations. Suggestions included expanding the use of community hubs, local groups, and clubs to create welcoming and accessible touchpoints.

“We were able to make progress with local VCSE groups, utilising population health data. They were able to reach out to people who might not usually engage with services, and this can transform their relationship with the public sector. It requires effort, resources and the right mindset for working in partnership.”

The importance of digital integration was a recurring theme throughout the discussions. Attendees widely agreed that effective, joined-up care is impossible without systems that can communicate with each other. There was frustration that, from a resident’s perspective, it remains unclear why different services do not have access to the same information.

“Having to repeat your story to inform assessments over and over again to different professionals in different teams is exhausting.... There is a lot of duplication which is frustrating, tiring, can be a headache and wastes everyone’s time. People don’t want to tell their story more than once.”

Attendees called for the development of a central digital platform, a single source of truth, where people can easily find the right services and receive coordinated care. Improved digital infrastructure was seen as key to enhancing access and communication between providers.

“MIDOS is supposed to offer information on different services which are available but is not always up to date. Some services are still listed as being available, but they have been decommissioned.”

There was strong support for simplifying the pathways into care. Attendees embraced the idea of a single point of access, whether through a central hub or an integrated contact system as a practical way to streamline services. This would reduce the burden on individuals, who often must repeat their stories multiple times, and would support quicker and more accurate referrals. While attendees recognised that implementing such a model would be a complex and a large-scale undertaking, there was general agreement on its value and potential.

Throughout the discussions, attendees echoed the importance of trust and collaboration between different services and organisations, particularly VCSE organisations. It was acknowledged that understanding each other’s roles and aligning priorities can help make the most of limited resources. There was a shared call to move away from competition and towards a model of partnership, where collective effort and shared responsibility would lead to better care delivery.

“Include more people in the neighbourhood to support people to prevent them from needing acute mental health support. Re-connect people and support within the community. Bring the right people into the neighbourhood.”

Attendees agreed that truly integrated care – where teams of people from different parts of the system working together at neighbourhood level - must be inclusive and culturally competent in order to achieve the outcomes for all residents. There was recognition of the need for readily available translation services, including British Sign Language (BSL), and that providers should not rely on family members, and that adequate time should be allocated for people using services where translation/interpretation is required. It was emphasised that services should be welcoming and responsive to the diverse needs of all residents, ensuring that language, culture, or disability do not become barriers to accessing care. A shared understanding emerged that services must be approachable, empathetic, and representative of the communities they serve.

“A group of professional counsellors sitting in a room together is really unapproachable, you don’t feel you can just pop in for a chat.”

The group recognised that public awareness and education are key to integrated care. There was strong support for using social media to communicate available services and to tackle stigma. Attendees highlighted the role of schools in fostering early understanding and resilience, noting that education can help normalise seeking help and therefore make support more accessible. Empowering residents with knowledge was seen as a vital step toward more effective use of services.

Attendees agreed that reducing stigma, particularly around mental health, remains a key challenge. There was emphasis on the need to engage not only residents but also parents, those in schools, and community leaders in open conversations. Small group discussions, community events, and inclusive outreach were all cited as ways to create safer spaces for dialogue and reduce the fear of judgement that can prevent people from seeking help.

4. What we heard during appreciative inquiry interviews

4.1. Key themes across interviews:

During the interviews with people who had lived experiences of community health and mental health services, the following themes emerged

- Multidisciplined teams, continuity and consistency of care
- Respect and validation
- Inclusive family-centred approach
- Timely crisis support
- Flexible, needs-based support
- Training and awareness
- Hope for change

Service users and carers told us that services across BLMK need to work better together. They want joined-up support from health, education, and social care professionals who understand their full history, so they don't have to keep repeating their stories. We heard that when care breaks down or changes because of a move or life event, it can be really damaging and isolating. They said they want teams that stay with them – a group of professionals who know them, work together, and provide ongoing, consistent care.

We were told that feeling judged or not taken seriously by professionals makes things worse. When people don't feel heard or respected, it can push them away from getting the help they need. Interviewees spoke about wanting to be treated with kindness, empathy, and a real understanding of what they and their families are going through.

Carers felt strongly that care should consider the whole family, not just the individual who is unwell. We were told that carers often take on huge responsibilities, helping to hold everything together and making sure their loved ones are safe. People called for carers to be listened to, supported in their own right and included in decisions about care – especially in crisis or when there is complexity.

We heard that urgent help isn't always there when it is needed most. They told us that in a crisis, they were sometimes met with doubt or had their concerns brushed off, particularly when it came to mental health or neurodivergent traits. They said that quick, appropriate crisis support is essential but still too hard to access.

Interviewees reflected on the check box approach currently used to assess need and felt that they had to exaggerate their symptoms to access help or to be taken seriously. Others spoke about the skills they had developed to 'throw people off' - allowing them to deceive services and attempt to take their own life.

“I knew what to say to get them off my back so I could carry out my plan to take my own life. If they'd read my notes, they would have spotted some red flags, and maybe asked more questions, but they were missed.”

Services were described as too rigid and too focused on short-term fixes. They said that support should be based on what people need, not on fixed time limits or strict rules. There were clear calls for services to be more flexible – to listen, to be understanding, and not to withdraw support if someone misses an appointment or does not meet a set criterion.

“I wanted to come off my medication for anxiety and my doctor encouraged me to try talking therapies. While waiting for a referral, I had a set-back, and my doctor

increased my medication as a temporary measure. When I finally got an appointment, they refused me. They said I did not meet the criteria because my anxiety was being managed through medication. I now have two choices – come off the medication and try to manage alone, or accept I'll be on medication for the rest of my life. It's soul destroying".

We heard from several people with lived experiences that some professionals need more training to provide them with a better understanding of autism, trauma, addiction, and how these issues overlap is needed if care is going to be helpful and not harmful.

Even though most said they felt tired and disheartened, there was still a shared sense of hope. We were told that they want change and believe it's possible if the right action is taken.

4.2. Case studies

Please note that all names in the case studies have been changed.

Case study 1 Lindsey's story

Lindsey is a dedicated carer for both her daughter, Sarah, who has a mental health condition, and her 10-year-old grandson, recently diagnosed with autism and functional disconnection syndrome (FDA).

Sarah's struggles began at age 12, but despite Lindsey's repeated pleas for help, professionals dismissed her concerns. It was only when Sarah became pregnant a decade later that support finally arrived.

"I want her to feel validated and listened to"

Lindsey says that clear, compassionate communication is key. Medical professionals often use jargon or speak too fast, making it hard for families to process vital information. When her grandson was diagnosed, his letter was filled with technical terms, so Lindsey simplified it for Sarah—something no professional had thought to do.

Sarah tries hard to be a good mother while managing her own challenges, but services often fail to notice when she needs help.

Simple steps, like sending a text before a call, could reduce anxiety and improve engagement. Having consistent care providers would also help gain trust.

"Don't just discharge someone with mental health if they don't engage, there might be a reason, get the carer involved."

Lindsey has found support through a buddy system, offering her a space to talk about herself—not just her caring role. She hopes her story will inspire services to truly listen and recognise that helping families means supporting carers too.

Case study 2 Bill's story

Bill retired in late 2019, he had struggled to adjust to his new lifestyle, which led to depression. The pandemic made things worse, and after being diagnosed with prostate cancer, he attempted suicide in June 2020. He survived but lost his left leg and suffered a brain injury.

The day before his suicide attempt, the Crisis Team had spoken to him, but because he gave measured responses, they downgraded him to low risk and didn't follow up. After spending seven months in hospital, Bill returned home in early 2021. Adjusting was tough, but immediate support from community services made a difference - physiotherapists and occupational therapists helped him settle, while daily carers supported his transition.

A brain injury psychologist explained the cognitive effects of his injury, giving Bill a sense of control. He appreciated being included in care planning, but gaps in communication between hospital and GP services left him feeling lost.

From his experience as both a patient and a retired healthcare professional, Bill sees the value of a joined-up approach.

When services worked together and truly listened, he felt safe. He believes care should focus on the patient - not just ticking boxes or saving money, but saving lives.

“NHS has served me well – 96% of good stuff – but it's the bad stuff you remember. My Physios, Drs and OTs – all were brilliant”

Case study 3

Peter's story

Peter has lived with osteoarthritis in his spine since his late 20s, managing daily pain and mobility challenges. Now in his 50s, he uses crutches or a wheelchair, while also coping with COPD, emphysema, and diabetes. Despite his health conditions, he retrained and now works from home, delivering mental health training.

Peter's experiences with NHS care have been mostly positive. His GP is supportive and refers him quickly, but long waits and a lack of continuity in care create challenges. He often sees different doctors, forcing him to repeatedly explain his health history. Managing his pain medication is frustrating, as regular reviews delay prescriptions, leaving him worried about running out.

After surgery was ruled out, Peter was referred to a pain clinic - a process that took 18 months, with no communication in between. Physiotherapy and acupuncture didn't help, but HydroHealth was transformative. Moving in water relieved pain and boosted his mental health, he was given 12-weeks access leaving him questioning why some patients received longer support.

Peter praises occupational health for swiftly adapting his home after a move but highlights gaps in diabetes care, where a promised referral never materialised. He believes simple changes, like better communication, reducing wait times, and ensuring proper follow-ups, would make services more effective. He believes the care is there - it just needs to be better connected.

5. How will we use the insights provided?

The insights provided as part of the System Insight Network and follow-up appreciative inquiry interviews have been brought together into a detailed report and shared with both the Community and Mental Health Transformation Team and BLMK Quality and Performance Committee for consideration.

They will inform the development of a Case for Change document, which will be published in October 2025. This document will reflect the voices of residents, staff, service users and carers – ensuring their lived experiences are not only heard but actively embedded in the future design of services.

As part of this ongoing engagement, a series of emerging transformation priorities have been identified. Throughout August and September, the ICB and partners will continue to engage to test, challenge and refine these priorities.

The feedback from this document, and further engagement will be used to help shape how community and mental health services will be delivered across Bedfordshire, Luton and Milton Keynes in the next 10-15 years.

Ends.

Appendix 1

Delegates who attended the afternoon or evening session (details from registration form).

Attended: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Abbey Hill	Dr	Milton Keynes
Abbey Hill		Milton Keynes
Addiction Recovery Community (ARC) - MK	Sector Manager	Milton Keynes
Addiction Recovery Community (ARC) MK Central & North West London Foundation Trust	Service Manager	Milton Keynes
Age UK Milton Keynes	Director of Community Services	Milton Keynes
Be Active Bedfordshire	Senior Relationships Manager- Health & Inequalities	Bedford Borough Central Bedfordshire Luton
Be Active Bedfordshire	Health & Inequalities Officer	Bedford Borough Central Bedfordshire Luton
Be Active Bedfordshire		Bedford Borough Central Bedfordshire
Bedford Borough Council	Elected councillor	Bedford Borough
Bedford Borough Council Family Hubs	Family Hub coordinator	Bedford Borough
Bedfordshire and Luton Community Services	Co-Production Specialist	Milton Keynes
Bedfordshire CAMHS	Clinical Team Lead	Bedford Borough
Bedfordshire Community Health Services	Assistant Practitioner in OT	Bedford Borough Central Bedfordshire Milton Keynes
Bedfordshire Community Health Services	Pharmacy Technician	Bedford Borough
Bedfordshire Community Health Services (East London Foundation Trust)	Associate Director BCHS & Lead Nurse	Bedford Borough Central Bedfordshire
Bedfordshire Community Health Services, East London Foundation Trust	Therapy Team Lead, South	Central Bedfordshire
Bedfordshire Council of Faiths		Bedford Borough
Bedfordshire Council of Faiths		Bedford Borough
Bedfordshire older adults.	Discharge lead practitioner / Social worker	Bedford Borough Central Bedfordshire Luton
Bedfordshire Talking Therapies	Operations Lead	Bedford Borough Central Bedfordshire
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Engagement Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes

Attended: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Integrated Neighbourhood Manager	Bedford Borough
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Head of Bedford Place Team	Bedford Borough
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Partnership Governance Lead	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Engagement and Coproduction coordinator	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Place Transformation Manager	Central Bedfordshire
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Transforming Care Manager	Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Associate Director of Strategy, Planning (Performance BI and PHM)	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Senior Contracts Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Quality Improvement Manger	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Senior Place Transformation Manager	Central Bedfordshire
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Associate Director for Continuing Healthcare	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Senior Transformation Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Head of Innovation	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Transformation Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Transformation Support Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Deputy Chief Operating Officer / Director of Contracting	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Programme Director Community and Mental Health Services Transformation Programme	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Head of Central Bedfordshire Place Team	Central Bedfordshire
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Senior Commissioner Mental Health	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Assistant Director Mental Health and Learning Disabilities	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Non-Executive Member and Chair of System Insights Network	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Deputy Chief Executive & Chief of Strategy & Assurance	Bedford Borough Central Bedfordshire Luton Milton Keynes

Attended: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Mental Health Programme Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Head of Corporate Governance	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Associate Director Communication, Engagement and Insights	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Mental Health and Learning Disability	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Strategic Advisor for Community and Mental Health Programme	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Head of Transformation Mental Health and Learning Disability	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Transformation Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Head of Quality	Central Bedfordshire
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Senior System Engagement Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Sustainability and Growth Programme Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Senior Communications Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Strategic Advisor for Community and Mental Health Programme	
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Transformation Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire, Luton and Milton Keynes Integrated Care Board	Transformation Manager	Milton Keynes
BLMK Post Covid Fatigue Service / Beds Chronic Fatigue Service	Principal Clinical Psychologist & Service Lead	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bloom Health	Director of Operations	Milton Keynes
Bloom Health	Project Coordinator	Milton Keynes
British Red Cross	Health operations manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
C2C Social Action		Milton Keynes
C2C Social Action		Milton Keynes
Cambridgeshire Community Services (Cambridgeshire Community Services)	Chief Nurse	Bedford Borough Central Bedfordshire Luton Milton Keynes

Attended: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Cambridgeshire Community Services (Cambridgeshire Community Services)	Deputy CEO	Bedford Borough Central Bedfordshire Luton Milton Keynes
Cambridgeshire Community Services (Cambridgeshire Community Services)	Service Director, Bedfordshire and Luton Adult Services	Bedford Borough Central Bedfordshire Luton
Cambridgeshire Community Services (Cambridgeshire Community Services)	Cambridgeshire Community Services	Bedford Borough Central Bedfordshire Luton
Caraline Eating Disorder Service	Clinical Lead	Luton
Caraline Eating Disorder Service	CEO	Bedford Borough Central Bedfordshire Luton Milton Keynes
Carer	Carer	Milton Keynes
Central & North West London Foundation Trust	Senior People Participation Lead	Milton Keynes
Central and North West London NHS Foundation Trust	Chief Strategy Officer	Milton Keynes
Central and North West London NHS Foundation Trust	Deputy Service Director	Milton Keynes
Central and North West London NHS Foundation Trust	AD Business, Strategy & Partnerships	Milton Keynes
Central and North West London NHS Foundation Trust	Director of Community Services	Milton Keynes
Central and North West London NHS Foundation Trust	Area Manager, Addictions	Bedford Borough Central Bedfordshire Luton Milton Keynes
Central and North West London NHS Foundation Trust	Head of finance, performance and improvement for Milton Keynes services	Milton Keynes
Central and North West London NHS Foundation Trust	Team Manager	Milton Keynes
Central and North West London NHS Foundation Trust	Medical director Diggory division Central & North West London Foundation Trust	Milton Keynes
Central and North West London NHS Foundation Trust	Director, MH	Milton Keynes
Central and North West London NHS Foundation Trust	Head of Clinical Transformation	Milton Keynes
Central and North West London NHS Foundation Trust	Patient, Carer & Community Engagement	Milton Keynes
Central and North West London NHS Foundation Trust	Service Manager Community Mental Health	Milton Keynes
Central and North West London NHS Foundation Trust	Deputy Director of Nursing	Milton Keynes
Central and North West London NHS Foundation Trust	Head of Contracts, Partnerships and Business Development	Milton Keynes

Attended: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Central Bedfordshire Council	Head of Strategic Commissioning	Central Bedfordshire
Central Bedfordshire Council	Head of Service	Central Bedfordshire
Central Bedfordshire Council	Councillor	Central Bedfordshire
Central Bedfordshire Youth Parliament	Member of Youth Parliament	Central Bedfordshire
Central Bedfordshire Youth Parliament	Youth Council Support	Central Bedfordshire
Central Bedfordshire Youth Parliament	Member of Youth Parliament	Central Bedfordshire
Central Bedfordshire Youth Parliament	Member of Youth Parliament	Central Bedfordshire
Central Bedfordshire Youth Parliament	Member of Youth Parliament	Central Bedfordshire
Centre for Youth and Community Development	Project Manager	Luton
Communitas Clinics	Head of Service Development	Milton Keynes
Community Action: MK	Integrated Discharge Hub VCSE Coordinator	Milton Keynes
Community Action: MK	CEO	Milton Keynes
Community Beds Team (discharge to assess)	Clinical Community Bed Manager	Bedford Borough Central Bedfordshire Luton
Community Occupational Therapy	Occupational Therapist	Central Bedfordshire
CYCD - Centre for youth and community development	Director	Luton
DAFS (Drug and Alcohol Family Support)	Volunteer	Milton Keynes
DAFS (Drug and Alcohol Family Support)	Volunteer	Milton Keynes
East London Foundation Trust	Community Engagement Manager	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust	CNS in MS	Bedford Borough Central Bedfordshire
East London Foundation Trust	Director of Children & Specialist Services	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust		Bedford Borough Central Bedfordshire Luton
East London Foundation Trust		Bedford Borough Central Bedfordshire Luton
East London Foundation Trust	Director	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust	Community Nursing Team Lead	Bedford Borough Central Bedfordshire Luton Milton Keynes
East London Foundation Trust	Lead Pharmacy Technician	Bedford Borough
East London Foundation Trust	Chief Medical Officer	Bedford Borough Central Bedfordshire Luton

Attended: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
East London Foundation Trust		Bedford Borough Central Bedfordshire Luton
East London Foundation Trust	Specialist Lead Nurse	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust	Senior Continence Advisor	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust	Service Director – Bedfordshire Community Health Services	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust	Corporate Governance Manager	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust	Head of People Participation	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust	People Participation Lead for S117 Aftercare programme	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust	Head Occupational Therapist	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust - CAMHS	Psychological Therapies Lead	Central Bedfordshire Luton
East London Foundation Trust - CAMHS	Associate Director CAMHS in Beds and Luton	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust (also work substantively for Central & North West London Foundation Trust)	Dept Director Integrated Care	Bedford Borough Central Bedfordshire Luton Milton Keynes
East London Foundation Trust BCHS Physical Health Psychology	Lead for Clinical Health Psychology Service, & Consultant Clin Psychologist Cancer and Palliative Care. BCHS East London Foundation Trust	Bedford Borough Central Bedfordshire Luton Milton Keynes
East London Foundation Trust People Participation	Public Governor	Central Bedfordshire
East London Foundation Trust-Bedfordshire Community Therapy Services	Therapies Clinical Service Manager	Central Bedfordshire
East MK PCN	Social Prescriber	Milton Keynes
East MK PCN	Social Prescriber	Milton Keynes
East: MK PCN		Milton Keynes
EAST:MK Primary Care Network	Operations Manager	Milton Keynes
GP, Whaddon Healthcare and Deputy Director of PC Alliance MK		GP
Harry's Rainbow	CEO	MK, and surrounding areas which can reach Bedford, Luton and other areas.
Headway Bedford	Service Development Manager	Bedford Borough Central Bedfordshire

Attended: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Healthwatch Bedford Borough	Community outreach officer and volunteer lead	Bedford Borough
Healthwatch Bedford Borough	H&SC student on placement	Bedford Borough
Healthwatch Luton	CEO	Luton
Healthwatch Luton	Chair	Luton
Healthwatch Milton Keynes	Deputy Chief Executive Officer	Milton Keynes
Healthwatch Milton Keynes	Chief Executive	Milton Keynes
Leighton Buzzard Health Matters	PPG member	Central Bedfordshire
Leighton Buzzard Voluntary Patient Transport (LBVPT)	Leighton Buzzard Voluntary Patient Transport (LBVPT)	Central Bedfordshire
Luton All Women's Centre	Domestic Abuse & Trauma Specific Support Service Coordinator	Bedford Borough Central Bedfordshire Luton
Luton All Women's Centre	Services Manager	Luton
Luton Borough Council	Head of MH LD and Autism	Luton
Luton Borough Council	Acting Director of Public Health	Luton
Luton Borough Council	Youth Support Team	Luton
Luton Council - Special Educational Needs	Autism Advisory Teacher	Luton
Luton Youth Council	Youth Councillor	Luton
Luton Youth Council	Youth Councillor	Luton
Milton Keynes City Council	Family Centres Manager	Milton Keynes
Milton Keynes City Council	City Councillor	Milton Keynes
Milton Keynes City Council	Partnership Lead for Children and Young People's Mental Health Services	Milton Keynes
Milton Keynes City Council	Deputy Family Centres Manager	Milton Keynes
Milton Keynes City Council	Elected councillor	Milton Keynes
Milton Keynes City Council		Milton Keynes
Milton Keynes City Council	Milton Keynes Youth Council	Milton Keynes

Attended: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Milton Keynes City Council	Community Partnership Engagement Manager	Milton Keynes
Milton Keynes City Council ASC Mental health and Complex Needs Team	Team Manager	Milton Keynes
Milton Keynes University Hospital	Governor	Milton Keynes
Milton Keynes Youth Council	Youth Councillor	Milton Keynes
Milton Keynes Youth Council	Youth Councillor	Milton Keynes
Milton Keynes Youth Council	Youth Councillor	Milton Keynes
Milton Keynes Youth Council	Youth Councillor	Milton Keynes
Milton Keynes Youth Council	Youth Councillor	Milton Keynes
Milton Keynes Youth Council	Youth Councillor	Milton Keynes
Milton Keynes Youth Council	Democratic Participation officer	Milton Keynes
Milton Keynes Youth Council	Milton Keynes Youth Council	Milton Keynes
Milton Keynes Youth Council	Milton Keynes Youth Council	Milton Keynes
Mind BLMK	Operational Services Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Mind BLMK	Recovery Lounge Worker	Bedford Borough Central Bedfordshire Luton Milton Keynes
Mind BLMK	CEO	Bedford Borough Central Bedfordshire Luton Milton Keynes
Mind BLMK	I&P Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Mind BLMK		Bedford Borough Central Bedfordshire Luton Milton Keynes
Mind BLMK	Lived Experience Operations Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Mind BLMK	Crisis Operations Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Nexus PCN	Clinical Nurse Specialist	Milton Keynes
Nexus PCN	Pharmacy Technician	Milton Keynes
Nexus PCN	Social Prescriber	Milton Keynes
NHS	Clinical Lead, Talking Therapies	Bedford Borough Central Bedfordshire
Penrose- Social interest group	Service Manager	Luton
Primary Care Plus - MK	Senior Mental Health Practitioner & Non-Medical Prescriber	Milton Keynes

Attended: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Resident	Service user	Milton Keynes
Resident		Milton Keynes
Resident	Resident	
Resident / mother of neurodivergent young person with mental health issues.	Secondary Inclusion Officer	Central Bedfordshire Luton
Service user & member of Bedford Borough Central Bedfordshire Luton Milton Keynes People Participation Group	Service user	Milton Keynes
Service User & Peer Leader	Service user	Milton Keynes
Service User MHLDA Committee Member	N/A	Central Bedfordshire
Talkback (learning disability and autism charity)	Senior Manager	Central Bedfordshire Luton Milton Keynes
The Spectrum Place - Neurodiversity children young people and carers	Charity founders	Milton Keynes
The Spectrum Place - Neurodiversity children young people and carers	Project Manager	Milton Keynes
Voiceability	Team leader	Central Bedfordshire
Voiceability	Qualified advocate	Central Bedfordshire
Watling Street Practice	Social Prescriber	Milton Keynes
YMCA MK	Youth and Community Manager	Milton Keynes
Yoga for Health Alliance & Yoga State of Mind	Committee Chair & Founder	Milton Keynes

Delegates who registered but were unable to attend on the day

Apologies: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Bedford Borough Parent Carer Forum	N/A	Bedford Borough
Bedfordshire Community Health services	Pharmacy Technician	Bedford Borough Central Bedfordshire
Bedfordshire Community Health Services	Pharmacy Technician	
Bedfordshire Community Health Services (Wheelchair Service)	Clinical Service Lead / OT	Bedford Borough Central Bedfordshire Luton
Bedfordshire Hospital Trusts	Deputy Head of Nursing Emergency and Acute Medicine	Bedford Borough
Bedfordshire Rural Communities Charity	Head of Community & Wellbeing	Bedford Borough Central Bedfordshire
Bedfordshire Rural Communities Charity - Social Prescribing	Community & Wellbeing Manager - Social Prescribing	Bedford Borough Central Bedfordshire
Beds Rural Community Charity	Social Prescriber	Bedford Borough
Beyond Food - part of the Food Bank	Budget Coach	Milton Keynes
Beyond Food - part of the Food Bank	Project Coordinator	Milton Keynes
BLMK ICB	Transformation Manager, STT	Bedford Borough Central Bedfordshire Luton Milton Keynes
BLMK ICB	Head of Milton Keynes Improvement Action Team	Milton Keynes
BLMK ICB	Chief Medical Officer	Bedford Borough Central Bedfordshire Luton Milton Keynes
BLMK ICB	Non Executive Board Member- Chair MHLDA Collaborative	Bedford Borough Central Bedfordshire Luton Milton Keynes
BLMK working together group	N/A	Bedford Borough
Bloom Health	Doctor	Milton Keynes
British Red Cross	Senior Business development manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Carers MK	Adult Carer Service Manager	Milton Keynes
Central & North West London Foundation Trust	Children in Care Primary Mental Health Practitioner	Milton Keynes
Central & North West London Foundation Trust	Clinical Director	Milton Keynes

Apologies: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Central & North West London Foundation Trust	Service Manager -Specialist Childrens Manager	Milton Keynes
Central & North West London Foundation Trust (Milton Keynes)	CAMHS TRANSITIONING LEAD/Senior MH Nurse Practitioner	Milton Keynes
Central & North West London Foundation Trust NHS community mental health	Community nurse	Milton Keynes
Central and North West London NHS Foundation Trust	CAMHS TRANSITIONING LEAD/Senior MH Nurse Practitioner	Milton Keynes
Central Bedfordshire Council	Senior Strategic Commissioner	Central Bedfordshire
Central Bedfordshire Council	Commissioning Officer	Central Bedfordshire
Central North West London Foundation Trust	Director of Finance	Milton Keynes
Chiltern Hills PCN	Health well-being coach	Central Bedfordshire
Community Action: MK / Bedford Borough Central Bedfordshire Luton Milton Keynes VCSE Strategy Group	VCSE Development Officer: Bedford Borough Central Bedfordshire Luton Milton Keynes	Bedford Borough Central Bedfordshire Luton Milton Keynes
Deaf Access Bedfordshire	Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Deaf Access Bedfordshire	BSL Tutor	Bedford Borough Central Bedfordshire Luton Milton Keynes
East London Foundation Trust	Team lead community nurse	Central Bedfordshire
East London Foundation Trust	Therapy Team Lead - Mid Bedfordshire	Central Bedfordshire
East London Foundation Trust	Deputy Lead Nurse - Unplanned Care	Bedford Borough Central Bedfordshire
East London Foundation Trust	Deputy Director	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust	Chief Nurse	Luton
East London Foundation Trust and Central & North West London Foundation Trust	Dept Director Integrated Care	Bedford Borough Central Bedfordshire Luton Milton Keynes
East London Foundation Trust - Podiatry	Operational Lead for Podiatry	Bedford Borough Central Bedfordshire Luton
East London Foundation Trust NHS	Podiatry Professional Development Lead	Bedford Borough Central Bedfordshire Luton
East London NHS Foundation Trust	Public Governor	Luton
EAST:MK Primary Care Network	Operations Manager	Milton Keynes
Great Barford Parish Council / East London Foundation Trust	Operations Manager with East London NHS Foundation Trust (Bedford CAMHS)	Bedford Borough

Apologies: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Healthwatch Bedford Borough	CEO	Bedford Borough
Healthwatch Bedford Borough	Student	Bedford Borough
HMP Bedford	Mental Health Practitioner	Bedford Borough
HUC	Relationship Business Partner	Bedford Borough Central Bedfordshire Luton
Luton Borough Council	Area Project & Involvement Officer	
Luton Borough Council	Specialist Clinician for Looked after Children	Luton
Luton Borough Council	Public Health Manager - Mental Health	Luton
Luton Youth Council	Campaign Lead for Mental Health (Youth Cllr)	Luton
Milton Keynes City Council	Cabinet Member for Adult Services, Health and Communities	Milton Keynes
Milton Keynes City Council	Councillor	Milton Keynes
Milton Keynes Youth Council	Youth Councillor	Milton Keynes
Milton Keynes Youth Council	Youth Councillor	Milton Keynes
Mind BLMK	Recovery lounge worker	Luton
Mind BLMK	Recovery lounge worker	Luton
Newport Pagnell Medical Centre/ The Bridge PCN	Social Prescribing Link Worker	Milton Keynes
Nexus Oakridge Park	Health and wellbeing coach	Milton Keynes
Nexus PCN Milton Keynes	Occupational Therapist	Milton Keynes
Nexus PCN Milton Keynes	PCN Manager	Milton Keynes
Nexus PCN Milton Keynes	PCN Dietician	Milton Keynes
Nexus PCN Milton Keynes	Primary care mental health nurse	Milton Keynes
Nexus PCN Milton Keynes	Care Coordinator	Milton Keynes
Penrose Luton Synergy	Deputy Manager	Luton
Penrose Luton Synergy	Deputy Manager	Luton
Pulloxhill Parish Council	Chair	Central Bedfordshire
Resident		Milton Keynes

Apologies: Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Resident	East London Foundation Trust Elected Public Governor for Central Bedfordshire	Central Bedfordshire
Service user		Luton
Service user on Working Together Group		Milton Keynes
Special Educational Needs Service, Luton Council	Senior Advisory Teacher	Luton
Speech and language therapy	Speech and language therapist	Bedford Borough Central Bedfordshire
Stony Stratford Town Council		Milton Keynes
Stony Stratford Town Council	Councillor	Milton Keynes
Supporting MP for Buckingham and Bletchley	Constituency Support Manager	Milton Keynes
The Bridge PCN	Social Prescribing Link Worker	Milton Keynes
The Bridge PCN	Social Prescribing Link Worker	Milton Keynes
Watling PCN	Occupational therapist	Milton Keynes

Appendix 2

Bedfordshire, Luton
and Milton Keynes
Health and Care Partnership

Welcome to the System Insight Network

Community and Mental Health Services

#BLMKSystemInsights

Wi-fi Password: Featherst0ne

Lorraine Mattis
Chair
System Insight Network

Housekeeping



There are no fire alarms planned today, so if you hear the alarm sound, please use the exits and make your way to the car park at the rear of the building.



Toilets are next to reception area and there are accessible facilities on both floors.



Tea and coffee is available, so please help yourself.



Photographs will be taken, so please let us know if you do not want to be included.



There is a quiet room for anyone who needs a break throughout the meeting. The room is upstairs and is signposted. If you need some support, just indicate to your facilitator.

Agenda

Time	Area for discussion	Led by
2pm / 6:30pm	Welcome	Lorriane Mattis, Chair, Insights Network
2:05pm / 6:35pm	Designing a service fit for the future	Kathy Nelson, Programme Director / Penny Harris, Strategic Consultant
2:30pm / 7pm	Workshop: Help us to co-design the future of community and mental health services <ul style="list-style-type: none">• Access• Staying healthy• Crisis Support• Communication to enable integrated working	All
3:40pm / 8:10pm	Feedback and closing remarks	Lorriane Mattis, Chair
4pm / 8:30pm	Close	

The purpose of our Network discussion is to...

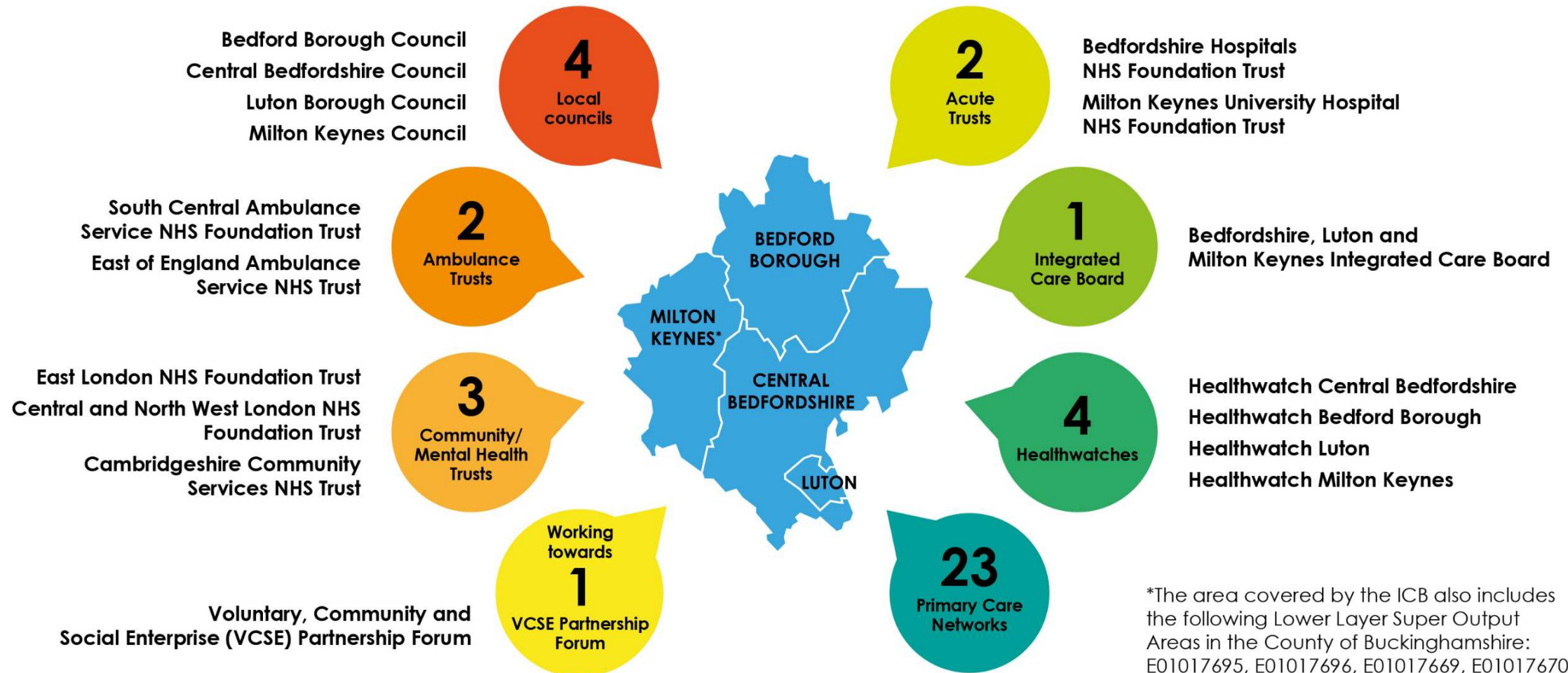
...listen to your lived experiences,
ideas and insights ...

And recommend ways to improve
health and care services nationally,
and across BLMK.

First, an introduction to us and why we're leading this discussion...



Proud to be working together for better, more integrated services in Bedfordshire, Luton and Milton Keynes Integrated Care System



*The area covered by the ICB also includes the following Lower Layer Super Output Areas in the County of Buckinghamshire: E01017695, E01017696, E01017669, E01017670



Afternoon:

Kathy Nelson

Programme Director

Community and Mental Health Services



Evening:

Penny Harris

Strategic Consultant

Community and Mental Health Services



How you can help us...


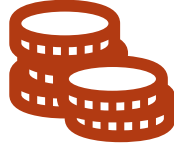



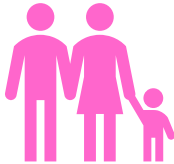


Our local population

BLMK shares many of the same challenges as other areas of the UK.



- Demand for mental and community health services are growing.
- We want to give everyone access to great care.
- Help us re-think the services we provide.
- We want to find new ways of delivering what you need, within the resources available.
- We are ambitious.
- This project will take two years to complete – but it will deliver lasting change.

Before we begin, some key facts to think about...

	<p>The Denny Review highlighted significant health disparities across BLMK. Some communities face greater challenges in accessing and benefiting from mental health services.</p>		<p>The ICB spends over £270 million per year on Community and Mental Health services in BLMK</p>
	<p>Estimates show more than 40,000 people in BLMK not getting treated for high blood pressure (hypertension)</p>		<p>BLMK has amongst the highest levels of mental health need in the region, and significant growth - 8,000 adults registered with serious mental illness</p>
	<p>Community and Mental Health Services have more than 1.2 million contacts with patients each year</p>		<p>12,000+ referrals to CAMHS (>200% increase since 2018/19)</p>
	<p>District Nursing Service has nearly 200,000 contacts a year across BLMK (approx. 17% of all contacts)</p>		<p>Community Crisis Response and Intermediate Care Service has nearly 240,000 contacts a year (21% of all contacts)</p>

This is a huge area of work, with lots of different people involved...



OcularOutcomes

ClearEarDr



Luton MSK and Intermediate Care



Central and North West London NHS Foundation Trust



Bedfordshire Hospitals NHS Foundation Trust



East London NHS Foundation Trust



AJMHealthcare



Whaddon Healthcare



Connect Health



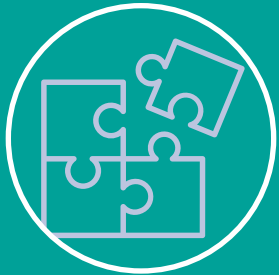
Headway Bedford Rebuilding lives after brain injury



Primary care (GP+, Dentistry, Pharmacy)



So, what do we want to do?



Reduce the variation in service provision across our places and by provider



Spend our money differently to address workforce and performance challenges



Reduce impact on other service such as A&E



Reducing inequalities and improving patient outcomes and driving prevention agenda



And most of all, we want to stop people getting sick in the first place...

We'll do this by creating healthy communities and respond to direction set out by Government to make three changes:

Move from hospital to community – providing better care close to or in people's own homes

from treatment to prevention – supporting people early on, to prevent people becoming unwell

from analogue to digital – using digital technology to improve care

We're listening...

Discussion Area	Questions
Access	We have heard that some things act as a barrier to access – but what do you think could make accessing services easier?
Staying Healthy	How can we help people to look after themselves? What can we do differently?
Crisis Support	We know that A&E isn't always the best place for people to get help when they are in a crisis. How can we support people in times of crisis? What would help people feel safe and cared for?
Communication to enable Integrated Working	We are working with partners in neighbourhoods to bring services closer to where you live. What does this idea mean to you, and how do you think it could help you or others in your community?

And our facilitators will help you make your voice heard...



There are no silly questions

Please ask if you are not sure about something. Feel safe to share your thoughts.



We'll respect each other's views

Not everyone here will think the same thing. Please disagree agreeably and be respectful.



There will be time to speak

While we will finish on time and cover everything we want to talk about, facilitators may move the conversation on to give everyone time to talk and share their views.

Feedback session

Summary and next steps

How we will use your feedback

- Feedback from today will be written up into a report and shared with attendees and published on the ICB website.
- The insights and experiences shared will be incorporated into our case for change document, which will shape community and mental health services in our area.

Appendix 3

Appreciative Enquiry for Mental and Community Health Services

Purpose: To understand and learn from lived experiences to inform more compassionate, effective, and responsive mental and community health services in Bedfordshire, Luton and Milton Keynes.

Interview Section	Suggested Questions
1. Introduction	<ul style="list-style-type: none"> • Could you tell me a little about yourself and your experience? • What's something in your life right now that you feel proud of or grateful for? • When you think about your journey with mental/community health services, what words come to mind?
2. Discovery <i>"What's Working?"</i>	<ul style="list-style-type: none"> • Can you tell us about your experience with community/mental health services? And specifically think about: • The very beginning of your journey and when you were referred into services. What was your experience of the GP – was it helpful? Are there lessons we can learn from this? • When you accessed the service – did they give you care in the way that worked best for you? • Did you ask for care to be delivered in a specific way and what was their approach? • What did the service do that made a positive difference for you? • Were there specific people, approaches, or moments that stood out as especially helpful? • What strengths or qualities did you notice in yourself during that time?
3. Dream <i>"What Could Be?"</i>	<ul style="list-style-type: none"> • Imagine the best possible mental/community health service. • What would it look and feel like? • What would your ideal experience of care and support include? • How would staff interact with people accessing the service? • How would you know you were being heard, valued, and respected?
4. Design <i>"What Should Be?"</i>	<ul style="list-style-type: none"> • Based on your experiences, what changes would make services better for people like you? • What practices, if adopted more widely, would lead to more positive experiences? • What role could people with lived experience play in shaping or delivering services? • How could the system better support your recovery or wellbeing journey?
5. Destiny/Delivery <i>"What Will Be?"</i>	<ul style="list-style-type: none"> • What do you think could help improve services?

Appendix 3

	<ul style="list-style-type: none">• Would you be interested in contributing to change (e.g., co-design, peer support)?• What support or encouragement would you need to stay involved in shaping services?• What gives you optimism about the future of mental and community health?
6. Closing and Reflection	<ul style="list-style-type: none">• What's one thing you want service providers or decision-makers to understand about your experience?• What message would you give to someone going through a similar journey?• Is there anything else you'd like to share that we haven't asked?

NHS BLMK ICB Hospital Opportunity Assessment

BLMK Health and Care Partnership

23rd September 2025



Aims and Objectives of the Programme

BLMK ICB have commissioned **an independent Opportunities Assessment** across services and organisations within BLMK ICB. Moving from **reactive, acute care to more proactive community and primary care** requires significant clinical and operational transformation. This assessment will identify where there are **opportunities to transform to bring long-term sustainability to our health system**. The opportunity assessment will be centred around four core goals:



Identify opportunities to deliver the best possible population health outcomes, rebalancing services to support proactive, preventative care closer to home.



Identify opportunities to improve sustainability of our services and organisations across BLMK, reducing variation, improving performance and delivering positive clinical outcomes.

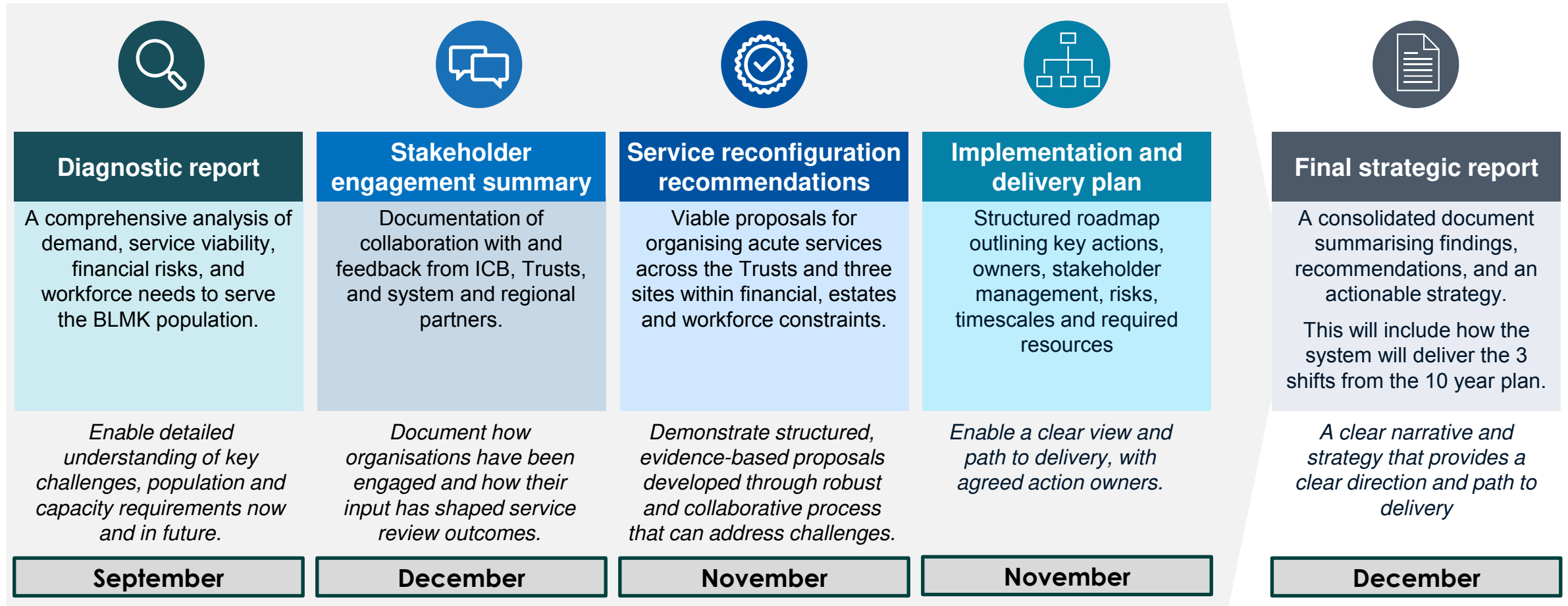


Identify where transformation and investment can lay the foundation for a longer term clinical, workforce and capital strategy, aligned with system-wide priorities, and ensure acute providers are supported to adapt as part of a more sustainable care system.



Inform the **re-specification of community and mental health services** to better meet the needs of the BLMK population.

Dates for completion of key deliverables



This assessment looks to determine the options for delivering the best possible care model for the population

The **care model identified delivers the best possible care in the most appropriate setting** for the population

Areas of **collaboration are identified for organisations** where this enhances care for the population and improves sustainability

Developed **defined and realistic pathways to secure capital investment** for opportunities identified, particularly for currently challenged sites



Clinically led process with collaboration and engagement with clinicians from all organisations

Engagement from a wide range of stakeholders across the system

Clear steps to sustainability identified to help organisations and the system **balance their books**

Date: 23 September 2025

ICB Executive Lead: Dr Andrew Rochford, Chief Medical Director, BLMK ICB

Partner lead: NA

Report Author: Amanda Flower, Director of Primary Care and Community Integration

Report to the: BLMK Health and Care Partnership

Item: **10. Access to General Practice in BLMK**

1.0 Executive Summary

1.1 There is continued growth in appointments provided by general practice in BLMK, 10.04% growth occurred between fiscal years 2023 and 2024.

All practices in BLMK are working to deliver the national modern practice access model.

The ICB is providing structured and bespoke support to practices to support development, transformation and transition.

BLMK has seen an improved position across the GP Patient Survey in 2025 however BLMK remains below the national average.

2.0 Recommendations

2.1 To note and discuss the contents of the report

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓

4.0 Report

4.1 Key messages

- All practice teams are implementing the NHS model 'modern general practice' for appointments.
- The number of GP appointments offered to BLMK residents continues to increase year on year with 10.04% increase from 2023 to 2024.
- On average 50% of all appointments offered by the practice team are offered by a professional other than a GP.
- All practices use new, smart telephony services which provides another source of useful data in understanding demand.

- Contractual changes in 2025/26 are intended to ensure that patients have access to practices to request services/appointments either via telephone, walk-in or the online consultation system during core hours of 8am to 6.30pm.
- Further work needs to be done to:
 - Monitor and support individual practice performance.
 - Support resident understanding of the modern general practice model.
 - Promote the benefits of self-care and appropriate alternatives to the traditional GP/practice team appointment.

4.2 Modern general practice access model

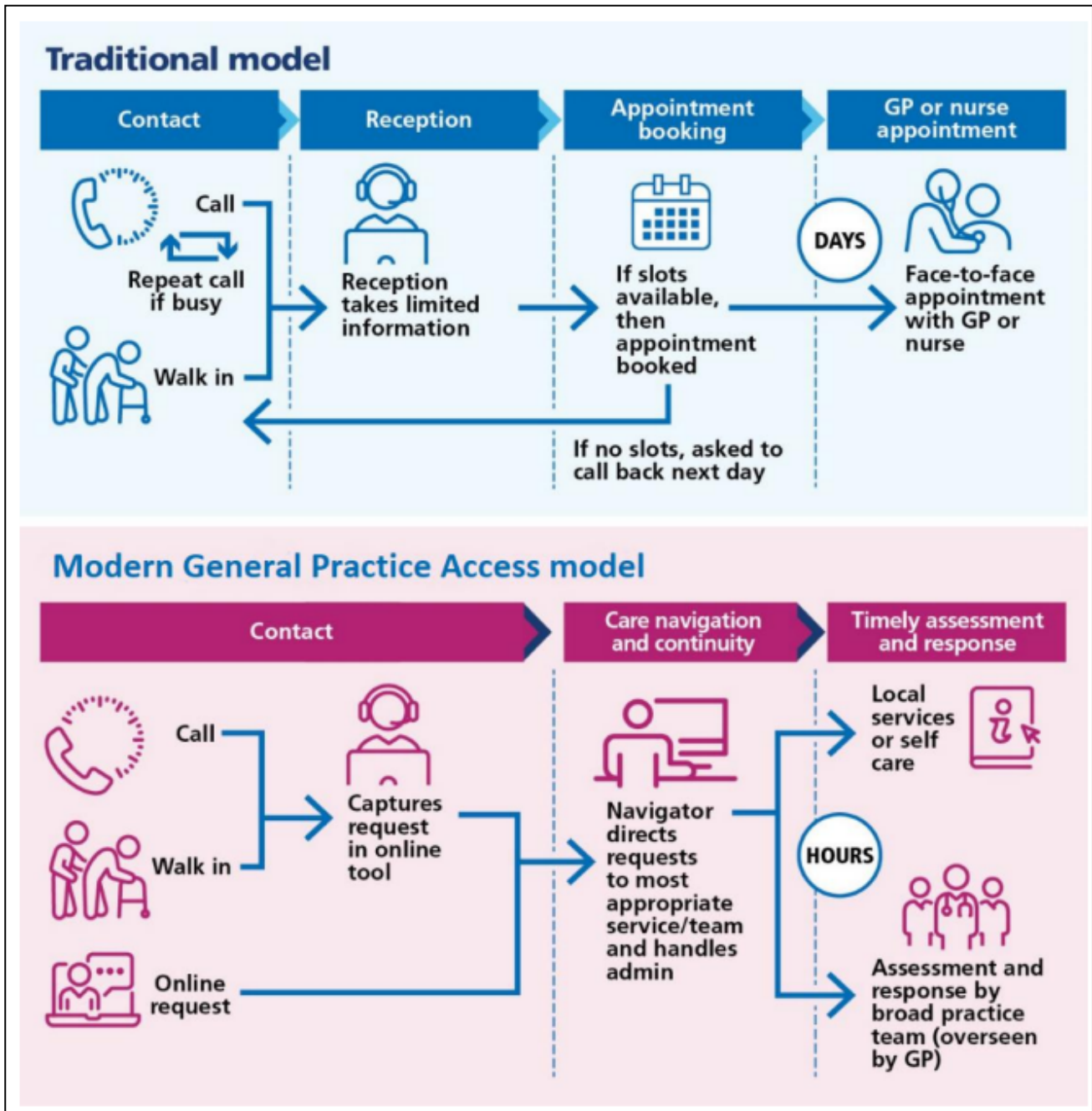
General practice is the bed rock of the NHS. The principles of ‘modern general practice access’ have been designed to meet the challenges of rising volume and increasing complexity of need in general practice. In 2025/26 contractual changes have been made intended to support improved patient access, specifically:

- Patients will have access to the team for appointments/services via the telephone, walk in and the online consultation system during core hours of 8am to 6.30pm.
- Details of what patients can expect from their practice is available on a website [NHS England » You and your general practice – English](#).

Modern general practice access enables better alignment of clinical capacity with patient need, improved patient experience, and an improved working environment for general practice staff by:

- **Optimising contact by patients with their practice team:** offering patients a choice of access channels (telephone, online and in-person) via usable and accessible practice websites, online consultation tools, and improved telephone systems.
- **Structured information gathering at the point of patient contact:** triage - regardless of how the patient contacts the practice consistent information will be collected to allow the clinician to understand what is being asked of the service.
- **Using one care navigation (and workflow) processes across all access points** to assess and prioritise need safely and fairly, and to efficiently get patients to the right healthcare professional or service, in the appropriate time frame and moving away from a ‘first come first served approach’.
- **Better allocating existing capacity to need,** making full use of the multi-professional primary care team, community services and ‘self access’ options where appropriate, and helping GPs and practice staff to optimise use of their time to where it’s needed most.
- **Building capability in general practice teams** to work together and to access, understand and use data, digital tools and shared knowledge to lead, plan, implement, improve and sustain change.

The following diagram illustrates the old model and the new streamlined approach as part of modern general practice access.



Fundamental to the delivery of a ‘modern general practice access model’ is that residents know on the day they contact their practice what the response will be, and that they are facilitated to seek support irrespective of the means of contact with the practice – whether they walk into the practice, use the online system, or seek an appointment via the telephone.

Whilst the practice will always seek triage information to ensure the right response residents should be supported to provide the information where required. We are aware that this needs further work with practices and their registered population. Furthermore, resident understanding and expectations will continue to require support as:

- **Residents may not always be offered a practice appointment** – they may be signposted or referred to other services such as pharmacy first / community pharmacy (utilisation of which continues to grow in BLMK).
- **Appointments may not be with a GP** but with a member of the multi-disciplinary team best suited to the resident’s presenting need.

- **Appointments may not be face to face**, but this should be discussed with the patient to support their preference where possible and appropriate.

What is Total triage?

GP practices manage a wide range of patient requests every day, each requiring careful consideration to identify the most appropriate next step. Triage means understanding what kind of support is necessary; how quickly this should take place; and who is best placed to manage the patient or request. Total triage is a care model where all patient requests are placed in a single queue and prioritised by an experienced healthcare professional before appointments or alternative pathways of care are offered. Requests are assessed for urgency, ensuring that patients are dealt with in order of clinical priority rather than the historical ‘first come, first served approach’. Clinical triage can help practices to allocate healthcare services according to individual needs, ensuring everyone receives the care most suited for them. If necessary, patients can be contacted for additional information or can be sent self-booking links to instantly secure an appointment. The GP contract means practices must promote and offer online consultation tools and secure two-way messaging systems (online messaging tools) to patients.

4.4 Current performance

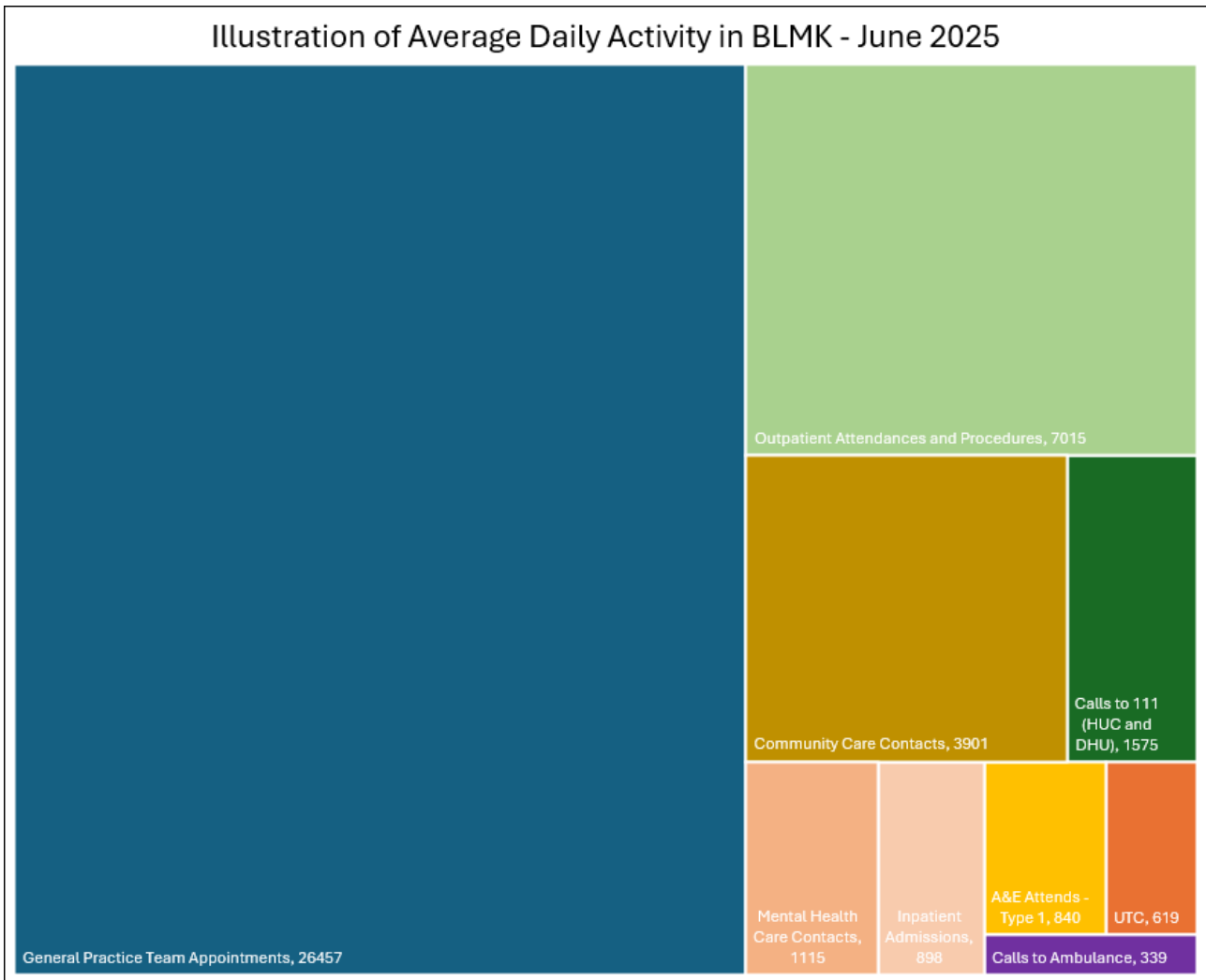
4.4.1 Appointments

The number of GP appointments offered to BLMK residents continues to increase, from 2023 to 2024 there was 10.04% growth.

Fiscal years:	2023	2024
Total number of all general practice team appointments:	4,747,163	5,223,989

The average daily appts range from 22,000 per day to 29,000 on their busiest days. The diagram below demonstrates daily general practice appointments alongside other access points; in June 2025 the number of appointments provided on average each by practices in BLMK was 26,457

Illustration of Average Daily Activity in BLMK - June 2025



4.4.2 Methods of access

- **All practices have new telephone systems – cloud-based telephony – which allows the practice to analyse demand throughout the day so they can tailor the practice capacity in response, the systems also have call waiting functionality.**

The telephony data available for April to May 2025 shows that between 08:00 and 09:00 on weekdays remains the busiest time for telephone calls. The primary care team are utilising the emerging data from the telephony systems in at practice visits to review performance and improvement discussions with practices. It is essential that practices make sure they are reviewing this data and reviewing their capacity at key times to meet demand as is possible within their resources.

- **Most practices have now implemented online consultation tools giving an extra way in which patients can contact their Practice.**

Patients who can are being encouraged to use the online tools as they can present their symptoms in their own words. The more people who are able to make use of online requests reduces the burden on the telephone system – leaving this route accessible for those who are not able to use online tools.

4.4.3 National GP Survey

The annual GP Patient Survey (GPPS) is one of the areas of focus for discussion in practice visits and the full survey results have been analysed and shared with practices to support improvement

discussions. The national GP Patient Survey (GPPS) is carried out each year between January – March. Patients are selected ‘randomly’ (some work to ensure spread across practices) and are eligible for inclusion if they have a valid NHS number, registered with a GP practice continuously for at least 6 months at the point of section and were aged 16 years or over.

In BLMK in 2025 35,703 questionnaires were sent out, and 9626 were returned. This represents a response rate of 27%. In 2024, 35,034 questionnaires were sent out, and 9,853 were returned. This was a response rate of 28%.

GPPS is only one element of evidence when considering patients' experiences of general practice to identify potential improvements and highlight best practice.

Key performance markers for patient access and experience are shown in the table below and compared to both Bedfordshire, Luton and Milton Keynes (BLMK) and the National average. Individual practice results are available [online](#).

In the 12 questions that are comparable from the survey in 2024 to 2025 the following is observed:

There was an **improved position for BLMK in 9 questions:**

- overall experience with practice
- making contact on phone
- contact using the practice website
- contact using the NHS App
- support for mental wellbeing
- involvement in care
- trust for professional
- enough support from other services
- experience of other services when practice is closed

BLMK **maintained the same position in 2025 as 2024 for 3 questions:**

- being listened to
- treated with care and concern
- needs met in appointment

BLMK **showed deterioration in 0 questions.**

BLMK however remains below the national average as demonstrated below using three key questions:

PCN	Ease of getting through by telephone - % easy	Overall experience when Practice closed - % good	Overall GP experience - % good
BLMK Average	40%	54%	67%
National Average	53%	57%	75%

4.5 What support is available to practices to improve resident access?

The ICB is supporting all practices to deliver the modern practice access model through a joint approach by the ICB primary care team and dedicated and resourced GP clinical leaders who have expertise in access and other key areas. For all practices there is a Universal Offer (Sustain – available to all practices) which includes access to a range of training and development opportunities including care navigation training. In addition, there are tailored offers (Improve and Stabilise) for practices with additional support challenges and needs. Whilst some aspects of this offer have been available previously this approach launched formally from April 2025 and has been recognised as good practice by NHS England’s regional team. The diagram below details the support that practices are being engaged in:

Practice Level Support Framework

Suite of offers available to all, practices may opt for modules from both Improve and Stabilise and move between options according to their need

NHS
Bedfordshire, Luton
and Milton Keynes
Integrated Care Board



Whilst the implementation of the modern general practice access model is a national programme and a contractual requirement for GP practices it is a significantly different way of working and the ICB continues to support GP practices to fully implement the model.

***Support Level Framework (SLF)**

A facilitated assessment tool based on delivery of Modern General Practice is used to help practices and ICBs understand current strengths and areas for development, and to guide decisions about whether and what kind of support might be beneficial. The output is an action plan that identifies specific improvement actions. Specific ICB support and/or PLS programme can be offered following a SLF.

**** Practice Level Support (PLS)**

The main aim is to support primary care resilience and transformation. Delivered by experienced improvement experts, the support is designed with the sole intention of helping to improve the way practices operate on a day-to-day basis, looking at the challenges faced in the here and now, with the aim of implementing improvements that benefit staff and patients. The programme looks at a variety of practice areas including access, capacity management, clinical and back-office functions, and practice processes. The programme provides 12 face to face sessions over a period of months.

5.0 Next Steps

- Continued review and utilisation of the range of data now available to identify and monitor how residents access primary care services.
- The practice visit (launched April 2024) and development programme (launched in April 2025) will continue to ensure practices make the required access and services changes.
- The ICB would like to work with partners, stakeholders and residents to improve communication and understanding of total triage and the modern general practice access model.

Date of the meeting:	23 September 2025
Executive Lead:	Dean Westcott, Chief Finance Officer, BLMK ICB; ICS Green Plan SRO
Report Author:	Tim Simmance, Associate Director of Sustainability and Growth, BLMK ICB
Report to the:	BLMK Health and Care Partnership
Item:	11. BLMK Green Plan 2025-2032

Reason for report to the Committee

(a) follow up report from previous meeting/action log

1.0 Executive Summary

- 1.1 The refreshed BLMK Green Plan 2025-2032 was approved at ICB Board on 27 June 2025.
- 1.2 As discussed at the Health and Care Partnership (HCP) meeting in February, and as outlined at ICB Board in June, the approved and final version of this Green Plan is hereby presented to the HCP for information.
- 1.3 The new Green Plan builds on the progress against the previous Green Plan (2022-2025), with a greater focus on driving benefits for population health and reducing the health and service risks from climate change.
- 1.4 The Green Plan 2025-2032 vision is “**People, Places, Planet: BLMK CARES**”:
 - **People:** We will improve health and wellbeing, reduce health inequalities, and help our communities adapt to climate change
 - **Places:** We will care for our surroundings, supporting the regeneration of the natural environment, and reduce pollution from health and care services.
 - **Planet:** We will reduce healthcare-associated greenhouse gas emissions
- 1.5 The refreshed Green Plan is supported by a Delivery Plan set against four drivers, spelling out “C.A.R.E.S.”:
 - **Culture:** creating a sustainable healthcare culture
 - **Adaptation:** reducing the risks from climate change
 - **Resources:** efficient use of resources and minimising waste
 - **Environmentally Sustainable** service design
- 1.6 The HCP is asked to note the report

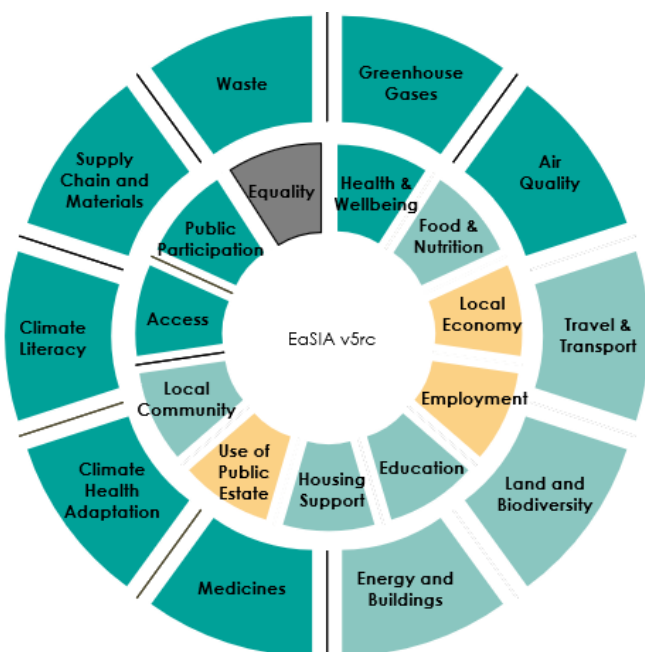
2.0 Recommendations

- 2.1 *The Committee is asked to **note** the report.*

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓
BAF Risk	✓

- 3.1 **Resourcing:** The refreshed Green Plan sets out commitments for organisations within the Health and Care Partnership. There are no direct resource implications outlined, as achieving net zero and environmental improvement will require a broad range of activities over many years. Organisations approving and committing to the Green Plan do so in the knowledge that some activities may require additional resource, both financially and in terms of people-time. The ICB and the two acute Trusts who are considered by NHS England to be held accountable for delivery of the ICS Green Plan are required to commit to supporting delivery of the outputs and outcomes by providing coordinating resource in the form of an identified Senior Responsible Officer (already in place at both acute Trusts), and appropriate resource for sustainability activities.
- 3.2 **Equality:** The Green Plan recognises that climate change and environmental degradation impact on health and health inequalities. The Green Plan supports the need for a shift from treatment to prevention, to ensure service accessibility and early intervention, and to explore and introduce lower-carbon care pathways.
- 3.3 **Engagement:** Development of the new Green Plan has involved input from residents (including youth councillors), VCSE, local authority sustainability leads and public health, and NHS sustainability leads and clinicians (primary and secondary care). The refreshed Green Plan will do more to engage staff and members of the public to take individual and collective action to improve the environment.
- 3.4 **BAF Risk:** The refreshed Green Plan forms the ICS’s response to BAF risk 7: “Health, inequality and healthcare service impacts from Climate Change and environmental degradation”.
- 3.5 **Impact assessment:** A new Environmental and Social Impact Assessment (EaSIA) has been developed internally by the ICB. This tool and process will be used for large service changes to qualitatively assess the likely impact on a range of factors, and displayed as a wheel. The Green Plan has been assessed using this tool, giving the following output:



Key	Impact
Very Positive	Significant and/or long-term positive impact identified.
Somewhat positive	Slight or short-term positive impact identified.
Neutral	No net change or not applicable.
Somewhat negative	Slight or short-term negative impact identified.
Very Negative	Significant and/or long-term negative impact identified.
	Equality Impact is not currently assessed using this tool

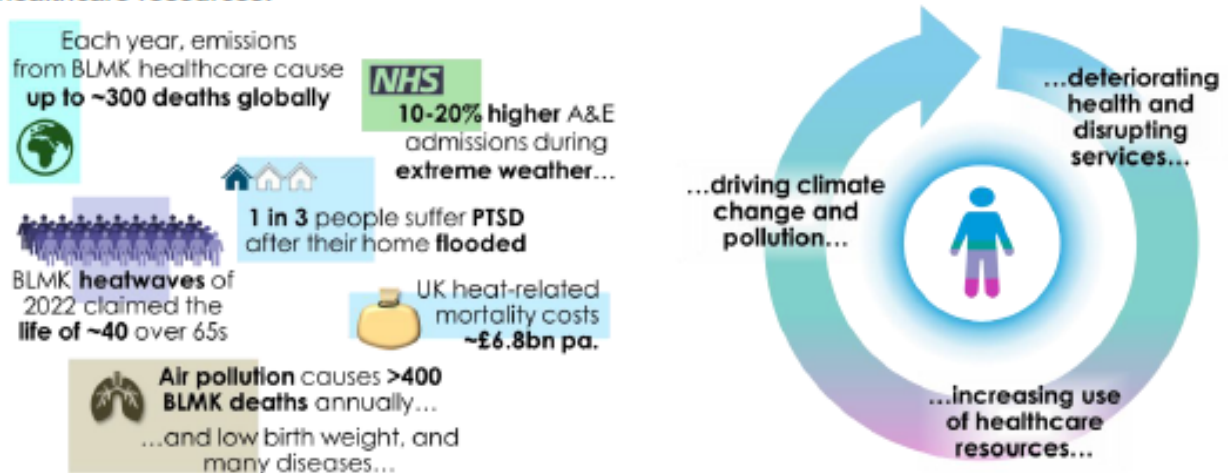
4.0 Report

4.1 The detail of the Green Plan can be found in the attached, Background Reading document: The [BLMK Green Plan 2025-2032](#). A one-page summary is presented below:

The BLMK ICS Green Plan 2025-2032: One-Page Summary

“Climate change is the single biggest health threat facing humanity” [WHO 2023](#)

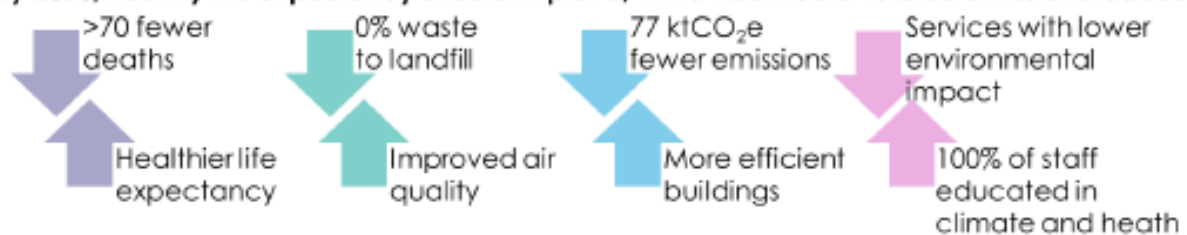
Healthcare services generate emissions and pollution, which drives climate change and environmental degradation. This impacts on our health and disrupts services, leading to greater use of healthcare resources:



What is our vision for the BLMK ICS Green Plan, and what impact will it have?

People	Places	Planet
We will: Improve health and wellbeing Reduce health inequalities	We will: Reduce pollution Support nature regeneration	We will: Reduce emissions Save lives
Foundation: We will create the right conditions to for sustainable healthcare		

By 2028, healthy life expectancy should improve, while healthcare-related emissions reduce:



How will we deliver the vision? BLMK CARES

Our partners, residents and other stakeholders, and our learning from our first Green Plan (2022-2025) have led us to create a Delivery Plan with over 100 actions grouped under four themes:

Culture	Adaptation	Resources	Environmental Sustainability
Inspire, inform, educate and celebrate	Building resilience and minimising climate risks	Reduce, Reuse, Recycle	Supporting healthier lifestyles
Environmentally aware leadership and decision-making	Climate-adapted Infrastructure	Influencing our supply chain	Sustainable service design and delivery
Removing barriers to change	Optimising transport	Minimising waste	Low carbon alternatives

5.0 Next Steps

- 5.1 Delivery of the Green Plan 2025-2032, overseen by the quarterly ICB-chaired Green Plan Leadership Group (with representatives from NHS partner organisations, local authorities and public health).
 - 5.2 Report progress via Quality and Performance committee, ICB Board (through its annual report)
 - 5.3 Respond to changes in the structure of ICBs as any impact becomes known.
-

List of appendices

None

Background reading

[BLMK Green Plan 2025-2032 \(hyperlink\)](#)