

BLMK Community and Mental Health, Learning Disabilities and Neurodiversity Redesign

Market Engagement Events Report.

Between July and October 2025, the ICB will have hosted four Market Engagement Events (MEE) offering providers the opportunity to give their views on the case for change, and to help shape the transformation priorities, commissioning principles, outcomes, and benefits of the programme.

Attendances across the market engagement events included representatives from 20 different organisations spanning across the local Acute NHS trusts, community NHS sector, VCSE and Independent sectors. The number of delegates attending the first three sessions varied between 25 and 29.

Each market engagement event focused on different topics. Details of the insights gathered are below.

Market Engagement Event 1: 10th July 2025

REFLECTIONS ON THE CASE FOR CHANGE

1. Are there other factors we should include in our Case for Change?
2. What are the implications for Providers of the Case for Change?

Feedback Summary:

- **Understanding Our Starting Point:** A better understanding of our current healthcare estates and what will be needed in the future in needed. This includes buildings, infrastructure, and digital readiness.
- **Care Models & Workforce:** Develop different care models that foster collaboration with specialist services, embed specialists in community settings, and promote integrated, community-based care delivery. Specialists should increasingly work in community settings, not just hospitals.
- **Finance and System Reform:** Create a finance model that supports transformation, whole care pathways, and digitalization, where funding needs to shift from traditional “fair shares” to models based on population health need. The Impact on providers must be considered — how they are funded and how they operate must evolve.
- **Prevention & Population Health:** Clarify what we mean by "prevention" – it's should be more than clinical care: It should be a family-centered approach tackling addictions starting health education early (e.g. in schools). Risk stratification tools should be employed to target interventions more effectively moving away from a medical-only model to one that considers the wider determinants of health.

- **Left Shift: Care in the Community:** Define the ambition and pace of the shift from hospital-based to community-based care (“left shift”). This shift will impact how services are designed, staffed, and delivered.
- **Demographics & Demand:** *The* population is growing and ageing with increased demand- however, funding isn’t increasing at the same pace, which adds pressure. The shortage of social care support then affects the whole system.
- **Digital & IT:** IT and digital expertise are essential for delivering modern, efficient care. There should be clarity on the National vs local responsibility for digital systems and innovation, defining what BLMK has control over locally and how to lead on delivery.
- **Equity, Inclusion, and Diverse Needs:** Solutions must be diverse and inclusive, reflecting the local population. Children and Young People (CYP) and those with Learning Disabilities (LD) must be explicitly considered in planning. A One-size-fits-all approach won’t work.
- **Wider Context:** Health doesn’t operate in a vacuum – housing, transport, and other social factors impact outcomes and access. These areas are outside direct control, but the case for change should still reflect their influence.

EMERGING TRANSFORMATION PRIORITIES

Questions Posed:

1. What do you think should be the priorities to be addressed?
2. What more can we do to improve outcomes for patients?
3. What should we prioritize from the 10-year plan?

Feedback Summary:

- **System Reform & Funding Alignment:** Align funding with population growth to reduce pressure on health and care services. Move away from a one-size-fits-all model to reflect the diversity of local populations and clarify leadership roles across national and local levels within the NHS 10-Year Plan.
- **Outcome Measurement & Accountability:** Define success clearly and track outcomes using consistent, holistic indicators.
- **Wellbeing & Cultural Shift:** Focus on improving physical and mental wellbeing, including public attitudes and expectations, shifting commissioning models to prioritise community-based care over hospital-centric services. Additionally introduce consultant-led care models into community settings.

- **Digital Transformation:** Prioritise IT and digital innovation across all levels of the health system to improve efficiency and integration.
- **Integrated & Collaborative Care:** Build integrated neighbourhoods as part of the NHS 10-Year Plan, expanding collaboration beyond traditional health partners to include social care, education, and the voluntary sector.
- **Patient Empowerment & Education:** Empower patients to take ownership of their health, recognising them as experts in their own care and invest in early prevention by educating children and young people in schools to promote long-term public health.

Market Engagement Event 2: 31st July 2025

TRANSFORMING PRIORITIES

1: Are there any transformation priorities that are missing?

- **Social Care:** Not explicitly included - need clarity on its influence in integrated teams and community-based care.
- **Equity & Personalisation:** Focus on reducing inequalities, supporting people outside standard pathways, and embedding “What matters to you?” in care planning.
- **Quality & Safety:** Should be an underpinning enabler for all priorities; avoid jargon like “left shift.”
- **Clarity & Focus:** Define timelines, distinguish between types of community services, and make the shift to patient-led approaches explicit.
- **Community Assets:** Ensure local assets are fully utilised at Place level.
- **Avoiding Platitudes:** Keep priorities specific, actionable, and transformational rather than generic.
- **Service Access & Models:** Address in patient provision, self-referral, and stronger links with third sector partners.

2. What outcome measures should be used to show progress.

- **Shift Toward Preventive and Community-Based Care:** Expansion of outpatient services and self-referral pathways, with an emphasis on early intervention in

primary and community care settings, thereby reducing avoidable acute admissions and A&E attendances.

- **Improved Management of Long-Term Conditions (LTCs):** Decrease in crisis contacts for patients with LTCs and a focus on proactive care to prevent deterioration and emergency escalation.
- **Tackling Health Inequalities:** Efforts to close the gap in healthy life expectancy between deprived and affluent areas as well as targeted reduction in emergency admissions among priority and vulnerable groups. Also, commitment to equitable access through minimising waiting time disparities.
- **Patient-Centred Quality Improvements:** Use of qualitative data—patient stories and satisfaction—to capture meaningful outcomes.

3. What should the priorities for implementing neighbourhood health be?

- **Service Model:** Combine early priorities into “Provide an alternative to acute care” with flexible, cradle-to-grave, holistic services. Avoid a purely medical model. Ensure seamless handover from acute to community/social prescribing for ongoing support.
- **Clarity & Accountability:** Define “neighbourhood health” clearly, agree shared understanding, and assign a lead for each neighbourhood.
- **Empowerment:** Promote self-management and engage local people so they understand and use neighbourhood services.
- **Accessibility & Delivery:** Focus on how services work rather than rigid boundaries. Balance physical hubs with equally prioritised virtual options.
- **System Considerations:** Understand local health needs, develop digital infrastructure, and adapt definitions of “neighbourhood” (e.g., for children and young people, schools may be the main setting).

COMMISSIONING PRINCIPLES

1: What are the key challenges about access and moving away from thresholds and waiting lists?

- **Capacity & Resources:** Limited staff and resources in the community; time needed to train workforce.
- **Cultural & Behavioural Change:** Need to shift both patient and staff behaviours towards self-care, self-referral, and use of digital tools (e.g., NHS App). Address resistance and support those unable or unwilling to self-manage.

- **Pathways & Navigation:** Current referral routes and Directory of Services are too complex; NHS 111 algorithms often default to A&E rather than suitable non-acute services.
- **Planning & Timescales:** Change requires long-term planning (beyond short-term cycles), clarity on delivery timelines, and alignment between national requirements and local approaches.
- **Demand & Capacity Understanding:** Need accurate insight into demand, capacity, and the impact of proposed changes.
- **Equity of Access:** Ensure provision for individuals who face barriers to accessing support.

2: Should we be more specific about working across the sectors including acute provision to support the three shifts?

- **Collaboration & Shared Vision:** Alignment of goals across sectors is essential; shared commitment can overcome contractual barriers.
- **Common Outcomes & Reporting:** All providers should work to the same outcomes and KPIs, reported in a consistent way.
- **Clear Pathways & Agreements:** Define when and how interventions are triggered, with a core list of services agreed for delivery.
- **Data & Incentives:** Enable robust data sharing; incentivise timely transfers of care and discourage unnecessary waiting lists.
- **Role of Acute & Primary Care:** Acute care is central to system redesign; clarify its interface with primary care and other sectors.
- **Governance & Oversight:** Determine how cross-sector work will be managed, influenced, decided, and led; consider age-specific approaches and the potential use of Section 75 agreements with local authorities.

3: Is there anything more we could include in the commissioning principles to help providers deliver the requirements of the 10-year plan?

Main point was that it feels very vague- details needed for the what and the how.

- **Better Needs Assessment:** Strengthen assessment of general requirements (including bio-psychosocial needs) so specialists focus on specialist cases and universal needs are addressed more broadly.

- **Clarity & Detail:** Principles are open-ended — specifications on *what* will be delivered will be required.
- **Voluntary Sector Support:** Be explicit about the role of, and support required for, the voluntary sector in delivery.
- **Reinvestment:** Clarify how reinvestment will operate and benefit service sustainability.