

Community and Mental Health* Services

System Wide Review of Engagement and Insights

***Including Learning Disabilities, Autism and Neurodivergence**

Summary Report

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13 November 2025

1. Introduction

Since launching the community and mental health transformation programme in early 2025, Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) has worked with residents, service users, carers, staff and partners to understand what matters most for community health and mental health services to build a Case for Change.

A Case for Change explains why things need to change. It brings together facts, real-life experiences and views from different people. It shows what is working well, what needs to get better, and why now is a good time to make changes. It does not say how things should change, but helps everyone understand the problems and opportunities so services can be improved in the future.

To help build a strong evidence base for the Case for Change, a range of engagement activities were carried out. These included events, lived experience interviews with people who use services or care for someone who does, focus groups, surveys and provider market engagement sessions (which brought together organisations that currently provide services, or could provide in the future) to share ideas and help shape future plans.

All the engagement evidence gathered is included in the report [‘Community and Mental Health Services – System Wide Review of Engagement and Insights’](#). The report is very detailed and includes summaries and links to over 60 other reports, which provides information about what thousands of residents have said about services.



QR code for full report

This report provides a short summary of the main report.

If you would like more detail about any of the events, activities or the feedback received, please download the full report.

2. What the ICB did

Reviewed what was already known – Reports and insights that organisations had already collected were reviewed. The reports included what people said about community and mental health services, how they access other health and care services and what support is needed to help people stay well. This information was gathered to build on what was already known, rather than the ICB asking people the same questions that have already been asked.

Held the System Insight Network (SIN) - Residents and partners from across BLMK came together to talk about their experiences of community and mental health services. Over 200 people took part. Their ideas helped shape the first draft of the Case for Change.

Lived experience interviews - In-depth conversations were held with service users and carers. These focused on what works well, what doesn't, and what "good" care would look like in the future.

Continued to gather lived experiences through a public survey - A survey asked for feedback from residents, service users, carers and staff. Autistic people and those who are D/deaf were helped to fill out the survey.

Tested and refined the themes in focus groups - Focus groups were held with residents, staff, GP practices and their staff and voluntary organisations. These conversations helped check if the themes and priorities in the draft Case for Change, matched people's experiences.

Worked with providers through market engagement events - Events were held with organisations that provide services. These events were used to talk about working together, planning services and finding better ways to support people's health and care.

3. What was heard: Emerging themes

People's experiences and ideas about community and mental health services

The feedback and ideas received have been grouped into themes.

1. Access and Navigation – Finding your way through services

- People said it can be hard to find the right help. Services feel confusing, with too many steps and unclear paths to follow.
- People often have to repeat their story to different teams, which is frustrating and tiring.
- A single point of contact – one phone number or one person who can guide you, would make things easier.
- Staff said the system is not joined up and does not have enough support, which leads to delays
- Many people want care closer to home, with good parking, and the option to speak to someone face-to-face. Not everyone can or wants to use online systems.

2. Communication and Information – Keeping people informed

- People want clear, simple information about services and what to expect.
- They want services to talk to each other, so they don't have to explain everything again and again.
- A local directory of services, which is kept up to date, would help people find the right support quickly.

3. Services working together

- People want health, social care and the voluntary sector to join up so services are better connected.
- People liked the idea of having one team to support the person and their family, instead of lots of separate services.
- Providers said we need the right funding, buildings and information sharing systems to make this happen.
- Staff said better IT systems that work together would make this possible.
- They also said mental health specialists and specialist doctors should work in local community settings, not just in hospitals.

4. Using technology - but not leaving people behind

- People see the benefits of shared records and online booking.
- Some like the idea of digital tools, including Artificial Intelligence (AI) to help with signposting and appointments.
- But many said there must always be non-digital options for those who can't or don't want to use technology.

5. Fair access for everyone

- People said access should not depend on where you live, your GP, your language or your culture.
- Services need to work for everyone, including:
 - People who are neurodivergent
 - People who are D/deaf
 - People who do not speak English as a first language
- This means offering interpreters, culturally appropriate care and tackling health inequalities.

6. Treating people as individuals

- People want to feel listened to and respected.
- They asked for services that meet their needs
- Some said they felt judged or dismissed, which put them off asking for help again.
- Carers want to be included in planning and communication, especially when needs are complex.

7. Helping people to staying well

- People want help early, not just when things go wrong.
- They asked for support in schools and communities, and more focus on their emotional wellbeing, not just medication.
- Peer support and education were seen as powerful tools for supporting people to stay well
- Staff agreed but said prevention needs proper funding and long-term planning.

8. Crisis Support – Help when things get really difficult

- People want fast, 24/7 crisis care provided in places they know and trust - like in their home or crisis cafés.
- They want alternatives to A&E, which can feel stressful and unsafe.
- Services should be better connected so people don't fall through the gaps.
- Crisis services should be autism-friendly

9. Workforce and Capacity – The people who deliver care

- People and staff said there are not enough health and care workers on the front line (staff who give care and support directly to people), which leads to long waits.
- Staff need more training in mental health, trauma and neurodiversity.
- People want to see more support for the workforce, so care is safe and consistent.

People's thoughts on the priorities

The focus groups looked at whether the areas identified made sense and whether the suggested priorities in the draft Case for Change felt relevant to those who use and deliver the services.

Most were supportive of the six priority areas, but raised useful questions about how realistic they are, and how they could be delivered with the current workforce.

1. Develop neighbourhood teams to help people stay healthy

- People like the idea of local teams. They think it helps build trust, gives better care, and means fewer hospital visits.
- But they worry there may not be enough staff. They are concerned about staff being too busy and losing expert skills.
- They said it's better to have specialist staff in the community

2. Understand local communities to prevent poor health

- Services should match the needs of different communities.
- People said we need better and more up-to-date information (data) about residents and patients to plan services properly.

- They want experts and local people to help design services using strong evidence.

3. Work together to design services that help people live well

- Prevention (stopping people from getting ill) needs more money and should include children and young people.
- People liked the idea of co-design (working with patients and residents to design services) but said it must be done properly and not just as a tick-box exercise.
- They want local voices to be heard, services to respect different cultures and good ideas to be shared across the area.

4. Make services personal and easy to use

- A single point of access would make things simpler and reduce confusion.
- People want different ways to communicate, like email or WhatsApp for people who don't speak or use phones.
- They said services should share records safely and not lose specialist care when things are centralised.

5. More services close to home

- Local clinics help people feel more comfortable and reduce hospital visits.
- People asked if services could be based on where you live, not just which GP you're with.
- They are worried about staff shortages and transport problems.
- They want fair access for everyone, without reducing services in some areas.

6. Better urgent care in the community

- Community crisis teams work well, but need clearer roles and better follow-up.
- People want urgent care outside normal hours.
- They said we need more urgent care services and better coordination to avoid hospital visits.

4. How this feedback will be used

The feedback and insights gathered throughout the process have informed the [Case for Change](#). They will continue to shape transformation priorities and delivery plans and feed directly into decision-making across the ICB and partners.

[Link for more information](#)

[Link to Full Engagement Report](#)

[Link to Easy Read Engagement Report](#)



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