



**Bedfordshire, Luton
and Milton Keynes**
Integrated Care Board

Community and Mental Health Services

**System Wide Review of Engagement and
Insights**

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1. Introduction

This report presents a comprehensive review of engagement activities and insights related to community and mental health services across Bedfordshire, Luton and Milton Keynes. It reflects the voices of residents, patients, service users, partners, and members of the workforce, gathered since the launch of the transformation programme by Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB).

The insights captured here are intended to inform the case for change and support the ongoing transformation of community and mental health services. Throughout the programme, BLMK ICB has worked collaboratively with partners across the system, hosting events and facilitating conversations to ensure a wide range of perspectives are represented.

A case for change sets out the reasons why change is needed. It brings together evidence, lived experiences, and stakeholder insights to highlight what is working well, what needs to improve, and why now is the right time to act. It does not prescribe specific solutions, but instead builds a shared understanding of the challenges and opportunities that will shape future service design.

The report is structured into three key sections:

Transformation programme engagement to date

Since the launch of the transformation programme by Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB), wide-ranging engagement has been undertaken to ensure that the voices of residents, patients, service users, partners, and the workforce are central to shaping the future of community and mental health services.

This engagement has been supported by partners across the system and delivered through a series of structured activities, events, and feedback mechanisms. The programme began with the System Insight Network (SIN) event in May and Appreciative Interviews, which identified key themes.

From June to September, the ICB hosted market engagement events with providers, focusing on transformation priorities, commissioning principles, and collaborative approaches. These sessions helped refine the emerging case for change and highlighted the importance of workforce optimisation, financial sustainability, and service integration.

A series of focus groups and surveys followed from August to September exploring and validating the themes and priorities

Each engagement activity has been documented in individual reports, and this overarching report includes summaries and links to those documents. These insights have directly informed the development of the case for change and will continue to shape the transformation of services.

Provider case studies and reports

This section of the report brings together a range of case studies and reports submitted by provider organisations across Bedfordshire, Luton and Milton Keynes. These contributions offer valuable perspectives on service delivery, innovation, and lived experience, and help to demonstrate both the strengths and challenges within the current system.

The case studies reflect a diversity of experiences; each case study is summarised within the report, with links provided to the full stories or documents.

System-wide Insight Review

The final section of the report brings together insights gathered from across the system, including engagement events, surveys, focus groups, and strategic planning sessions. Each insight source is linked within the report, and thematic summaries are provided to support further analysis and decision-making.

A list of all the reports referenced can be found in Appendix 1.

This system-wide review ensures that the transformation programme is informed by a comprehensive and representative evidence base.

2. Testing the emerging themes for the Case for Change

To support the development of the case for change, BLMK ICB began by reviewing existing insights from across the system. This included feedback gathered through engagement events, surveys, focus groups, and strategic planning sessions led by local organisations and health and care providers.

Our first engagement event, the System Insights Network Meeting was held in May 2025. This brought together residents and partners from across Bedfordshire, Luton and Milton Keynes to discuss mental health and community health services. The meeting generated a wealth of insights that helped inform the early draft of the case for change.

Over the summer, the ICB sought to sense-check its thinking and test whether the draft case for change reflected people's real experiences. With a view to understanding whether the areas identified felt relevant, and whether the proposed priorities resonated with those who use and deliver services. The aim was to ensure the draft captured the right priorities, gaps and ideas for improvement.

To do this, focus groups were held with patients, families, professionals, and community partners to ensure the draft case for change reflected the voices of those who use and deliver services. The below groups were held:

- Four market engagement events with providers, each focused on a different area of the case for change.
- Focus groups with residents, service users, carers and workforce members. These were facilitated both by providers and by our team to enable rich, open conversations.

A survey was also open to residents and other workforce members to gather broader feedback on their experiences of healthcare, similar to what was gathered at the System Insight Network meeting.

More detail and findings from the System Insights Network meeting, market engagement events, surveys and focus groups are presented in the next section of this report.

The insights gathered during this period not only confirmed that the programme was on the right track - they also provided a wealth of additional information that strengthened and enriched the case for change.

3. Insights gathered during the transformation programme

Since launching the transformation programme, BLMK ICB has led a wide-ranging engagement initiative, supported by system partners to gather insights from residents, patients, service users, staff, and stakeholders. Through structured activities including events, interviews, surveys, and focus groups, the programme has identified key themes and priorities that are shaping the case for change in community and mental health services.

3.1. System Insights Network (2025)

On 6 May 2025, BLMK ICB held its System Insight Network (SIN) meeting, bringing together residents and partners from across our area to take part in a discussion about mental health and community health services. The meeting focused on gathering insights and lived experiences from attendees to inform the Case for Change. More than 200 people attended the meetings.

The insights gathered and quotes from participants can be found in the report. The themes that came out clearly are:

- **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.

3.2. Appreciative Inquiry Interviews (2025)

To support the work of the Systems Insights Network, the ICB interviewed service users and carers who had experience of mental health and community services.

The report provides details of their experience, identified what works well, and envision improvements for the future.

The emerging themes from the interviews include:

- **Joined-up, consistent care:** Service users described the need for continuity across physical, mental health, and social care services. Fragmented care and repeated storytelling were seen as distressing and avoidable.
- **Respect and empathy:** Being treated with compassion and understanding was seen as essential. Dismissive or judgmental attitudes from professionals had a lasting negative impact on engagement and wellbeing.
- **Family-centred support:** Carers play a vital role in supporting loved ones and navigating services. Participants called for their inclusion in care planning and communication, especially in complex or crisis situations.
- **Timely and appropriate crisis care:** Participants described difficulties accessing urgent mental health support, particularly for neurodiverse individuals. There was a strong call for more responsive, tailored crisis services.
- **Flexible, needs-based services:** Rigid service models and time-limited interventions were seen as incompatible with complex needs. Participants advocated for adaptable care that doesn't penalise missed appointments or non-standard communication styles.

- **Training and awareness:** There was a clear need for improved professional understanding of autism, trauma, addiction, and mental health intersections to ensure appropriate and sensitive care.
- **Hope and co-production:** Despite frustration and fatigue, participants expressed a desire to stay involved in shaping services and called for meaningful change through co-design and lived experience leadership.

3.3. Market Engagement Events

At the end of June, the details of the Market Engagement Events (MEE) were advertised openly to all providers, following that the ICB's Director of Contracting wrote to all existing service providers on the clinical contract register inviting them to register for the MEE sessions and offering support to register where needed. The list of existing providers included GP practices, NHS trusts, independent sector and VCSE providers. The invite to the sessions was socialised [here](#) and on the [e-procurement portal](#).

Between July and October 2025, the ICB will have hosted four 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 first three market engagement events included representatives from 20 different organisations spanning across local acute NHS trusts, community NHS sector, VCSE and Independent sectors. The number of delegates attending each session varied between 25 and 29.

Each market engagement event focused on different topics.

Details of the insights gathered can be found in the [BLMK Community and Mental Health, Learning Disabilities and Neurodiversity Redesign - Market Engagement Events Report](#).

3.4. Focus group sessions

Testing the Case for Change and Transformation Priorities - Focus Groups – Summer 2025

Over the summer, BLMK ICB wanted to sense-check its thinking and test whether the draft case for change reflected people's real experiences. With the aim to understand whether the areas identified felt relevant and whether the proposed priorities resonated with those who use and deliver services.

Overview of the themes that came out of the focus groups discussions:

Access to Services - People said services are hard to navigate, especially for older adults, neurodivergent individuals, and carers. Staff described fragmented systems, unclear referrals, and workforce shortages. Both groups called for clearer contact points, more personalised care, and better access for all.

Crisis Support - Crisis services were seen as difficult to reach and often unavailable outside normal hours. Residents felt forced to use A&E, while staff described overstretched teams and

long waits. There was strong support for more autism-friendly crisis care, better coordination and trusted professionals.

Prevention and Early Help - There was a clear call for support that focuses on emotional wellbeing, not just medication. People value peer support and early help in schools and communities. Staff agreed but said prevention is underfunded and often reactive. More training and long-term investment were recommended.

Integrated Working - Both residents and staff want services to work better together. Gaps between health, social care, and community support mean people often fall through the cracks. VCSE partners were seen as vital, but under-supported. Staff called for better data sharing, stronger partnerships and joined-up care.

What's Missing - Urgent care is hard to access, and support for neurodivergent people and carers is inconsistent. There's too much reliance on digital tools and not enough face-to-face options. Staff also highlighted transport barriers, digital exclusion and the need to support people with long-term conditions.

Feedback on the Emerging Priorities:

There was strong support for the six emerging priorities, but people raised important points about feasibility, workforce capacity, and the need for clear planning.

Neighbourhood Teams: People want more local services and continuity. Staff support the idea but raised concerns about staffing and sustainability.

Understanding Local Needs: Services must reflect real lives. Both groups called for better data and more involvement from communities and specialists.

Prevention and Living Well: Co-design is essential, but must be properly funded. Prevention should be accessible, inclusive, and embedded in everyday care.

Personalised Care and Access: People want care that reflects their goals. Staff called for inclusive communication and better IT systems to support integration.

Access Close to Home: Services should be embedded in local communities and neighbourhoods, not just town centres. Staff raised concerns about transport and cross-border inequalities.

Urgent Care in the Community: People want urgent care beyond standard hours. Staff agreed, but stressed the need for clearer pathways and more capacity.

3.5. Survey

Community and Mental Health Services – Survey Report- Summer 2025

Between August and September 2025, BLMK ICB ran a survey to hear from residents, service users, carers and staff about their experiences with Community and Mental Health Services. The survey asked about what's working, what needs to improve, and views on the proposed transformation priorities.

Overview of the main themes from participants responses:

Community Health Services - People said they want services to be easier to access and closer to home. Parking, face-to-face appointments, and non-digital ways to find information were important. There were concerns about health inequalities - especially for autistic individuals, the D/deaf community and non-English speakers.

Joined-up services with better communication between provider and a single point of contact were seen as ways to reduce confusion. People also called for more funding for hospice care and urgent community response teams, including same-day clinics to reduce A&E visits. A holistic approach to care was strongly supported, with more focus on prevention, early education, and support for carers and families.

Mental Health Services - Feedback highlighted the need for better integration between mental health, physical health, and social care. People want safe spaces to access support, especially in the evenings and more crisis care for both adults and young people. There were calls for joined-up systems to avoid repeating information and to track progress over time. Peer support and community involvement were seen as key to making services more accessible.

Challenges included long waits, limited therapy options, and a reliance on Cognitive behaviour Therapies (CBT). People asked for better training for professionals in mental health and neurodivergence.

Transformation Priorities - There was strong support for the six proposed priorities, but people stressed the need for clear planning, realistic goals, and proper funding.

Additional comments included:

- **Palliative Care:** Calls for sustainable funding for hospices and fair access across BLMK.
- **Workforce:** Urgent need for more frontline staff and better training to reduce burnout and improve care.
- **Access and Waiting Times:** Difficulty getting GP appointments and long waits for treatment. Suggestions included local hubs and mobile services.
- **Support for Older and Isolated People:** Need for regular check-ins and safeguarding for those living alone.
- **Mental Health (especially for children and neurodiverse people):** Services seen as fragmented and underfunded. People want smoother transitions, better crisis support, and more understanding of conditions like Autism and Obsessive-Compulsive Disorder (OCD).
- **Communication and Coordination:** Services must be better joined-up, with clear, plain-language communication and co-production with patients and families.

3.6. Clinical Senate and Clinical Reference Group

Between June and August 2025 the ICB engaged with the BLMK Clinical Senate (70+ clinicians) and the CMHST Clinical Reference Group, which comprises (30+ attendees from a range of community health, secondary care and mental health providers). Through this engagement the groups had the opportunity to hear the key findings at the time and explore key questions linked to the national 3 shifts, in particular the emphasis on the shift from hospital to community.

A survey was shared with the senate members and was open between June and August 2025.

Responses were collated and summarised as follows:

Respondents highlighted opportunities to build on proven approaches such as use of self-service patient apps and group consultations to support primary and secondary prevention. There was also a theme of the role of early intervention of young people in schools. To enable a safe and sustainable shift, members emphasised the importance of long-term investment in workforce, estates and training, robust use of data to evidence impact, and building trust in a broader mind, body and social model of care rather than the traditional medical models we currently operate in.

Themes

Demand

- Recognition of the challenges of delivering services on the backdrop of rising demand from population growth but also increasing incidence of Long-Term conditions.

Integration opportunities

- Prioritise digital solutions as an enabler for integrated working
- Closer working between health and social care to support care co-ordination
- Focus on end-of-life care and care home residents to support the reduction of avoidable hospital admissions

Self-care and prevention

- Support people to live well.
- Position **prevention and self-management** as a core programme priority.

4. Previous Insights

Provider and VCSE organisations across BLMK have shared case studies and reports that offer valuable insights into service delivery, innovation, and lived experience. These contributions highlight recurring themes such as co-production, person-centred care, workforce challenges, and opportunities for integrated support.

The table below lists the reports referenced within this engagement report. As part of this work, insights from existing reports have been reviewed and drawn together to build upon the valuable engagement that has already taken place—rather than duplicate work. This approach helps us to better understand the breadth of lived experience and community perspectives already captured across the system.

Where available, the number of individuals directly engaged is included. However, many of the reports also draw on insights gathered through a variety of methods, including interviews, facilitated discussions, and other forms of engagement with representatives from a wide range of organisations. These include voluntary, community and social enterprise (VCSE) groups and other specialist services. Please note that these additional insights, while invaluable in shaping the findings, are not reflected in the engagement numbers shown.

The reports have been produced independently, and Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) has not verified the accuracy of their content. These materials are being shared to reflect what has been reported by others and to support transparency, learning and collaboration. It is also important to acknowledge that some reports may present differing or even conflicting perspectives - for example, one may highlight a positive experience with a particular service, while another may raise concerns or describe barriers to access. These differences reflect the diversity of lived experience across our communities and reinforce the importance of listening to a wide range of voices when shaping future services.

Report	Author / Facilitator	Number engaged / interviewed
System Insights Network (2025)	BLMK ICB	200
Appreciative Inquiry Interviews (2025)	BLMK ICB	9
Focus Groups	BLMK ICB	370
Clinical Senate and Clinical Reference Group	BLMK ICB	98
Transforming Mental Health and Community Health Services Survey	BLMK ICB	486
Case study video - Kath's story - pulmonary rehabilitation	Cambridgeshire Community Health Services	1
Case study video - Caroline's story - Bedfordshire Neuro rehab	Cambridgeshire Community Health Services	1
Case study video - Ty's story by Michelle - (Luton Community Matrons)	Cambridgeshire Community Health Services	1
Case study video - Morgan's story - (Bedfordshire Neuro rehab - Acquired Brain Injury)	Cambridgeshire Community Health Services	1
Case study video - Caroline's story (Luton Community Tissue Viability Nurses)	Cambridgeshire Community Health Services	1
Admission avoidance case studies – Healthwatch Milton Keynes	Healthwatch Milton Keynes	2
Cambridgeshire Community Services – Quality Account (2024-2025)	Cambridgeshire Community Health Services	Not specified

Report	Author / Facilitator	Number engaged / interviewed
Cambridgeshire Community Services – Our Story, Our People (Annual report 2023/2024)	Cambridgeshire Community Health Services	Not specified
Patient feedback relating to Community Health Services (September 2024 to July 2025)	Healthwatch Milton Keynes	Not specified – over 100 comments
Autism Bedfordshire videos	Autism Bedfordshire	Not specified
Case studies from CNWL – Services in BLMK	Central and North West London Foundation Trust	Not specified
10 Years of Providing Care & Support in Bedford Borough, Central Bedfordshire & Luton – East London Foundation Trust (2025)	East London Foundation Trust	Not specified
Developing a 10 Year Plan for England – discussions on mental health and well-being (2024-2025)	Mental Health and Learning Disability Alliance	106
Beyond Capacity: The Systemic Impact of Delayed Mental Health Discharges (May 2025)	Healthwatch Central Bedfordshire	26
Insights from Local Maternity System (2024/2025)	BLMK ICB / Local Maternity Neonatal System	12 comments
A review of Mental Health wards in Luton – Ash Ward review	Healthwatch Luton	5 (3 residents + 2 staff)
A review of Mental Health wards in Luton – Crystal Ward review	Healthwatch Luton	4 (2 residents + 2 staff)
A review of Mental Health wards in Luton – Onyx Ward review	Healthwatch Luton	4 (2 residents + 2 staff)
A review of Mental Health wards in Luton – Coral Ward review	Healthwatch Luton	8 (3 residents + 5 staff)
A review of Mental Health wards in Luton – Evergreen Ward review	Healthwatch Luton	2 (1 resident + 1 staff)
A review of Mental Health wards in Luton – Jade Ward review	Healthwatch Luton	Not specified
A review of Mental Health wards in Luton – Willow Ward review	Healthwatch Luton	5 (3 residents and 2 staff)
Mental Health, Learning Disability and Autism Summit - Reflecting on mental health and well-being developments over the last 5 years across (May 2024)	Mental Health and Learning Disability Alliance	150
Insights gathered regarding MK Recovery College (2024)	Healthwatch Milton Keynes	Not specified – 19 comments
YMCA MK The Denny Review – Health Inequalities Report	YMCA Milton Keynes	47
Modernising inpatient mental health (2021)	East London Foundation Trust	273
Mental Health Forum – Healthwatch Bedford Borough (2021)	Healthwatch Bedford Borough	100
It's all about perspective – An in depth look at mental health services available in Luton and understanding the experiences of those who used mental health services in Luton (2020)	Healthwatch Luton	250
Healthwatch Central Bedfordshire Youth-Led Research and Mental Health Education for Children and Young People (March 2025)	Healthwatch Central Bedfordshire	Not specified

Report	Author / Facilitator	Number engaged / interviewed
Young Healthwatch Central Bedfordshire video – Neurodiversity and mental health	Healthwatch Central Bedfordshire	Not specified
Review of promised actions and parent carer experience (2022 – 2025)	Healthwatch Milton Keynes	Not specified
15 Steps online Review – Healthwatch Central Bedfordshire (April 2021)	Healthwatch Central Bedfordshire	Review of 12 websites
I am different not less – Experience of CAMHS and Mental Health Support for children and young people with Special Educational Needs and Disabilities (SEND) in Milton Keynes (Feb 2022)	Healthwatch Milton Keynes and Parents and Carers Alliance Milton Keynes (PACA MK)	Not specified
Case Study: Hands that Speak. Exploring the lived experiences of Deaf people	Healthwatch Luton	1
Community Musculoskeletal (MSK) Resident engagement BLMK ICB (June 2024)*	BLMK ICB	250
Same-day and urgent access to primary care – BLMK ICB (2024)	BLMK ICB	210
The Big Conversation - BLMK ICB (2023)	BLMK ICB	450
Joint Forward Plan - Victims of abuse - BLMK ICB (2023)	BLMK ICB	50
Talk, Listen, Change - engaging in a dialogue with the Luton Roma community on access to healthcare services and co-producing solutions (April 2024)	Luton Roma Trust, University of Bedfordshire, Institute for Health Research	64
The Denny Review – Health Inequalities Report (2023)	YMCA Milton Keynes	47
Developing health and care services for Bletchley: your views Healthwatch Milton Keynes (October 2023)	Healthwatch Milton Keynes	220
Enter and View visits in Milton Keynes (April 2024 to July 2025)	Healthwatch Milton Keynes	Not specified
Your Voice Counts - St Thomas Gypsy and Traveller Community (2024)	Healthwatch Luton	12
Hidden Voices – Understanding Health Inequalities in Bedford Borough 2022/2023	Healthwatch Bedford Borough	19
The Denny Review – Healthwatch Central Bedfordshire (December 2022)	Healthwatch Central Bedfordshire, The Disability Resource Centre and Community Dental Resources	1,298
Research Project for the Denny Review Final Report (December 2022)	Community Action MK	Not specified
Voice of LGBTQIA+ Luton Residents January 2023	Healthwatch Luton, Penrose, Pride in Luton and individuals	50
Inequalities in Milton Keynes (February 2023)	Healthwatch Milton Keynes	295
Seen and Heard – a strong voice for local people (December 2021)	Healthwatch Central Bedfordshire and Healthwatch Bedford Borough	10

4.1. Community health services

1. Case studies

1. [Kath's story](#) - pulmonary rehabilitation

A video produced by Cambridgeshire Community Health Services – [Link to video](#)

The video shares the story of Kath, a former safeguarding and education lead who faced a dramatic health decline following repeated chest infections and a suspected COVID-19 diagnosis. Her journey includes a referral to pulmonary rehabilitation services in Luton, which she credits with giving her the knowledge and physical resilience to survive a later episode of respiratory failure. The video details her experience of being placed on the urgent transplant list and ultimately receiving a life-saving lung transplant. Key highlights include her reflections on the importance of understanding her condition, becoming an active participant in her care, and the role of determination in her recovery.

2. [Caroline's story](#) - Bedfordshire Neuro rehab

A video produced by Cambridgeshire Community Health Services – [Link to video](#)

The video shares the story of Caroline from Bedford who experienced life-altering health complications during the first COVID-19 lockdown in 2020. Following a severe bout of pneumonia and sepsis, she underwent multiple surgeries, including the amputation of her legs and wrists. The video highlights her journey of recovery and adaptation, focusing on how assistive technology, such as voice-controlled devices, environmental controls, and a stylus, has empowered her to regain independence at home. With support from professionals, she explored and tested various tools, ultimately finding solutions that worked for her and could benefit others. Her reflections offer a thoughtful perspective on adapting to change and the importance of collaborative care.

3. [Ty's story by Michelle](#) - (Luton Community Matrons)

A video produced by Cambridgeshire Community Health Services – [Link to video](#)

The video shares Michelle's experience supporting her father, Ty, through a period of cognitive and physical decline. Ty began showing signs of memory loss and reduced self-care following the loss of his wife. The video traces Michelle's efforts to manage his care, including hospital stays, social services involvement, and the challenges of coordinating support. A turning point came when a community matron offered not only practical help but also empathy and understanding, her intervention led to a much-needed respite placement, where Ty was assessed as lacking capacity and ultimately transitioned to a safer, more supportive living arrangement. The video highlights the importance of timely, compassionate care and how professional insight can transform not just the patient's wellbeing but also the lives of their family.

4. [Morgan's story](#) - (Bedfordshire Neuro rehab - Acquired Brain Injury)

A video produced by Cambridgeshire Community Health Services – [Link to video](#)

The video shares Morgan's personal journey through mental and physical trauma, recovery, and ongoing adjustment. In early 2020, Morgan experienced depression following bereavement, retirement, and a cancer diagnosis, compounded by the sudden halt of treatment due to the COVID-19 lockdown. Struggling to cope, he attempted suicide and sustained multiple life-changing injuries, including the loss of his left leg and serious damage to his limbs, chest, and brain. After seven months in hospital, Morgan was referred to the Acute Brain Injury Service, where professionals supported his transition home and helped him understand the cognitive and emotional effects of his injuries. Their involvement enabled Morgan to regain independence and engage more actively in his recovery. He reflects on the challenges of guilt and grief, and the slow process of accepting his new reality - emphasising the importance of compassionate care, clear communication, and the role of family in navigating life after trauma.

5. Caroline's story (Luton Community Tissue Viability Nurses)

A video produced by Cambridgeshire Community Health Services – [Link to video](#)

The video shares Caroline's experience of living with severe leg swelling and ulceration, which escalated following a diagnosis of cellulitis and a pulmonary embolism in late 2021. After repeated unsuccessful treatments with antibiotics, she was referred to the Luton Community Tissue Viability Nurses. The team provided immediate reassurance and carried out tests that confirmed lymphoedema. Caroline began a course of compression bandaging, attending twice weekly appointments, which led to dramatic reductions in swelling and fluid retention. The video highlights the impact of specialist care and how timely intervention helped Caroline regain confidence, independence, and even enjoy her son's wedding in proper shoes for the first time in years.

6. Admission avoidance case studies – Healthwatch Milton Keynes

The case studies highlight the lived experiences of two older people from Milton Keynes who were admitted to hospital following falls at home. Their stories illustrate how everyday challenges such as feeling unsteady, living alone, or not knowing what support is available, can lead to hospital admissions that might be preventable with the right help in place.

- **Opportunities to strengthen preventative care and follow-up:** Both individuals experienced falls without receiving timely assessments or therapy, and were not aware of community support services that might have helped earlier.
- **Limited awareness of available support:** Services such as falls therapy, community alarms, and discharge planning were not clearly communicated, leaving patients and families unsure of what was available.
- **Role of informal care networks:** Family members and neighbours played a vital role in supporting both individuals, often stepping in where formal care had not yet been arranged.
- **Room to enhance discharge planning and communication:** In both cases, patients were unclear about their discharge plans and next steps, and had not been introduced to relevant support services.
- **Value of early intervention:** These examples suggest that proactive engagement—such as health coaching, community alarms, and social prescribing—could help

reduce the risk of avoidable hospital admissions and support people to stay safe and well at home.

2. Reports and Insights

1. Cambridgeshire Community Services – Quality Account (2024-2025)

The report provides an overview of the quality of services delivered. Highlights relating to patient and public activities in Bedfordshire and Luton during 2024/2025 include:

- SEND Health Focus Week, delivered in partnership with local parent carer forums and CAMHS, which hosted ten online events attended by over 500 participants
- the co-production team working with the health inclusion team to improve healthcare access for the Gypsy, Roma and Traveller community, leading to increased immunisation uptake and better access to 0–19 services.
- the respiratory team (adult services) co-producing printable self-help tools for patients with lung conditions
- specialist palliative care team collaborated with bereaved families to create a practical resource tailored to the Luton area.
- A 'You said, we did section' highlighting improvements across services in response to feedback received

2. Cambridgeshire Community Services – Our Story, Our People (Annual report 2023/2024)

The report, produced by Cambridgeshire Community Health Services, provides an overview of the quality of services delivered. Highlights relating to patient and public activities in Bedfordshire and Luton during 2023/2024 include:

- 30,540 people gave feedback in Friends and Family Test, with 96% rating services as “very good” or “good”
- In adult services, feedback led to extended blood test booking hours, clearer communication in diabetes education, and improved understanding of fire service referrals in the falls pathway
- In children’s services, updates were made to autism assessment information, referral guidance, clinic environments, and communication materials. Speech and language access and nutrition support were also improved
- A co-produced SEND Health Focus Week with CAMHS and parent carer forums, attended by over 380 people
- The development of a new falls prevention pathway and health literacy sessions for women in refuge settings, covering lung health, diabetes, and diet

3. Patient feedback relating to Community Health Services (September 2024 to July 2025)

This summary is based on patient feedback collected by Healthwatch Milton Keynes, focusing on discharge experiences across two distinct care pathways.

Pathway 1: Short-Term Reablement and Support - includes patients discharged from hospital with short-term reablement or care support, typically involving coordination between hospital teams, social care, and community services.

Sentiment Breakdown:

- Positive: **27%**
- Neutral: **17%**
- Negative: **56%**

Positive Themes

- **Supportive Staff:** Praise for individual nurses, carers, and social workers who showed compassion and professionalism.
- **Effective Home Care:** Appreciation for carers who were punctual, respectful, and attentive, with some patients noting successful therapy and equipment provision.
- **Hospital Experience:** A few patients described their hospital stay as excellent and expressed gratitude for the support received.

Neutral Themes

- **Mixed Experiences:** Patients noted good care in some areas but highlighted issues such as timing, communication, and coordination.
- **Care Transitions:** Feedback included logistical challenges like equipment delays, unclear funding arrangements, and confusion over responsibilities.

Negative Themes

- **Communication Failures:** Patients and families often felt uninformed about discharge plans, medication changes, and care arrangements.
- **Discharge Delays:** Long waits in discharge lounges, last-minute changes, and lack of transport or equipment were common.
- **Post-Discharge Gaps:** Reports of unreliable carers, delayed equipment, and lack of follow-up support.
- **Unsafe Discharges:** Several patients were readmitted shortly after discharge due to falls or deterioration.
- **Staff Conduct:** Some patients described staff as indifferent or dismissive, with examples of shouting, sleeping on duty, or failing to assist with basic needs.

Pathway 2: Longer-Term Care and Placements - includes patients discharged into longer-term care settings or placements, such as care homes or supported housing.

Sentiment Breakdown:

- Positive: **44%**
- Neutral: **47%**
- Negative: **9%**

Positive Themes

- **Kind and Compassionate Staff:** Many patients and families praised staff for their support and professionalism.
- **Smooth Transitions:** Several patients reported well-managed discharges and effective care arrangements.
- **Clear Communication:** Some families felt well-informed and involved in decision-making.

Neutral Themes

- **Administrative Challenges:** Feedback included logistical issues like equipment delays and unclear discharge timing.
- **Suggestions for Improvement:** Patients recommended clearer communication and more involvement in planning.

Negative Themes

- **Isolated Incidents:** A small number of patients reported poor communication or rushed discharges, but these were far less frequent than in Pathway 1.

4.2. Mental health services

1. Case studies

1. Case studies from CNWL – Services in BLMK

The document includes case studies and direct quotes from patients and families that highlight the impact of CNWL services on individuals' lives, including:

- **Mary's Story:** Mary overcame severe prenatal and postnatal mental health challenges with support from CNWL's Perinatal Mental Health team and the MK Maternity Trauma and Loss Care service. She is now a certified coach and a passionate advocate for maternal wellbeing.
- **Employment Service Impact:** One individual, following a psychotic episode, successfully found and maintained employment with the help of CNWL's Individual Placement and Support (IPS) employment service—regaining control over their mental health and stability.

2. Videos from Autism Bedfordshire

1. Video - [Accessing Services - Autistic Insights for Better Healthcare](#)
This short video shares personal reflections on the challenges autistic individuals face when accessing healthcare, especially during times of crisis. It highlights the importance of clear communication, tailored support, and reassurance. It demonstrates how small changes like reviewing patient notes, offering flexible appointment options, and avoiding repeated questioning can make a big difference in building trust and improving care experiences.
2. Video - [Crisis Care Compared to Preventative Care](#)
This video shares lived experiences of navigating crisis situations. It reports that the best care received was when the person was in crisis and highlights the need for early intervention to prevent escalation, and the importance of understanding conditions like burnout. It demonstrates how reassurance, tailored support, and informed professionals can make a meaningful difference to helping people feel safe, heard, and in control during vulnerable moments.
3. Video - [Barriers to Healthcare for Autistic People](#)
This video explores how better support can help autistic young people avoid unnecessary hospital admissions. It highlights the importance of listening to individual needs, offering preferred therapies, and reducing stress caused by delays, unpredictability, and staff changes.
4. Video - [Cancellations](#)
This video highlights the stress and anxiety caused by last-minute appointment cancellations, especially for autistic individuals who invest significant effort in preparing for healthcare visits. It demonstrates how inconsistent service and lack of continuity in mental health support can discourage engagement and worsen wellbeing.
5. Video - [Frustrations](#)
This video shares a parent's experience supporting a nonverbal autistic adult through healthcare appointments. It highlights the challenges of carers being recognised as representatives, the stress caused by repeated explanations to different GPs, and the

difficulty of scheduling appointments around care facility staffing. It demonstrates the need for better communication, continuity, and coordination to ensure accessible and respectful care.

6. Video - [Awareness of Autism](#)

This video highlights the importance of autism awareness in healthcare settings. It shows how a lack of understanding can lead to miscommunication, anxiety, and barriers to care especially for autistic individuals. It demonstrates how simple adjustments, like consistent care, recognising patient needs, and offering quieter appointment times, can greatly improve the healthcare experience for people who are autistic.

7. Video - [Feeling heard](#)

This video explores how autistic individuals experience communication with healthcare professionals. It highlights the impact of not being listened to, missed appointments, and lack of clear explanations, leading to feelings of being unimportant. It demonstrates how honest, respectful communication and active listening can help build trust, reduce anxiety and improve future engagement with services.

8. [Mental Health & Autism](#)

This video shares a personal account of the challenges faced when accessing mental health and social care as an autistic individual. It highlights how misunderstandings around autism can lead to inappropriate treatment and delays in support. It demonstrates the need for joined-up services, accurate assessments, and respectful communication to ensure people receive the right care at the right time. The individual also reflects on the frustration of having their autism diagnosis overshadow other mental health needs.

2. Reports and insights

1. [10 Years of Providing Care & Support in Bedford Borough, Central Bedfordshire & Luton – East London Foundation Trust \(2025\)](#)

The report produced by East London NHS Foundation Trust (ELFT) commemorates a decade of delivering mental health and community health services across Bedford Borough, Central Bedfordshire, and Luton. It highlights the Trust's achievements in improving care quality, access, and outcomes through co-production, people participation, and collaborative partnerships. The report showcases personal stories from service users, carers, and staff.

The report highlights how ELFT has embedded People Participation (PP) as a cornerstone of its approach, involving over 1,000 service users in meaningful roles such as medical education, befriending, interview panels, accreditation programmes, and quality improvement initiatives. It showcases how carers are actively engaged, particularly in services like Early Intervention in Psychosis (EIS), where support is extended to the entire family unit.

2. [Developing a 10 Year Plan for England – discussions on mental health and well-being \(2024-2025\)](#)

As part of the work to develop the Government's 10 Year Health Plan, BLMK carried out 'workshop in a box' sessions with a focus on mental health and well-being. The sessions focussed on mental health improvements/developments for children and young people,

adults and older adults (Including dementia). 7 sessions took place between November 2024 and February 2025 with 106 people attending the sessions.

Emerging themes from discussions:

Mental Health Service Transformation

- Holistic and trauma-informed care: Emphasis on treating the whole person, integrating physical and mental health, and shifting from diagnosis-based models to trauma-informed approaches
- Improved transitions: Strong calls for smoother transitions between children's and adult services
- Equity and accessibility: Desire for an equitable offer across BLMK, with reduced waiting times and better support for underserved groups

Community-Based and Integrated Care

- Shift from hospitals to communities: Support for more care delivered in community settings, including virtual wards, diagnostic centres, and crisis houses
- Assertive outreach and VCSE partnerships: Calls for increased investment in VCSE organisations, community-based outreach services, and neighbourhood-level support
- Culturally responsive services: Need for services that reflect local demographics and cultural diversity, including translation services and specialist accommodation

Technology and Digital Inclusion

- Unified IT Systems: Strong support for a single IT system to improve continuity of care and reduce administrative
- Assistive and accessible Tech: Interest in assistive technologies (e.g., Alexa, digital reminders), online prescriptions, and remote monitoring
- Digital exclusion Concerns: Recognition of barriers such as digital poverty, neurodiversity, and rural connectivity issues

Crisis and Emergency Response

- Ambulance triage Innovations: Positive feedback on mental health ambulance vehicles, paramedic access to patient notes, and trauma-informed approaches
- Concerns about safety and isolation: Worries about safeguarding, loneliness, and pressure on carers in virtual care models

Prevention and Early Intervention

- A layered approach to prevention – primary prevention tackling the root causes like poverty and housing; secondary prevention targeting people at high risk and crisis recovery and relapse prevention strategies
- Community and school-based initiatives: Support for mental health education in schools, community gardens, and recovery colleges

- Workplace wellbeing: Emphasis on preventing staff burnout and improving mental health support in the workplace

3. Beyond Capacity: The Systemic Impact of Delayed Mental Health Discharges (May 2025)

In March 2025, Healthwatch Central Bedfordshire undertook focused visits to both Bedford Hospital and Luton & Dunstable University Hospital. The aim was to understand the impact of extended hospital stays for mental health patients and gather firsthand perspectives from frontline clinical staff across relevant departments

The report highlighted that mental health patients were frequently admitted to acute hospital wards due to a lack of psychiatric beds and delays in assessment. Many remain in hospital for extended periods despite being medically fit for discharge, often in environments that worsen their condition.

It found that the emotional and clinical impact on patients was significant. Prolonged stays lead to deterioration, distress, and a loss of trust in the system. Families also experienced emotional strain and stigma, often feeling unsupported during visits.

Hospital staff reported high levels of stress, burnout, and physical risk. Many reported trauma, fear, and incidents of violence, compounded by a lack of training and support in managing mental health crises.

Other patients on general wards were affected by the presence of distressed individuals, with disrupted recovery, anxiety, and even physical harm. Some chose to discharge themselves early due to the hostile environment.

The report highlights that services need to improve integration between physical and mental health care, strengthen information sharing, and enhance community support. These changes are needed to reduce repeat admissions and support more timely recovery.

Summary of key recommendations included in the report:

- **Expand psychiatric bed capacity** and create dedicated mental health beds in acute hospitals to reduce delays and inappropriate placements.
- **Improve patient flow** with clearer protocols for timely assessments and transfers.
- **Strengthen coordination** between mental and physical health services, including better integration of health records.
- **Provide staff training** in managing mental health crises and ensure access to psychological support and supervision.
- **Enhance continuity of care** by assigning consistent staff and improving handovers.
- **Address social barriers** to discharge, such as support for the homeless and housing and care packages, through closer collaboration with social services.
- **Reduce disruption to other patients** by managing ward environments and staffing levels.
- **Support families** with clear communication, counselling, and efforts to reduce stigma.

4. Insights from Local Maternity System (2024/2025)

In July 2025, the Local Maternity System provided feedback and insights regarding perinatal mental health services. They reported:

Service users shared mixed experiences with perinatal mental health support. While some felt well-supported, others highlighted gaps and inconsistencies in care.

Screening and Early Intervention: One service user experienced prolonged "baby blues" and felt earlier support could have been offered if postnatal checks used the same mental health screening questions as antenatal appointments (e.g. Whooley questions).

Access and Continuity of Care:

- Challenges accessing mental health services post-birth, especially across county borders (e.g. giving birth in Hertfordshire but living in Bedfordshire).
- Long wait times for talking therapies and inconsistent mental health support on postnatal wards.
- Postnatal community visits by midwives and health visitors did include mental health check-ins.

Perceived Prioritisation:

- Mental health was often not seen as a priority, with some service users reporting that the care they received negatively impacted their mental wellbeing.
- One user reported being threatened with a mental health referral if they declined induction.

Positive Experiences:

- Milton Keynes service users reported regular mental health check-ins during the antenatal period.
- The Maternity Trauma and Loss Care Service (MTLC) and Perinatal Mental Health services received strong praise for their support.
- Sleep packs provided by the mental health midwife (funded by the hospital charity) were described as "brilliant" and made a noticeable difference.

Information and Education:

- Mental health was minimally covered in antenatal education - often limited to brief mentions of "baby blues."
- Signposting to mental health support was not consistently discussed.

5. **Enter and View Programme 2024 – Mental Health Services; A review of Mental Health wards in Luton – Healthwatch Luton**

- [A review of Mental Health wards in Luton – Ash Ward review](#)
- [A review of Mental Health wards in Luton – Crystal Ward review](#)

- [A review of Mental Health wards in Luton – Onyx Ward review](#)
- [A review of Mental Health wards in Luton – Coral Ward review](#)
- [A review of Mental Health wards in Luton – Evergreen Ward review](#)
- [A review of Mental Health wards in Luton – Jade Ward review](#)
- [A review of Mental Health wards in Luton – Willow Ward review](#)

Between November and December 2024, Healthwatch Luton visited seven mental health wards in Luton: Jade Ward, Willow Ward, Evergreen Ward, Coral Ward, Onyx Ward, Ash Ward, and Crystal Ward. These visits were part of Healthwatch’s statutory Enter and View programme, aimed at observing care environments, speaking with patients and staff, and identifying areas of good practice and improvement.

Key themes and findings reported by Healthwatch Luton:

- **Staffing and Team Dynamics:** Staffing levels varied across wards. Most had a stable core team, with additional support provided when needed. Some wards, such as Onyx Ward and Crystal Ward, experienced challenges due to reliance on bank staff and unpredictable shift patterns. Staff morale was generally high, with teams described as cohesive and supportive, particularly in Ash Ward and Willow Ward
- **Admissions and Care Planning:** There was inconsistency in the admissions process. While staff believed admissions packs were routinely provided, many patients across multiple wards did not recall receiving them, indicating a communication gap. Care plans were not always clearly discussed or documented for patients, although staff reported regular reviews and adherence to standard care protocols.
- **Discharge Procedures:** Discharge planning was well-structured in Willow Ward and Ash Ward, where patients received discharge packs and follow-up information. In other wards, patients were unclear about their discharge timelines or next steps, with feedback included expressing concerns about housing and ongoing support.
- **Activities and Engagement:** Activity provision was strong in wards like Evergreen Ward and Willow Ward, offering creative and therapeutic options such as baking, sketching, and gym sessions.
- **Environment and Accessibility:** Most wards were described as clean, light, and welcoming, with good accessibility features. However, Crystal Ward was reported as having notable hygiene issues, including unclean toilets and shower areas, and lacked basic supplies like soap and tissues. Multilingual support and signage were limited across several wards.
- **Safety and Wellbeing:** Safety perceptions varied. Many patients felt secure, especially in Willow Ward and Ash Ward, where staff followed clear protocols for managing incidents. In other wards, such as Crystal Ward and Jade Ward, some patients expressed anxiety and discomfort, citing incidents or lack of staff responsiveness.

- **Dining and Basic Needs:** Food quality was generally acceptable, with some wards offering varied meals. However, dietary needs and meal choices were not always met. Patients in Crystal Ward and Jade Ward reported missed meals and limited access to culturally appropriate food and hygiene products

6. Mental Health, Learning Disability and Autism Summit - Reflecting on mental health and well-being developments over the last 5 years across (May 2024)

A summit was held on 22nd of May 2024; Over 150 system partners gathered to reflect on the progress achieved in mental health care across Bedfordshire, Luton and Milton Keynes over the last five years. The theme was to reflect on progress and consider what changes are needed to provide care that continues to meet the needs of the area's communities and increased demand for care. The Event was co-produced with service users across BLMK

The themes are shown below:

“The aim is to experience high quality care and support wherever you are in Bedfordshire, Luton and Milton Keynes through collaboration between lived experience experts and staff.”

Improved communication

- Organisations improve how they communicate about available services. Stop information is current, accurate and easy to understand. Local residents will know what services are available and it is clear how these can be accessed when needed.
- There are BLMK standards and expectations in the way services, teams and individual staff communicate with people who are accessing or using MHLDA services. Communication is appropriate, respectful and considered.
- Improve process is between organisations, services, teams and staff so they communicate appropriately with each other to deliver the best care and support.

Access to care and support is appropriate and timely

- People can access services when they need it. This includes timely intervention which can help prevent and provide support during a mental health crisis.
- The experiences of those waiting for the services are improved. If people are required to wait, they are informed and supported throughout the process.

Care is more informed, consistent, connected, and seamless

- That is better interaction between teams, services and organisations to ensure continuity of care. If this is disrupted, appropriate measures are put in place and are communicated to people receiving this care.
- There is greater understanding of relevant conditions such as Autism and Addictions and available resources to appropriately meet a person's need.

There is better access to key resources and services which empower service users

- People signposted and supported to navigate the full range of health quality resources available both within the Trusts and within the community. They have

easy access to a wide range of supportive resources, such as the Recovery College; peer support and community resources.

Care is person centred and tailored around the individual and not the condition
Nothing about me without me.

- Services meaningfully include, involve, empower and engage people in their care and support. People are asked the question ‘who and what is important to you?’
- Both the physical and virtual space in which support is provided should be considered and tailored to meet the needs of the individual.

7. Insights gathered regarding MK Recovery College (2024)

Healthwatch Milton Keynes provided feedback from service users regarding MK Recovery College.

Service users described the Recovery College an important resource that contributed to their personal development, mental health recovery, and opportunities for social connection.

Themes from the feedback included in report:

- **Empowerment and Achievement:** Participants valued being treated as adults, choosing their own courses, and gaining a sense of purpose and achievement.
- **Peer Support and Belonging:** The group setting fostered non-judgmental relationships and reduced feelings of isolation. Many felt connected and supported by others with lived experience.
- **Safe and Respectful Environment:** Staff created a welcoming atmosphere, and clear boundaries in conversations helped maintain emotional safety.
- **Positive Impact on Recovery:** The Recovery College helped individuals avoid crisis services, re-engage with daily life, and in some cases, return to work or education.
- **Concerns About Closure:** The potential loss of the service raised fears of regression, isolation, and loss of essential support. Service users expressed frustration over funding decisions and called for funders to witness the impact firsthand.
- **Advocacy and Value:** Participants highlighted the Recovery College’s unique role in mental health support and urged its preservation, describing it as irreplaceable and essential.

8. YMCA MK The Denny Review – Health Inequalities Report

This report presents findings from engagement with 47 young residents (aged 18–35) living at YMCA Milton Keynes, the largest provider of supported housing for young people in the area. Many of the residents experienced homelessness, trauma, mental health challenges, and social exclusion. The engagement was led by YMCA Milton Keynes in collaboration with the University of Northampton.

Using informal interviews and group discussions, the report captures lived experiences across a range of topics, with a particular focus on mental health services and access to care. Key themes include:

Access and Availability

- Long waiting times for therapy, assessments, and diagnosis - sometimes up to two years.
- Crisis support often only available after a suicide attempt or severe deterioration, with little proactive or preventative care.

Quality of Support

- Services frequently described as dismissive, judgmental, or lacking empathy.
- Participants reported feeling unheard, misdiagnosed, or offered inappropriate support (e.g. medication instead of therapy).
- Group therapy was commonly offered but often felt unsafe or triggering for individuals with trauma.

Medication-First Approach

- Concerns about over-reliance on medication without exploring root causes or offering alternative treatments.
- Reports of severe side effects, including increased suicidal thoughts, with inadequate explanation or monitoring.

Stigma and Misunderstanding

- Individuals with schizophrenia, personality disorders, or neurodivergent conditions felt heavily stigmatised and excluded.
- Transgender residents reported misgendering and lack of respect in clinical settings, which worsened their mental health.

Lived Experience and Personalisation

- Strong call for professionals with lived experience and for services to be more person-centred.
- Desire to be treated as individuals, not stereotypes, and to have their voices heard in care planning.

Mental Health Crisis - Timing and Response

- Support often arrived too late—only after suicide attempts, sectioning, or arrest due to distress.
- Emergency services were described as dismissive or unsafe; A&E staff perceived as cold or unresponsive even when suicidal intent was disclosed.

Sectioning Experience (mental health crisis)

- Being sectioned was described as traumatic and isolating, with comparisons to prison-like conditions and minimal support.

Preventable Crises

- Many felt their crisis could have been avoided with earlier intervention. Delays in therapy, diagnosis, or GP access left them feeling abandoned.

Systemic Barriers

- Lack of ID, housing instability, and poor communication between services compounded difficulties in accessing timely and appropriate care.

Early Intervention and Continuity

- Earlier support could have prevented crisis situations.
- Frequent changes in professionals disrupted trust and continuity of care.

Self-Management and Empowerment

- Desire for tools and education to manage mental health independently.
- Digital resources were mentioned but often felt generic or ineffective.

Community-Based Support

- Keyworkers were praised but weekly contact was insufficient for many.
- Interest in informal, localised support such as drop-in centres, peer groups, and trusted spaces.

Barriers to Staying Well

- Homelessness, poverty, lack of ID or transport were major barriers to accessing care and maintaining wellbeing.
- Some residents felt forced to seek private care due to delays, which impacted financial stability.

9. Modernising inpatient mental health (2021)

East London NHS Foundation Trust's (ELFT) Case for Change engagement programme regarding modernising mental health inpatient services in Bedfordshire and Luton. The programme ran from 31 August to 15 October 2021. 273 stakeholders participated in the engagement process.

The report produced outlined feedback from service users, carers, and stakeholders, with the following emerging themes:

- **Support for modernisation:** Many respondents agreed that current facilities are outdated and welcomed the proposal for purpose-built hospitals.
- **Local access to care:** There was strong emphasis on keeping services close to home to reduce travel and improve family involvement.
- **Concerns about transition:** The report notes worry about continuity of care, staff retention, and how the changes would be implemented.
- **Children and young people's services:** Families voiced concern about the lack of local inpatient beds and the impact of out-of-area placements.

- **Therapeutic environments:** Feedback highlighted the need for safe, calming spaces that support recovery.
- **Integration with community services:** Respondents wanted smoother transitions between inpatient and community care.
- **Transparency and involvement:** There was a call for ongoing updates and opportunities for public input.

10. Mental Health Forum – Healthwatch Bedford Borough (2021)

The report was produced by Healthwatch Bedford Borough following their Mental Health Forum held in 2021. The event brought together over 100 participants, including service users, health professionals, community representatives, and members of the public, to share their experiences and expectations around mental health services.

The report identifies four key themes:

Seeking Help

- **Barriers to accessing support:** Stigma, uncertainty about where to turn, and inconsistent responses from primary care—especially reception staff—were common concerns.
- **System thresholds:** Participants felt that eligibility criteria for services could be alienating, with some being signposted away from mental health services despite clear needs.
- **Deaf community challenges:** Communication barriers and lack of appropriate adjustments were highlighted, with calls for better adherence to accessibility standards.

Awaiting Assessment and Treatment

- **Delays and repetition:** Long waits for assessment and treatment, repeated retelling of personal histories, and unclear referral pathways contributed to frustration and anxiety.
- **Poor communication:** Service users often felt lost in the system, unsure who to contact or how to navigate between teams.
- **Transitions and complexity:** Moving between services (e.g. CAMHS to adult services) and managing coexisting conditions were described as particularly difficult.

Empathic Care and Continuity

- **Need for compassionate support:** Participants emphasised the importance of being listened to and understood, with continuity of care seen as essential to building trust.
- **Disjointed services:** Experiences of siloed working and lack of shared information between teams were common, undermining integrated care efforts.

Making Improvements

- **Scepticism about transformation:** Some participants expressed concern that promised changes may not materialise, citing past disappointments.
- **Co-production concerns:** While co-production was welcomed in principle, many felt it lacked genuine equality and influence, with service users not always recognised as partners.
- **Call for transparency and accountability:** Participants asked for clearer communication, admission of errors, and more inclusive planning.

The report concludes with recommendations including:

- Expanding the remit of the ELFT Working Together Group to include strategic service user input.
- Mandatory mental health awareness training for GP receptionists.
- Needs-based assessments over rigid criteria.
- Integrated care plans with named contacts for people with complex needs.

11. It's all about perspective – An in depth look at mental health services available in Luton and understanding the experiences of those who used mental health services in Luton (2020)

The report by Healthwatch Luton offers an in-depth review of mental health services in Luton during 2019–2020, aiming to understand how effectively local services were meeting the needs of people with mental health conditions.

While comprehensive, it's important to note the work was **undertaken six years ago**, so some findings may no longer reflect current service provision.

Key themes include:

- Limited access to GP and community mental health services
- Gaps in support for individuals with personality disorders
- Poor communication and discharge planning
- Need for better staff training and joined-up care
- Desire for peer support, written care plans, and more therapeutic activities

4.3. Services for children and young people

1. Youth-Led Research and Mental Health Education for Children and Young People (March 2025)

A comprehensive youth-led research project was conducted by Young Healthwatch Central Bedfordshire, engaging young people, parents, and professionals across BLMK. The purpose was to explore lived experiences of mental health and neurodiversity, identify systemic challenges, and co-produce recommendations to improve access, support, and transitions between services. Young Healthwatch Central Bedfordshire also produced [a video to support this work - Neurodiversity and Mental Health](#)

Summary of the challenges, barriers, and opportunities for improving mental health and neurodiversity support for young people in BLMK included in the report and video

Access and Timeliness of Support

- Long waiting times for diagnosis and treatment were a consistent concern, especially in rural areas.
- Many young people reported delays in accessing services until reaching crisis points.
- Transition from child to adult services was often abrupt and poorly coordinated, leading to gaps in care.

Education and Awareness

- Schools were seen as lacking flexibility and understanding of neurodivergent needs.
- Mental health education is not comprehensive, and stigma and misinformation continues to be a challenge.
- Training for teachers and professionals was identified as essential to improve early identification and support.

Person-Centred and Inclusive Care

- Services were frequently described as “one-size-fits-all” which did not meet individual needs.
- Young people called for tailored, trauma-informed approaches that recognise co-occurring conditions like Autism, ADHD, and anxiety.
- Peer support and lived experience were valued as powerful tools for engagement and recovery.

Systemic and Structural Barriers

- CAMHS has faced challenges such as staff turnover, variability in care experiences, and gaps in autism awareness.
- SEND services were described as lacking cohesion, with limited support following diagnosis and opportunities to strengthen coordination.
- Socio-economic status, cultural background, and gender identity were noted as factors influencing access and quality of care.

Strengths and Resilience in Neurodiversity

- Neurodiversity was framed as a strength, with calls to celebrate adaptive traits and challenge stereotypes.
- Young people highlighted the importance of self-awareness, advocacy, and supportive environments in managing their mental health.

Recommendations for Change

- **Education and Awareness:** Expand mental health and neurodiversity education in schools and communities; promote self-awareness and advocacy; improve professional training for teachers and healthcare staff.
- **Combatting Stigma:** Challenge societal stigma through campaigns and open conversations; create safe spaces for young people to share experiences.
- **Reducing Barriers to Support:** Simplify access to services; speed up diagnoses; prioritise meaningful, tailored support over labels.
- **Systemic Change and Funding:** Increase funding for mental health services; improve policy and governance; encourage cross-borough collaboration.
- **Improving Support Structures:** Invest in long-term care; strengthen school-based mental health support; adopt flexible, individual-centred approaches.
- **Harnessing Neurodiversity Strengths:** Celebrate neurodiverse traits and promote their value in society and the workforce.
- **Monitoring and Evaluation:** Regularly assess service effectiveness using feedback and data-driven insights to guide improvements

2. Review of promised actions and parent carer experience (2022 – 2025)

The report produced by Healthwatch Milton Keynes evaluates parent carer feedback on service experiences and whether the commitments made by local health and care providers (BLMK ICB and CBWL) in response to the 2022 [“I am different, not less...” report](#) have led to better experiences for Parent Carers accessing mental health services for children and young people with SEND in Milton Keynes.

Key themes from the report:

- **Clearer CAMHS Referral Pathways:** Parents are increasingly aware of where to access mental health support information, and while this is encouraging, there's still room to strengthen confidence and clarity around CAMHS referral pathways.
- **Shorter Waits for Diagnosis and Support:** Some changes have likely been made, but the impact is not clearly known.
- **Better Post-Diagnostic Support:** Some progress has been made in this area.
- **Using ‘Condition’ Instead of ‘Disorder’:** This change has been positively adopted and consistently used.
- **Transitions to Adult Services:** Progress in this area is unknown - more targeted feedback is needed.

- **Improved Access to Respite and Short Breaks:** This area was not assessed in the 2025 survey.

3. 15 Steps online Review – Healthwatch Central Bedfordshire (April 2021)

The report was produced by Healthwatch Central Bedfordshire following their 15 Steps Online Review conducted between July and December 2020. The aim was to assess how accessible, welcoming, and informative websites were, especially for children and young people seeking support.

Key themes in report:

- Websites reviewed included Childline, CAMHS, CHUMS, and Young Minds. These were consistently described as welcoming, safe, and well-organised, with colourful designs and clear navigation that appealed to young users .
- Features like anonymous access, 1-2-1 chat services, and interactive content (e.g., games, drawing tools) were praised for making it easier and more comfortable for young people to seek help
- However, some limitations were noted - for example, helpline hours on Young Minds were restricted to weekdays before 4pm, which may not suit young people who are in school during those times
- While GP and hospital websites were generally found to be professional and easy to navigate, they lacked dedicated sections for young people. This absence was seen as a barrier to engagement, potentially making the experience feel less approachable or relevant for younger users.
- Volunteers suggested that adding youth-friendly design elements and live chat options could help make these sites more accessible and reduce anxiety around seeking medical help

4. I am different not less – Experience of CAMHS and Mental Health Support for children and young people with Special Educational Needs and Disabilities (SEND) in Milton Keynes (Feb 2022)

Report produced by Healthwatch Milton Keynes in collaboration with the Parents and Carers Alliance Milton Keynes (PACA MK), following a focus group and survey conducted in June 2021. It captures the lived experiences of families navigating mental health services, particularly CAMHS (Child and Adolescent Mental Health Services) for children and young people with Special Educational Needs and Disabilities (SEND).

Key themes in report:

Access to CAMHS and Mental Health Services

- Families in Milton Keynes reported significant barriers to accessing CAMHS, particularly for children with Autism Spectrum Conditions (ASC). Referrals were frequently rejected on the basis that anxiety or distress was attributed to autism rather than recognised as a separate mental health need.

- Parents described long waiting times, repeated rejections, and a lack of communication or follow-up. In many cases, children were only accepted after multiple referrals or reaching crisis point, such as self-harm or hospitalisation.
- The report highlights that statutory services often apply stringent criteria that exclude children with ASC from receiving support, despite NHS guidance recommending referrals to counsellors or therapists with autism experience.
- There was a strong call for CAMHS to treat children based on their presenting needs rather than diagnosis, and to ensure that ASC is not used as a reason to deny access to mental health support.

Information, Communication, and Navigation

- Families expressed frustration at the lack of clear pathways and information about available services. Many felt unsupported and uninformed during long waiting periods, with little guidance on what to do while waiting for care.
- Parents highlighted the need for better signposting, more responsive communication from services, and practical advice to help manage their child's needs in the interim.

Education and Integration

- The report identifies gaps in educational provision for children with ASC, particularly those who are academically able but unable to access mainstream classrooms due to sensory or mental health challenges.
- Parents advocated for ASC units within mainstream schools, better coordination between education and health services, and more inclusive approaches that reflect the child's capacity rather than institutional limitations.

Occupational Therapy and Holistic Support

- Occupational Therapy (OT) was praised for its positive impact on children's ability to access education and manage sensory sensitivities. However, access to OT was inconsistent and often limited by commissioning arrangements.
- The report recommends integrating OT more fully into SEND and mental health pathways, with assessments conducted in schools and ongoing support as children develop.

4.4. Other reports which include insights regarding community health, mental health services or prevention/support to stay well

1. Case Study: Hands that Speak. Exploring the lived experiences of Deaf people (2025)

This case study, produced by Healthwatch Luton in 2025, explores the lived experiences of a couple who were both Deaf and highlights the barriers Deaf individuals face when accessing health and social care.

- **Access to Services:** Deaf patients often face difficulties accessing services due to the inconsistent provision of qualified British Sign Language (BSL) interpreters, poor coordination between departments, and unclear booking systems.
- **Communication Barriers:** Health professionals did not review patient notes or arrange interpreters, relying instead on family members or unqualified staff.
- **Emotional and Mental Health Impact:** The emotional burden of family members acting as an interpreter during traumatic medical events, combined with exclusion from care conversations, caused significant anxiety and isolation.

The report calls for improved awareness, consistent use of registered BSL interpreters, better coordination of interpretation services, and a red-flag system to identify communication needs, ensuring Deaf individuals receive safe, inclusive and equitable care.

2. Community Musculoskeletal (MSK) Resident engagement BLMK ICB (June 2024)

To co-design a single model community musculoskeletal (MSK) service launching in 2025, BLMK and local Healthwatch organised a series of co-design focus groups and conducted an online survey. Over 100 residents participated in the focus groups across BLMK and 150 responded to the survey.

The resulting report provides recommendations for shaping the service specification and new MSK service. Although the feedback pertains to MSK services, there is much learning and feedback that also relates to community and mental health services.

The recommendations from the report which can be applied to transforming community and mental health services are summarised below:

- **Communication Methods and Materials:** Effective patient communication should begin at the very first point of contact. Services should identify and record each patient's communication needs, ensuring that the most suitable method is used every time. Patients should be offered a choice of how they are contacted and be informed about who to reach within the service, ideally through a single, consistent point of contact during their treatment pathway.

Accessible information is essential so that all residents understand what services are available and how to access them. Special attention should be given to those who are digitally excluded, with support provided to ensure they can access all necessary information. Developing a comprehensive website could help, offering details on service

contacts, appointment management, treatment pathways, timescales, and frequently asked questions. Raising awareness through information displays in GP waiting rooms, pharmacies, and community spaces is also recommended.

Clear, jargon-free information about care pathways and next steps should be provided, using visual formats where possible to ensure accessibility regardless of language or literacy. All communication and service provision should comply with the NHS Accessible Information Standard (AIS) and the Equality Act.

- **Services Working Together:** A more joined-up approach is needed across GP, community, and specialist services. Adopting a 'no wrong door' policy ensures that any health or care professional can provide advice, signpost, or refer patients appropriately. Technology should be used to connect services and create a seamless experience for patients. Multi-disciplinary teams should work collaboratively, so patients are not passed from one service to another unnecessarily.
- **Prevention and Health Education:** Prevention and health education should be prioritised, with programmes developed to educate patients about how to prevent or manage conditions and signpost them to local support. Collaboration between providers, local health services, authorities, and employers is key. Social prescribers in primary care can play a valuable role in connecting patients to services that support recovery and prevent further ill health.
- **Access to Treatment:** Services and appointments should be delivered locally, with careful consideration of how residents will access them, including public transport links. Patients should have a choice of appointment locations and be given timely access to treatment, with clear information about expected timescales and who to contact if their condition changes. A hybrid approach to appointments can provide more personalised care. Out-of-hours provision during evenings and weekends should be included to meet the needs of the population.
- **Person-Centred Care:** Every patient should receive person-centred care and treatment, tailored to their individual needs and preferences. Services should consider the whole person, including how wider health and life circumstances affect their condition and access to care. Providers must deliver culturally appropriate care that respects the diversity of the population. Collecting and acting on patient feedback is vital for continuous improvement. Finally, a population health approach should be adopted, focusing on optimising outcomes, reducing health inequalities, and providing extra support for those who need it most.

3. [Same-day and urgent access to primary care](#) – BLMK ICB (2024)

From March to May 2024 BLMK ICB undertook a series of listening events with residents in relation to same day and urgent primary care access. The events provided residents with an opportunity to feedback and share their lived experiences of accessing same day and urgent primary care. In addition to the 7 listening events, smaller focussed listening events were held with people with autism, victims of abuse, and people experiencing homelessness and rough sleepers (which also fed into Joint Forward Plan)

Summary of the insights from the report relating to community and mental health services and support to stay well:

- **Access to Mental Health Support:** Residents reported that accessing mental health services is challenging, with long waiting times and complex processes. Many found it difficult to navigate the system, especially when urgent support was needed. The requirement to call at specific times (such as 8am) for appointments was highlighted as a significant barrier, particularly for people with mental health conditions, neurodiverse needs, or those on medication that affects their ability to function early in the day. The stress and anxiety caused by these processes often discouraged people from seeking help when they needed it most. Some residents described feeling “bounced around” between services, with no clear pathway to appropriate mental health support
- **Experience of Services and Communication:** There was a strong desire for mental health care to be more holistic and person-centred, rather than focused solely on medication. Residents wanted to be treated with dignity and respect, and for staff to be understanding of communication difficulties and the impact of mental health on daily life. People with autism, for example, reported that waiting for call-backs or not knowing when they would be contacted was particularly anxiety-inducing. They requested written confirmation of appointments and follow-up information in accessible formats. Survivors of abuse and those in vulnerable situations emphasised the importance of seeing trusted, familiar clinicians to avoid having to repeatedly recount traumatic histories
- **Barriers and Inequalities:** The report highlighted that certain groups face additional barriers to accessing mental health support. People experiencing homelessness, for example, struggled with digital-first systems and the lack of a permanent address, making it difficult to receive follow-up care or maintain continuity. Some described being discharged from hospital or urgent care back onto the street without any support or signposting. Others, such as those with disabilities or language barriers, found that services were not always accessible or tailored to their needs. There was a call for more flexible, trauma-informed approaches and for primary care professionals to be trained in recognising and responding to mental health and trauma-related needs
- **Continuity, Trust, and Holistic Care:** Continuity of care, being able to see the same clinician was highlighted as a key factor in building trust and encouraging engagement with mental health services. Residents valued consistent, trusted contacts who understood their history and could provide ongoing support. There was also a strong call for services to be more joined-up, with better communication between primary care, mental health teams, and community organisations. The importance of social prescribers and wellbeing coaches was noted, with some residents finding these roles invaluable for ongoing support, though awareness and access to these services was limited
- **Waiting Times and Crisis Support:** Long waiting lists for mental health and wellbeing services were a recurring concern, including reports of waits of up to a year. This often led to people reaching crisis point before receiving help, or turning to A&E as a last resort. The lack of timely support was particularly acute for children, young people, and those in crisis. Residents called for more investment in early

intervention, crisis support, and ongoing care to prevent escalation and reduce the burden on emergency services

- **Support to Stay Well:** A recurring theme was the need for better information and communication about available services and how to access them. Residents wanted clear, jargon-free information in multiple formats, including digital and non-digital options, to ensure equity of access. There was a strong emphasis on the importance of prevention and self-management, with suggestions for more health education campaigns, support for healthy lifestyles, and accessible exercise opportunities. Barriers such as digital exclusion, language, and physical or mental health conditions were noted as factors that could prevent people from staying well. The report also highlighted the importance of community-based support, including voluntary and community sector organisations, in providing advice, peer support, and health education in culturally appropriate settings. For people experiencing homelessness, the lack of a permanent address, difficulties with communication, and being discharged from hospital without support were significant barriers to staying well. The need for joined-up care and better signposting to support services, including mental health and social care, was repeatedly emphasised.

4. The Big Conversation - BLMK ICB (2023)

During the summer and autumn of 2023 BLMK ICB undertook a programme of engagement with residents called 'The Big Conversation'. This gave residents an opportunity to share their lived experiences of health and care services. From June to November 2023 over 50 events were attended across Bedfordshire, Luton and Milton Keynes and captured insights from over 450 residents.

Summary of the insights from the report relating to community and mental health services and support to stay well:

- **Mental Health Services & Access Challenges:** Residents reported difficulties navigating the mental health system, with limited awareness of available support. In Milton Keynes, the lack of 'Out of Hours' services, particularly for younger people, was a recurring concern. Frustration was also expressed over poor communication, such as social workers not returning calls, which left service users feeling unsupported.
- **Community Concerns & Professional Insights:** Post-pandemic, there has been a noticeable rise in anxiety, especially among young people. Professionals, including a fire service representative, highlighted specific risks such as hoarding behaviours and the challenges in assessing safety. Despite these concerns, there was feedback from individuals who shared positive experiences with crisis teams and recovery programmes, indicating that effective support is possible when services are responsive.
- **Gaps in Long-Term Support & Crisis Care:** Several residents with enduring mental health needs reported having no support for decades. There was a strong call for more holistic care approaches that go beyond medication. Suicide rates were

linked to the lack of sustained, long-term support, underscoring the urgency for improved crisis intervention strategies.

- **Exercise & Mental Well-being:** Physical activity was widely recognised as beneficial for mental health. However, barriers such as expensive gym memberships and childcare responsibilities prevented many from participating. Suggestions included subsidised gym access and free exercise programmes tailored to mental health recovery.
- **Barriers Faced by Rough Sleepers:** Rough sleepers face significant obstacles in accessing healthcare, including difficulties making appointments and the absence of a permanent address. Poor communication from services further compounds these issues, often leaving A&E as the only viable option for medical care.
- **Access to Healthcare & Appointments:** Long waiting times for paediatric and perinatal services were a major concern. Parents also struggled to find NHS dentists for their children. Patients with multiple health conditions felt that time constraints during appointments prevented doctors from offering holistic care.
- **Employment & Mental Health:** Job insecurity was closely linked to anxiety and depression. While job hubs aim to support employment, the process can be stressful and unhelpful. There was a clear need for programmes that build self-confidence and equip individuals with the skills to apply for jobs.
- **Support for Children & Young People:** Mental health services for children and young people, particularly CAMHS, were described as inadequate. Long waiting lists, often six months or more left families with few options. During school holidays, the lack of support was worse with parents going to A&E for children in crisis.

5. Joint Forward Plan - BLMK ICB (2023)

To help inform BLMK ICB develop its Joint Forward Plan in 2023, a focus group was held with women living in a women's refuge and another with women attending a survivor's group. Emerging themes from the feedback received at focus groups from the 50 victims of abuse, March and May 2023.

A summary of the themes which related to mental health services during this work

- **Family Therapy:** Several women said that therapy is usually offered to individuals, but whole-family therapy would be more effective. They felt that counselling together could provide broader support and healing.
- **Support for Children:** Many women shared that children affected by domestic abuse often receive little or no support. CAMHS services were described as inaccessible or unsuitable for these children. Without proper help, children may struggle emotionally and risk entering abusive relationships themselves. Women stressed that the right support for children is essential to breaking the cycle of abuse.
- **Long Waits and Limited Access:** Several women described waiting up to two years for mental health services. Even after receiving a diagnosis, they were told that specialist treatments, such as Schema Therapy were not available on the NHS. One woman appealed to the Local Authority for funding but was denied.

- **Inappropriate or Insufficient Therapy:** Many women said that CBT-style therapy was routinely offered, but it was not suitable for trauma recovery. They felt that specialised trauma counselling was needed but rarely accessible. When psychological assessments identified the need for specialist support, the lack of availability delayed their recovery.
- **Peer Support:** The group expressed a strong desire for peer support groups to be developed, recognising the value of shared experiences and mutual encouragement.
- **Short-Term Services:** Some women had positive experiences with services like Primary Care Plus, but noted that support was short-lived and unclear in terms of continuity.
- **Referral Challenges:** One woman was referred to the Keeping Well Service, but after a long wait, was told the service wasn't specialised enough. She was then referred to a counselling service by MK Act, but is now on another waiting list.
- **Unsafe Medical Advice:** One woman shared that her GP advised her to stop taking all antidepressants during pregnancy, which led to hospitalisation.
- **Positive Intervention at Hospital:** One woman described how staff at Milton Keynes Hospital identified she was in an abusive relationship during childbirth and connected her with perinatal support services. This was seen as a compassionate and proactive response.
- **Medication-Only Approach:** Several women felt dismissed by their GPs, who prescribed antidepressants without exploring the root causes of their symptoms. Whether the abuse was known or not, they were not offered wider support and felt "fobbed off" with medication.
- **Misdiagnosis and Missed Signs:** A number of women said they were misdiagnosed with depression or post-natal depression, and the signs of abuse were missed. They emphasised the importance of healthcare professionals being trained to recognise abuse and to create safe opportunities to speak with women privately.

6. Talk, Listen, Change - engaging in a dialogue with the Luton Roma community on access to healthcare services and co-producing solutions (April 2024)

The report was produced in 2023 by Luton Roma Trust in partnership with Institute for Health Research, it presents findings from focus group discussions involving 64 Roma community members and interviews with professionals who work with them. The report explored barriers to accessing healthcare for the Roma community in Luton.

A summary of themes which related to mental health services and the prevention agenda.

Mental Health Services

- **Limited awareness and access:** Roma community members expressed a lack of knowledge about available mental health services and referral routes. Many were unaware of how to access support and often defaulted to emergency services due to this gap

- **Cultural disconnect:** There was a perception that services such as counselling were unfamiliar or unavailable in their countries of origin, leading to low engagement with mental health support in Luton
- **Discrimination and trust issues:** Participants reported feeling treated differently or less favourably by healthcare professionals, which extended to mental health services. This included being stereotyped or misunderstood due to cultural differences

Prevention and Staying Well

- **Low engagement with Preventative Care:** Preventative health services such as vaccinations, contraception, and chronic condition management were underutilised. Cultural beliefs and mistrust contributed to resistance, especially around vaccinations
- **Health Literacy Gaps:** Both community members and professionals highlighted the need to improve understanding of preventative care. Many Roma individuals only sought treatment during emergencies rather than for prevention
- **Barriers to Access:** The Roma community faced multiple barriers including language, digital literacy, and lack of translators. These issues affected their ability to access GP services and other community health resources
- **Preference for Healthcare Abroad:** Due to long waiting times and perceived poor quality of care, many participants preferred to travel back to Romania for healthcare
- **Service Navigation Challenges:** Both Roma participants and professionals noted that the community struggled to navigate the UK healthcare system, including booking appointments and understanding service pathways.

Recommendations included in the report:

- The report calls for culturally competent care, including training for professionals to better understand Roma experiences and needs, and to build trust through community-based outreach (e.g. schools, churches, informal settings)
- Enhance service accessibility for the Roma community by increasing the availability of translated materials and interpreters, providing health information in Romanian through formats like leaflets, videos, and community centres, and ensuring ethnicity data collection includes Roma-specific identifiers to better tailor support.
- Strengthen health literacy and preventative care within the Roma community by developing culturally tailored education initiatives, training community health champions to share knowledge, and using schools and community hubs as trusted spaces to promote staying well.

7. [The Denny Review – Health Inequalities Report \(2023\)](#)

Author: YMCA Milton Keynes

YMCA Milton Keynes spoke to 47 young residents living at the YMCA regarding their experiences of accessing healthcare.

Of the 47 they spoke to, many had a background of significant trauma - 31 young people were aged 19 to 25, and 16 were aged 26 to 30; 16 young people identified as lesbian, bisexual, pansexual or transgender; 23 self identified as having a disability (including mental health) and 32 had experienced homelessness.

A summary of the themes which were related to mental health services and substance abuse services reported:

- **Accessing Mental Health Services:** Many individuals reported feeling dismissed or not taken seriously when seeking mental health support, often receiving medication or informational leaflets instead of meaningful engagement. Long wait times, poor coordination between services such as the NHS and Mind, and barriers related to cost and location were common frustrations. Some felt judged or misunderstood by professionals who lacked empathy or lived experience. Group therapy was frequently offered as a default, despite not being suitable for everyone, and online therapy was seen as less effective than in-person sessions, which were difficult to access. Support was often reactive, provided only after a crisis rather than proactively.
- **Mental Health Stigma:** Stigma surrounding conditions like personality disorders and schizophrenia was highlighted as a major barrier to appropriate care. Individuals felt isolated or penalised due to their diagnoses, and cultural and gender-based stigma - particularly affecting men, further discouraged help-seeking. This stigma contributed to feelings of being misunderstood and inadequately supported within the system.
- **Reaching Crisis Before Gaining Support:** A recurring theme was that support often came only after a person had reached a crisis point, such as a suicide attempt or severe breakdown. Some individuals were arrested during mental health episodes instead of receiving early intervention, underscoring a lack of preventative care and timely support.
- **Medication-First Approach:** Concerns were raised about the tendency of GPs to prescribe medication without exploring underlying issues or offering alternative treatments. Side effects of medications were not always clearly communicated, and there was a strong desire for therapy and lifestyle-based interventions to be considered before resorting to pharmaceuticals.
- **Accessing Drug and Alcohol Services:** Experiences with substance abuse services varied widely. While some found support helpful, others described it as ineffective or difficult to access. In some cases, individuals used substances like cannabis for medical reasons when other treatments were unavailable or unaffordable. Relapse prevention was seen as essential, yet ongoing addiction persisted even when basic needs were met. The location of services posed challenges, with some encountering drug dealers on route to rehab. Overall, there was widespread dissatisfaction, with many feeling neglected, misunderstood, or forced to reach crisis before receiving proper care.

8. Developing health and care services for Bletchley: your views | Healthwatch Milton Keynes (October 2023)

The report outlines engagement with residents of Bletchley to inform the development of health and wellbeing services through a neighbourhood model. Over 220 residents shared their experiences and ideas through surveys, community events, and direct conversations.

Themes in the report which relate to mental health services and the prevention agenda.

Mental Health Services

- Strong demand for local mental health support, especially for young people, but also for adults.
- Need for bereavement and addiction services.
- Accessibility challenges – location of services
- Desire for community-based spaces where counsellors can operate.

Accessing Services

- Calls for integrated working between health, social care, councils, and community groups.
- Suggestions for a central community hub combining services like GP, pharmacy, police, and social support.

Prevention and Staying Well

- Residents expressed a need for more local and affordable physical health activities, including pregnancy-friendly fitness classes, women-only gym sessions, and tailored options for both older and younger people.
- Residents highlighted the need for accessible weight management support, including opportunities to meet with dietitians, join cooking clubs, and receive nutrition education tailored for low-income families, with activities offered in community spaces and outside typical working hours.
- Mixed views on the idea of health coaches, but strong support for practical, motivational, and qualified guidance.

9. Enter and View visits in Milton Keynes (April 2024 to July 2025)

Between April 2024 and July 2025, Healthwatch Milton Keynes visited eight care homes.

Key themes and findings reported by Healthwatch Milton Keynes with links to community and mental health services and neighbourhood working.

Mental Health – Adults

- **Access and Continuity:** There were multiple concerns about limited access to mental health support, including long waits, lack of follow-up, and poor visibility of available services.

- **Therapy Limitations:** Short-term interventions (e.g. 6-week talking therapies) were seen as inadequate for those with complex trauma. The cap of 12 therapy sessions for people with complex PTSD was seen as insufficient for meaningful recovery.
- **Medication Without Support:** Several individuals reported being prescribed medication without accompanying therapeutic or social support.
- **Digital Barriers:** Online assessments (e.g. for ADHD) can be problematic, face-to-face options should be available
- **Valued Services:** The “Man Cave” was praised as a supportive space for men experiencing isolation and mental health challenges.
- **Outreach Gaps:** Several people advised that mental health teams were underrepresented at community events, and information about services was difficult to find.

Mental Health – Young People

- **CAMHS Concerns:** There was feedback about lack of contact, unsuccessful referrals, poor communication, and inadequate assessments. One case highlighted a child discharged despite visible self-harm, with crisis support suggested only via A&E.
- **Sanctuary Spaces:** BLMK Mind’s Young Persons Sanctuary was positively received as a safe and supportive environment.

Community Health – Adults

- **Transport Issues:** Patients faced challenges accessing hospital transport, especially when registered with out-of-area GPs. Some journeys were unnecessarily long (patient travelling 35 miles to an appointment 10 miles away).
- **Outreach and Support:** A resident with no recourse to public funds and aggressive cancer struggled to find suitable community support services.
- **Information Gaps:** Patients reported not being given adequate information about transport options following referrals.

10. Your Voice Counts - St Thomas Gypsy and Traveller Community (2024)

This report was produced by Healthwatch Luton in collaboration with Luton Borough Council, following a request to engage with the Gypsy and Traveller community at the St Thomas’ site in Stopsley, Luton. The engagement took place between August and December 2024, prompted by a measles outbreak and wider concerns about access to healthcare services.

Healthwatch Luton conducted informal interviews with 12 residents - 10 women and 2 men, representing approximately one-third of the local community.

The report highlights a mix of positive experiences and significant challenges. Key themes include:

- **Communication:** Poor communication was a recurring issue. Residents reported confusion around appointment types, lost test results, and unclear prescription

processes. These miscommunications led to frustration, repeat visits, and delays in care, undermining confidence in the system.

- **Access to Services:** Residents struggled to secure GP appointments, even when calling early. Some felt appointments were denied after disclosing their address, raising concerns about discrimination. These access issues led to delays in treatment and increased anxiety, especially for those with chronic conditions or young children.
- **Mental Health:** Mental health concerns were prominent, particularly anxiety and depression linked to past negative healthcare experiences, bereavement, and fear of misdiagnosis. Young people were highlighted as especially vulnerable, residents asked for culturally sensitive mental health support.
- **Trust:** There was a lack of trust in healthcare services. Residents shared stories of misdiagnosis, delayed diagnoses and dismissive attitudes from professionals. These experiences have led to a reluctance to engage with services until health issues become severe.

This report provides insight into the lived experiences of the Gypsy and Traveller community in Luton and highlights the importance of culturally competent, accessible, and compassionate healthcare. It also suggests the need for targeted mental health support and proactive engagement to rebuild trust and improve outcomes.

11. Hidden Voices – Understanding Health Inequalities in Bedford Borough 2022/2023

Healthwatch Bedford Borough (HBB) were commissioned by the Denny Review steering group to engage with The Gypsy and Traveller community in Bedford Borough and women from ethnic minority groups living in areas of multiple deprivation in Bedford Borough.

Summary of the themes relating to mental health services and general service delivery from the report:

- **Cultural Silence and Stigma:** Mental health is not openly discussed in all communities – the report cited Bulgarian women welcoming the opportunity to talk about it in the UK. However, stigma - especially around conditions like anxiety and trauma - remains a barrier across all groups.
- **Emotional Distress and Isolation:** Participants from the Gypsy and Traveller, Bangladeshi, Bulgarian, and West African communities reported experiencing anxiety, low mood, and trauma. These were often linked to poor communication, lack of empathy, and cultural misunderstandings in healthcare settings.
- **Barriers to Accessing Support:** Language and literacy challenges, digital exclusion, and a lack of culturally competent care made it difficult for individuals to access mental health services. Some participants were unaware they could request interpreters, while others felt judged or misunderstood by professionals.
- **Fear and Mistrust:** Negative experiences, including stereotyping and dismissive attitudes from healthcare staff, led to mistrust and reluctance to seek help. The report

advised that there was a fear of being reported to authorities, which further discouraged engagement with services.

- **Desire for Culturally Sensitive Support:** There was a strong call for services that are empathetic, inclusive, and tailored to the cultural and linguistic needs of diverse communities. Participants valued opportunities to speak in safe, familiar environments and expressed interest in group-based support and accessible information.
- **Local Groups:** Strengthening partnerships between voluntary and community sector organisations, healthcare providers, and local authorities was recommended to support small groups in accessing advice clinics. These groups play a vital role in delivering health education, promoting healthy lifestyles, and fostering peer support in safe, culturally appropriate settings.

12. The Denny Review – Healthwatch Central Bedfordshire (December 2022)

The Denny Engagement Project was delivered collaboratively by Healthwatch Central Bedfordshire (HWCB), The Disability Resource Centre (DRC), and Community Dental Services CIC (CDS CIC) in 2022. The aim was to explore health inequalities **experienced by people with physical and/or learning disabilities** living in areas of deprivation across Bedfordshire, Luton and Milton Keynes (BLMK).

The project gathered insights through a survey distributed via multiple channels, generating 1,298 responses. Emerging themes relating to mental health services, community health services, and support to stay well are summarised below:

Mental Health Services

- **Access and Continuity:** Several respondents described challenges with consistency in care, noting that frequent changes in healthcare professionals can affect trust and continuity of support.
- **Autism and Neurodiversity:** There were calls for more tailored support for autistic individuals and those with neurodiverse conditions, particularly children.
- **Support for Long-Term Conditions:** Individuals living with chronic conditions such as Chronic Fatigue Syndrome (CFS) / Myalgic Encephalomyelitis (ME) and those recovering from strokes expressed a need for more sustained and holistic mental health support.
- **Communication and Empathy:** A number of comments highlighted the importance of being listened to and treated with respect. Some respondents shared experiences where they felt dismissed or misunderstood, underscoring the need for compassionate communication.

Access and Support to Stay Well

- **Coordination and Social Care:** Feedback pointed to gaps in coordination between services, especially across county boundaries, and a need for improved communication between social workers and families.

- **Staff Training and Frontline Experience:** There were suggestions to enhance training for reception and frontline staff to improve patient experience and ensure staff are equipped to respond to diverse needs.
- **Transport and Accessibility:** Some respondents highlighted the importance of accessible transport options, including disability transport services, to support attendance at health appointments.
- **Improving Communication:** Respondents expressed a desire for practical enhancements such as hearing loops, interpreter services, and longer appointment times to support better engagement.
- **Empowering Self-Management:** There was interest in more accessible information and services that enable individuals to manage their health proactively. Awareness of services like social prescribing and voluntary support was relatively low, suggesting opportunities for improved promotion.
- **Financial Pressures:** A few respondents shared concerns about affordability and the impact of benefit changes on their ability to access necessary care, highlighting the link between financial wellbeing and health maintenance.

13. Research Project for the Denny Review Final Report (December 2022)

The Denny Engagement Project in Milton Keynes was delivered by Community Action: MK; the project engaged with grassroots voluntary, community and social enterprise (VCSE) organisations to gather insights from communities most affected by health inequality, including ethnic minority groups, Gypsy, Roma and Traveller communities, people living in deprived areas, disabled people, migrants, and LGBTQ+ individuals.

The comprehensive report of findings are based on detailed interviews and lived experience shared by VCSE groups and community members, the themes below reflect recurring challenges and opportunities for improvement across mental health services, community health services, and support to stay well included in the report.

Mental Health Services

- **Understanding and Empathy:** Several contributors noted that health professionals, particularly GPs, may not always fully understand how mental health conditions affect daily life. This can lead to misattribution of symptoms (“shadowing”) and missed opportunities for appropriate care.
- **Access and Continuity:** Individuals with mental health conditions often face difficulties managing appointments due to anxiety, lack of routine, or digital exclusion. Missed appointments can result in discharge from services, compounding stress.
- **Trauma and Cultural Sensitivity:** Refugees and migrants, particularly Afghan communities, have experienced significant trauma. Early and ongoing mental health support is essential, yet services have sometimes been slow to engage.
- **Intersectionality:** LGBTQ+ individuals, especially those who are neurodiverse or from ethnic minority backgrounds, face compounded barriers. A lack of culturally competent mental health support can lead to reluctance to seek help.

- **Involvement in Care:** There is a desire for more inclusive and participatory approaches to care planning. Some feel decisions are made without adequate discussion or encouragement to be involved.
- **Advocacy and Support:** Reduced availability of one-to-one support and advocacy services has made it harder for individuals to navigate healthcare systems and attend appointments confidently.
- **LGBTQIA+:** Anxiety and depression are common, but mainstream counselling often lacks the cultural sensitivity or lived experience needed to support LGBTQIA+ individuals effectively

Access and support to stay well

- **Access and Navigation:** Many community members struggle with booking appointments, understanding referral pathways, and accessing services due to digital exclusion, language barriers, or unfamiliarity with UK systems.
- **Cultural Competency:** Services are not always perceived as welcoming or appropriate. Training for healthcare providers on cultural norms, communication styles, and lived experiences was widely recommended.
- **Trust and Relationships:** Building trust takes time. Community-led organisations often serve as bridges between individuals and services, but long-term engagement and consistent contact are needed to foster confidence.
- **Transport and Location:** Physical access to services is a recurring issue, especially for disabled individuals and those in deprived areas. Out-of-area appointments and inaccessible transport options can deter people from seeking care.
- **Environment and Sensory Needs:** Autistic individuals and others with sensory sensitivities highlighted the need for quieter, more adaptable waiting areas and appointment settings.
- **Disability Awareness:** Contributors noted that mainstream services may not always accommodate the communication and mobility needs of disabled people. Adjustments such as accessible formats, hearing loops, and tailored communication methods are essential.
- **Early Intervention:** There is strong support for preventative approaches, including early mental health counselling, diabetes management, and healthy lifestyle education tailored to different communities.
- **Diet and Nutrition:** Food-related health issues were common across groups, with calls for culturally appropriate dietary advice and support for cooking skills, especially among autistic and learning-disabled individuals.
- **Physical Activity:** Opportunities for exercise are limited for some groups, particularly those with learning disabilities or mobility challenges. Inclusive and welcoming spaces are needed.

- **Information and Communication:** Clear, accessible, and culturally sensitive health information is vital. Co-produced materials, simplified formats, and verbal communication were preferred by many.
- **Feedback and Co-Design:** Communities expressed a desire to be involved in shaping services. However, feedback mechanisms are often perceived as one-sided or tokenistic. Circular communication and genuine co-production are needed to ensure voices are heard and acted upon.
- **LGBTQIA Cultural Competency Gaps:** Lack of understanding around pronouns, gender identity, and transitioning processes leads to inappropriate responses from healthcare providers

Autism and Neurodiversity key challenges

- **Communication Barriers:** Many autistic individuals struggle with phone-based systems, unexpected calls, and virtual appointments. These can cause stress and lead to avoidance of healthcare altogether
- **Sensory Sensitivities:** Waiting rooms with bright lights and noise are often overwhelming. Suggestions included quiet rooms with adjustable lighting
- **Understanding and Empathy:** Some felt dismissed or misunderstood by professionals. There were calls for more time during appointments and simplified language
- **Food and Diet:** Complex relationships with food were common, including sensory aversions and eating disorders. Mainstream services often fail to meet these needs
- **Transport and Accessibility:** Limited access to community transport and anxiety around using taxis were noted as barriers to attending appointments

Recommendations for improving services for people with autism and neurodiversity

- Autism champions in PCNs to support communication and appointment navigation.
- Written summaries of appointments and simplified health information.
- More face-to-face appointments and scheduled calls to reduce anxiety.
- Training for health professionals on autism and neurodiversity.
- A centralised hub for autism-related resources in MK.
- Outreach clinics and tailored dietary support, potentially via social workers .

14. Voice of LGBTQIA+ Luton Residents January 2023

The report produced by Healthwatch Luton in collaboration with Penrose and Pride in Luton, captures the lived experiences of LGBTQIA+ residents in Luton. It focuses on health inequalities, particularly around mental health and access to support services.

Themes from the report which relate to mental health:

Mental Health Challenges

- **Anxiety and isolation:** Common across all age groups, intensified by COVID-19 and lifelong microaggressions
- **Distrust in services:** Many LGBTQIA+ individuals, especially young people, avoid mental health services due to fears of being misunderstood or dismissed
- **Cultural barriers:** Black and South Asian LGBTQIA+ respondents reported concealment and stigma within their communities, leading to disengagement from support
- **CIS normative systems:** Language and assumptions in healthcare alienate LGBTQIA+ individuals, especially those questioning or transitioning
- **Youth self-education:** Young people often rely on peers for guidance due to lack of accessible, age-appropriate mental health support (CAMHS)
- **Inclusive therapists:** who use affirming language builds trust and encourages open dialogue work well

What needs improving

- Long waits for CAMHS and gender identity services.
- Lack of culturally reflective mental health support.
- Need for anonymous, digital resources tailored to LGBTQIA+ needs.
- Better training for health professionals on LGBTQIA+ mental health and inclusive language

Recommendations

- Invest in culturally competent, inclusive mental health services.
- Expand digital platforms for anonymous support.
- Train staff on LGBTQIA+ mental health, terminology, and stigma reduction.
- Address systemic racism and homophobia in healthcare.
- Support ethnic minority-led LGBTQIA+ groups and outreach

15. Inequalities in Milton Keynes (February 2023)

The report was produced by Healthwatch Milton Keynes as part of ICB's review into health inequalities. The report aims to highlight the barriers residents face in accessing health and care services and inform more inclusive service design.

Through surveys and outreach interviews with nearly 300 residents, the engagement focused on seldom-heard voices across Milton Keynes. This included people from ethnic minority backgrounds, carers, LGBTQ+ individuals, residents with disabilities, and those living in deprived areas or temporary accommodation.

Mental Health

- **Access and Crisis Response:** Many residents reported long waits for therapy and diagnosis, with crisis support often only available after severe deterioration. Some were deregistered from GP practices due to missed appointments linked to mental health struggles
- **Quality of Care:** Services were frequently described as dismissive or lacking empathy. There was concern over a medication-first approach without adequate explanation or exploration of root causes
- **Stigma and Inclusion:** Trans and neurodivergent individuals reported distressing experiences, including misgendering and lack of cultural competency among staff

Accessing Services

- **Barriers to Registration and Referral:** Residents faced challenges registering with GPs due to lack of ID or fixed address. Strict referral criteria and postcode boundaries further limited access
- **Communication Challenges:** Over half of respondents experienced difficulty being understood by health professionals. Language, sensory impairments, and cultural differences were key contributors
- **Discrimination and Bias:** Women, LGBTQ+ individuals, and people with disabilities described being dismissed, misdiagnosed, or treated unfairly due to unconscious bias or systemic gaps

Support to Stay Well

- **Self-Management and Empowerment:** Many residents expressed pride in managing their health despite barriers, but called for more support to maintain independence and wellbeing
- **Information and Health Literacy:** While most felt confident in knowing when to seek help, many struggled to access clear, accessible health information. Healthwatch and community groups were praised for bridging this gap
- **Social Determinants:** Poverty, housing instability, and lack of childcare were frequently cited as factors undermining health and access to care

16. Seen and Heard – a strong voice for local people (December 2021)

This report was produced by Healthwatch Central Bedfordshire and Healthwatch Bedford Borough as part of a Care Quality Commission (CQC) commissioned project to explore barriers faced by seldom-heard communities in accessing health and social care services. The report focuses on the experiences of the D/deaf community in Central Bedfordshire and Bedford Borough.

The engagement involved a focus group of 10 D/deaf individuals aged 30–70, supported by the local charity Access Bedford. Participants included culturally Deaf individuals who use British

Sign Language (BSL), those who rely on lip reading, and others with cochlear implants or hearing aids. The group represented a mix of communication needs and backgrounds, including people for whom English is not a first language.

Communication Barriers

- Reliance on telephone-based systems and written English (which is not the first language for many BSL users) created significant access issues.
- Lack of face-to-face options and inconsistent use of digital interpreting tools like SignLive contributed to stress and confusion

Interpreter Access

- Interpreter provision was described as unreliable and poorly managed.
- Participants reported having to justify their need for interpreters and often relied on family members, compromising privacy and autonomy

Deaf Awareness in Services

- Many healthcare staff lacked awareness of deaf communication needs.
- Receptionists and GPs were often unaware of patients' deaf status, leading to inappropriate communication methods and missed support

Service Accessibility

- GP practices and hospitals were frequently cited for failing to book interpreters or provide accessible services.

Emotional Impact and Trust

- Participants expressed frustration, anxiety, and a lack of confidence in services.
- There was a strong desire for services to be more inclusive, respectful, and proactive in meeting communication needs

Recommendations for Improvement

- Mandatory deaf awareness training for health and care staff.
- In-house interpreters within health care services.
- Better use of digital tools and stronger compliance with the Accessible Information Standard (AIS).
- Clearer identification and flagging of communication needs in patient records

Appendix A – all reports referenced

Insights gathered during the transformation Programme

1. [System Insights Network \(2025\)](#)
2. [Appreciative Inquiry Interviews \(2025\)](#)
3. [BLMK Community and Mental Health, Learning Disabilities and Neurodiversity Redesign - Market Engagement Events Report.](#)
4. [Testing the Case for Change and Transformation Priorities - Focus Groups – Summer 2025](#)
5. [Community and Mental Health Services – Survey Report- Summer 2025](#)

Community Health Services

6. Case study video - [Kath's story](#) - pulmonary rehabilitation
7. Case study video - [Caroline's story](#) - Bedfordshire Neuro rehab
8. Case study video - [Ty's story by Michelle](#) - (Luton Community Matrons)
9. Case study video - [Morgan's story](#) - (Bedfordshire Neuro rehab - Acquired Brain Injury)
10. Case study video - [Caroline's story](#) (Luton Community Tissue Viability Nurses)
11. [Admission avoidance case studies – Healthwatch Milton Keynes](#)
12. [Cambridgeshire Community Services – Quality Account \(2024-2025\)](#)
13. [Cambridgeshire Community Services – Our Story, Our People \(Annual report 2023/2024\)](#)
14. [Patient feedback relating to Community Health Services \(September 2024 to July 2025\)](#)

Mental health services

15. Case study video - [Accessing Services - Autistic Insights for Better Healthcare](#)
16. Case study video - [Crisis Care Compared to Preventative Care](#)
17. Case study video - [Barriers to Healthcare for Autistic People](#)
18. Case study video - [Cancellations](#)
19. Case study video - [Frustrations](#)
20. Case study video - [Awareness of Autism](#)
21. Case study video - [Feeling heard](#)
22. Case study video - [Mental Health & Autism](#)
23. [Case studies from CNWL – Services in BLMK](#)
24. [10 Years of Providing Care & Support in Bedford Borough, Central Bedfordshire & Luto – East London Foundation Trust \(2025\)](#)

25. [Developing a 10 Year Plan for England – discussions on mental health and well-being \(2024-2025\)](#)
26. [Beyond Capacity: The Systemic Impact of Delayed Mental Health Discharges \(May 2025\)](#)
27. [Insights from Local Maternity System \(2024/2025\)](#)
28. [A review of Mental Health wards in Luton – Ash Ward review](#)
29. [A review of Mental Health wards in Luton – Crystal Ward review](#)
30. [A review of Mental Health wards in Luton – Onyx Ward review](#)
31. [A review of Mental Health wards in Luton – Coral Ward review](#)
32. [A review of Mental Health wards in Luton – Evergreen Ward review](#)
33. [A review of Mental Health wards in Luton – Jade Ward review](#)
34. [A review of Mental Health wards in Luton – Willow Ward review](#)
35. [Mental Health, Learning Disability and Autism Summit - Reflecting on mental health and well-being developments over the last 5 years across \(May 2024\)](#)
36. [Insights gathered regarding MK Recovery College \(2024\)](#)
37. [YMCA MK The Denny Review – Health Inequalities Report](#)
38. [Modernising inpatient mental health \(2021\)](#)
39. [Mental Health Forum – Healthwatch Bedford Borough \(2021\)](#)
40. [It's all about perspective – An in depth look at mental health services available in Luton and understanding the experiences of those who used mental health services in Luton \(2020\)](#)

Child and Adolescent Mental Health Services

41. [Healthwatch Central Bedfordshire Youth-Led Research and Mental Health Education for Children and Young People \(March 2025\)](#)
42. [Young Healthwatch Central Bedfordshire video – Neurodiversity and mental health](#)
43. [Review of promised actions and parent carer experience \(2022 – 2025\)](#)
44. [15 Steps online Review – Healthwatch Central Bedfordshire \(April 2021\)](#)
45. [I am different not less – Experience of CAMHS and Mental Health Support for children and young people with Special Educational Needs and Disabilities \(SEND\) in Milton Keynes \(Feb 2022\)](#)

Other reports which include insights regarding community health, mental health services, accessing health services and prevention/support to stay well

46. [Case Study: Hands that Speak. Exploring the lived experiences of Deaf people](#)
47. [Community Musculoskeletal \(MSK\) Resident engagement BLMK ICB \(June 2024\)](#)
48. [Same-day and urgent access to primary care – BLMK ICB \(2024\)](#)

49. [The Big Conversation - BLMK ICB \(2023\)](#)
50. [Joint Forward Plan - BLMK ICB \(2023\)](#)
51. [Talk, Listen, Change - engaging in a dialogue with the Luton Roma community on access to healthcare services and co-producing solutions \(April 2024\)](#)
52. [The Denny Review – Health Inequalities Report \(2023\)](#)
53. [Developing health and care services for Bletchley: your views | Healthwatch Milton Keynes \(October 2023\)](#)
54. [Enter and View visits in Milton Keynes \(April 2024 to July 2025\)](#)
55. [Your Voice Counts - St Thomas Gypsy and Traveller Community \(2024\)](#)
56. [Hidden Voices – Understanding Health Inequalities in Bedford Borough 2022/2023](#)
57. [The Denny Review – Healthwatch Central Bedfordshire \(December 2022\)](#)
58. [Research Project for the Denny Review Final Report \(December 2022\)](#)
59. [Voice of LGBTQIA+ Luton Residents January 2023](#)
60. [Inequalities in Milton Keynes \(February 2023\)](#)
61. [Seen and Heard – a strong voice for local people \(December 2021\)](#)