Community & Mental Health Case For Change

Appendix 1: Data Pack

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

PHIU
POPULATION HEALTH INTELLIGENCE UNIT
BLMK

Contents

1.1 - Overview & Purpose

This data pack has been produced to support the *Case for Change* with an evidence base drawn from **national benchmarking**, **local contractual data**, and **provider-led intelligence**.

Key Insights:

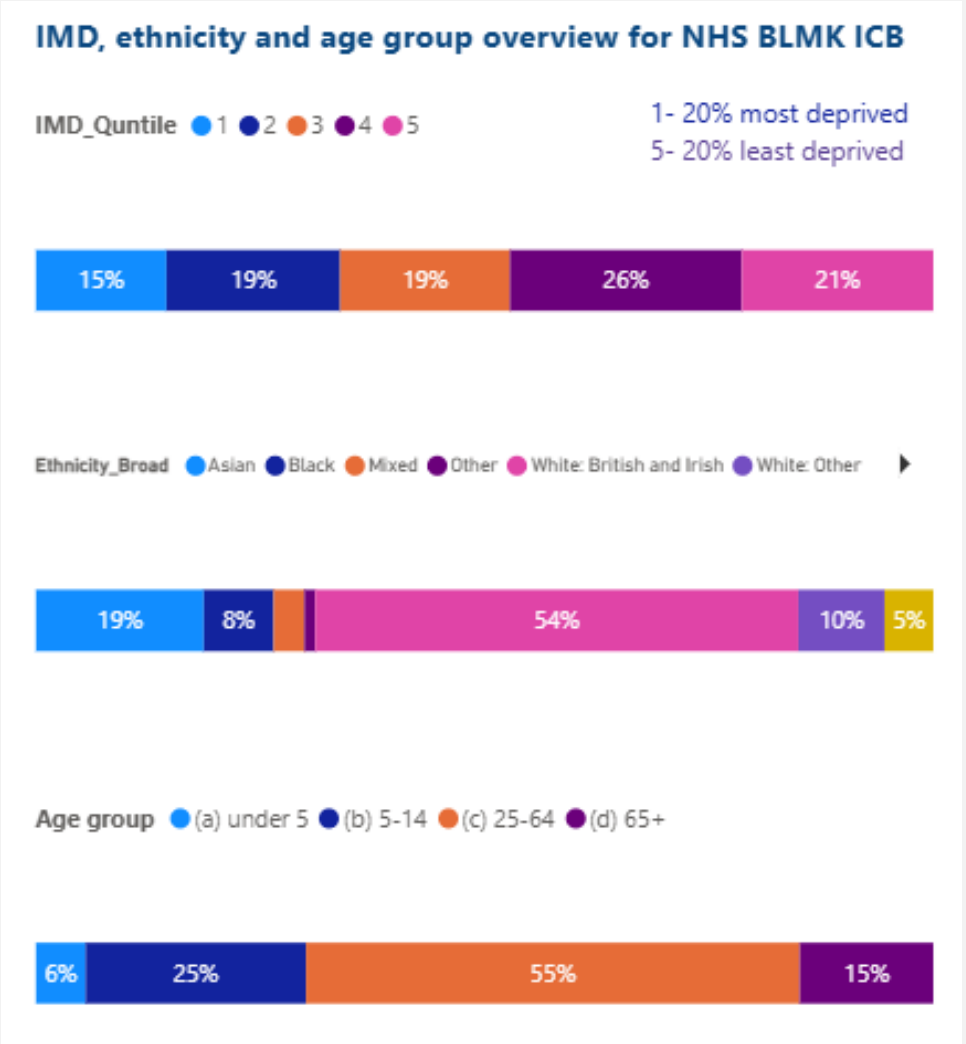
- **Population Growth:** +21% by 2043; 65+ group to rise by 53% — major driver of future health demand.
- **Health Outcomes:** Life expectancy and mortality remain below pre-COVID levels; suicide rates rising faster locally than nationally.
- **Inequalities:** Severe Mental Illness (SMI) prevalence increasing, especially in Bedford & Luton; higher premature mortality in SMI patients due to preventable physical conditions.
- **Avoidable Admissions:** 9% of all admissions are for Ambulatory Care Sensitive conditions despite important interventions such as virtual wards and community urgent response.
- **Demand Growth:** National community service referrals +24% year-on-year; some BLMK service lines growing at **over double this rate** (e.g., +60% for services such as District Nursing , therapy services and intermediate care).
- **Waiting times:** There is variation across providers in waiting times in Mental Health services there are some services where the mean waiting time is over 40 weeks

1.2 - An overview of BLMK

- At the end of March 2025, BLMK ICB had 1.139m patients registered with a local GP (our 'registered population')
- Our population has similar levels of deprivation to England as a whole, with 34% of our patients living in England's 40% most deprived areas.
- Our population has more ethnic diversity than England as a whole, with 64% of the BLMK population describing their ethnic background as White (5% of BLMK patients have no record of ethnicity and England and Wales 2021 Census had 82% White respondents)
- At present,15% of our population are aged 65 and over (compared to 18% in England[1]); this proportion will grow over time.
- These characteristics vary across our four Places.
- The BLMK area has seen substantial population growth over recent years. Our registered population has increased by 6.1% in the five years since the end of 2019/20.

Population Health Overview:

- BLMK's population is growing and ageing—65+ group to increase by 53% by 2043.
- Ethnic diversity exceeds national averages.
- These trends will drive future health demand.



BLMK data shown here is from patient records at the end of March 2025.

1. England figure from PAPI dashboard from NHS England, data is for 2023.

1.3 - Future changes – an important note

- Local projections of patient numbers are based on work carried out for the local authorities, looking at numbers of *residents*.
- For ICB work, it is important to consider numbers of *registered patients* rather than residents; registered patient counts are usually higher than resident counts. Some of this (not all) may be due to GP patient list inflation but it is not possible to identify and remove these patients.
- As such, the growth rates in each of the four LAs have been applied to the existing registration data in each Place (at March 2025)
- These projections take into account trends in births, deaths, migration, and housebuilding plans that were in place in 2023 when the projections were developed.
- **Substantial additional housebuilding plans are likely under the Government's 'New Towns' programme and these have not been factored in. Commissioners must be mindful of this as new development plans progress.**
- There may also be future business changes and mergers in our BLMK GP practices – patients of a practice 'taken over' by a non-BLMK practice would no longer show as BLMK patients.
- Within BLMK, if a practice joins with a practice in a different Place, all the patients would show as belonging to a single Place.

2.1 - Health Outcomes & Disease Burden

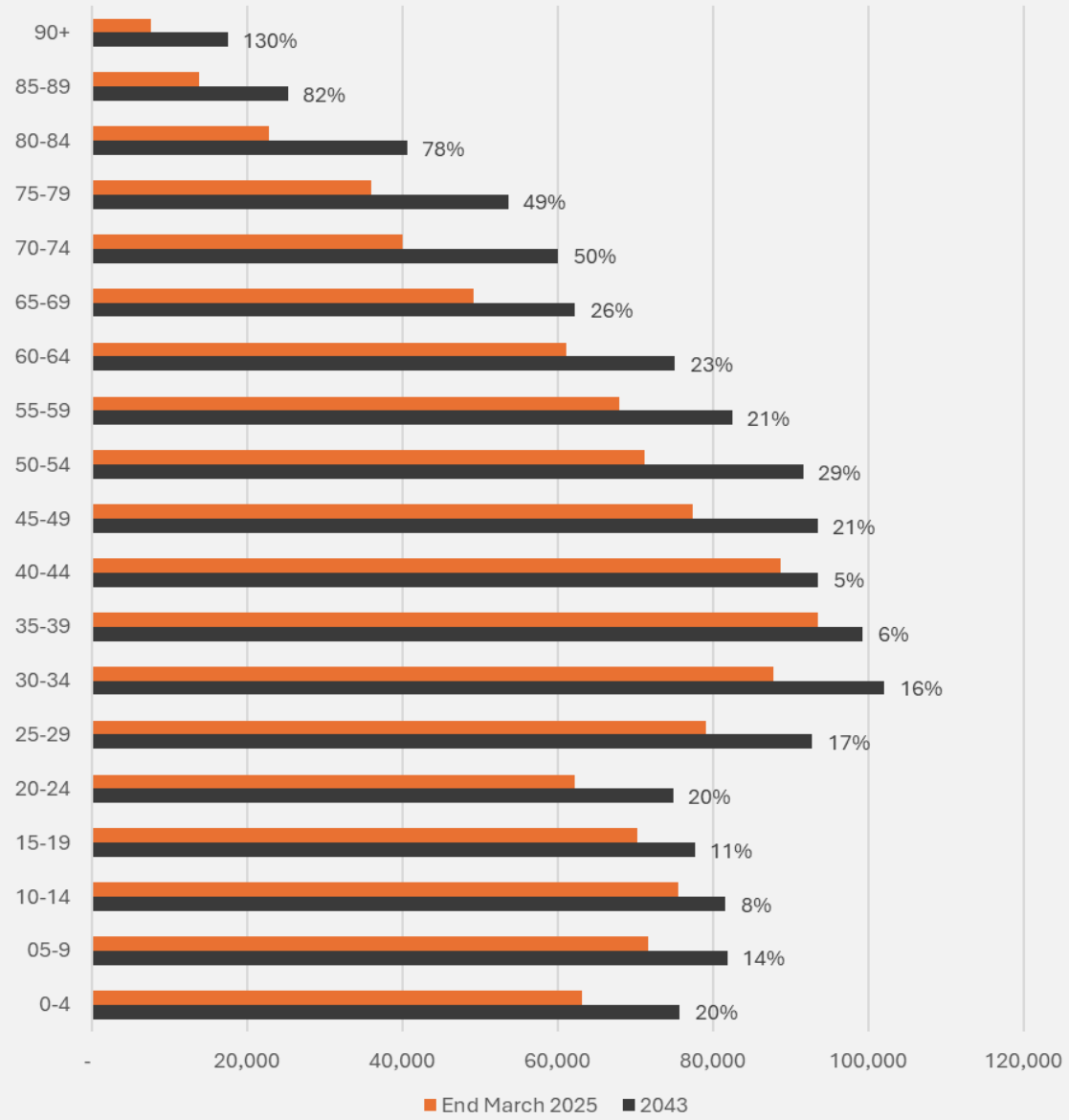
Key Points

MSK and mental health are leading causes of disability.

Life expectancy is close to pre-COVID19 levels, but healthy life expectancy is declining.

Dementia, CKD, and hypertension (and other conditions) are rising in prevalence as the population ages.

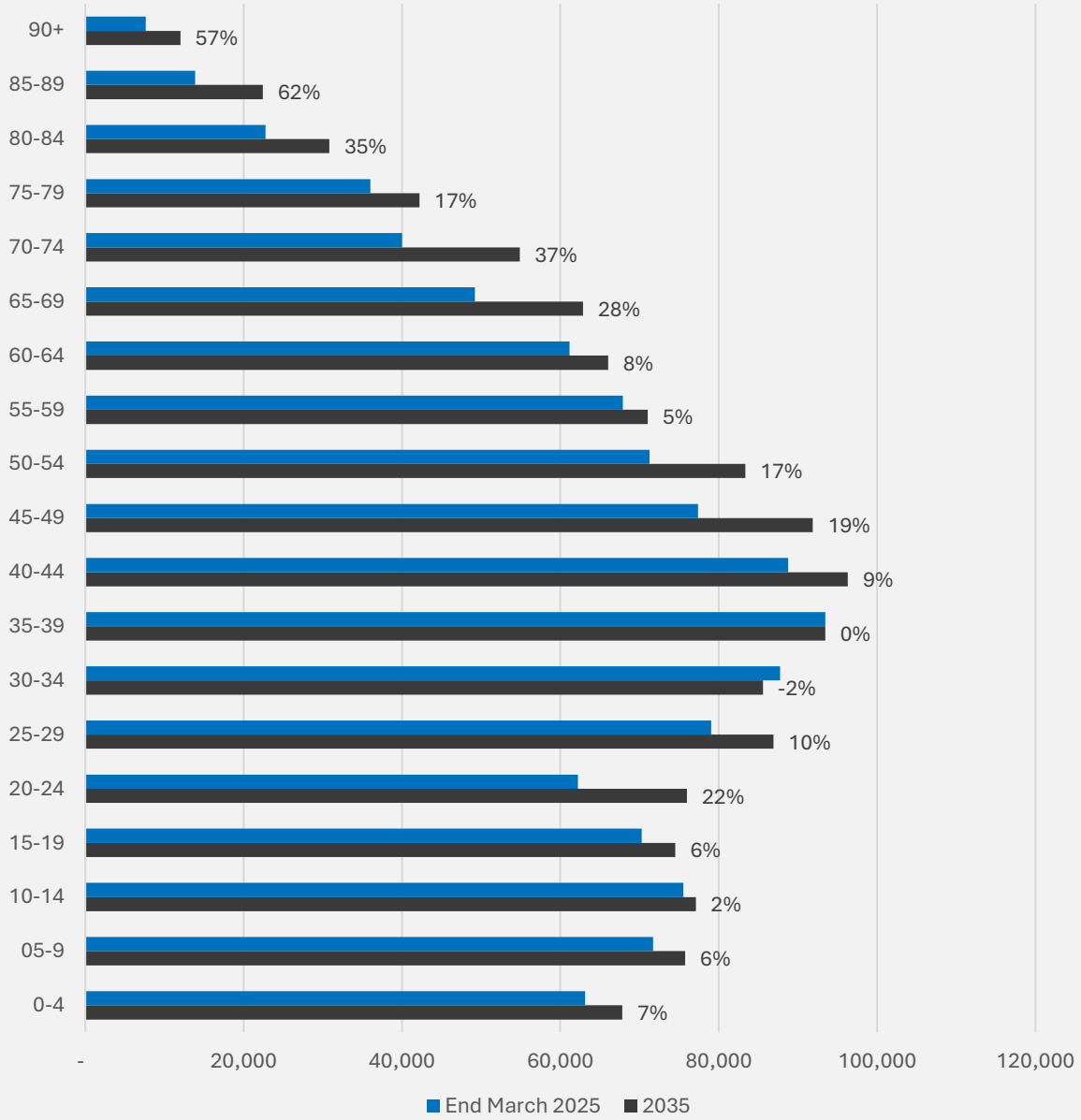
2.2 - BLMK population growth (2025 to 2043)



Data source: registered population data and local projections

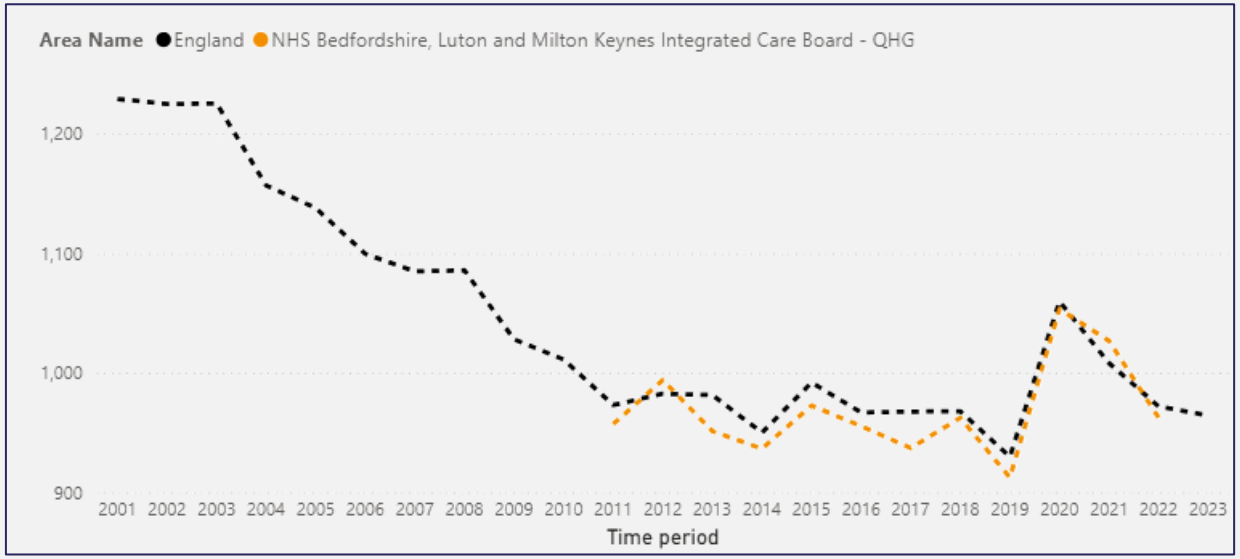
- Locally-developed population projections have taken account of immigration and housebuilding (in MK, BB and CBC) and our local projections differ from ONS projections. **These may be underestimates as additional housing development is likely under central Government plans for additional new towns**.
- Local projections estimate 21% growth across the whole GP-registered population between 2025 (orange) and 2043 (black).
- The oldest age groups (80+) are forecast to nearly double in size or more between 2023 and 2043. The number of people aged 65 and over is forecast to increase by 53% across BLMK overall.
- By 2043, the registered population of BLMK is forecast to be 1.382m - up from 1.139 in 2025 (the base year for these projections).
- **The ageing population and increasing population is the key driver for future increases in health need across BLMK.**

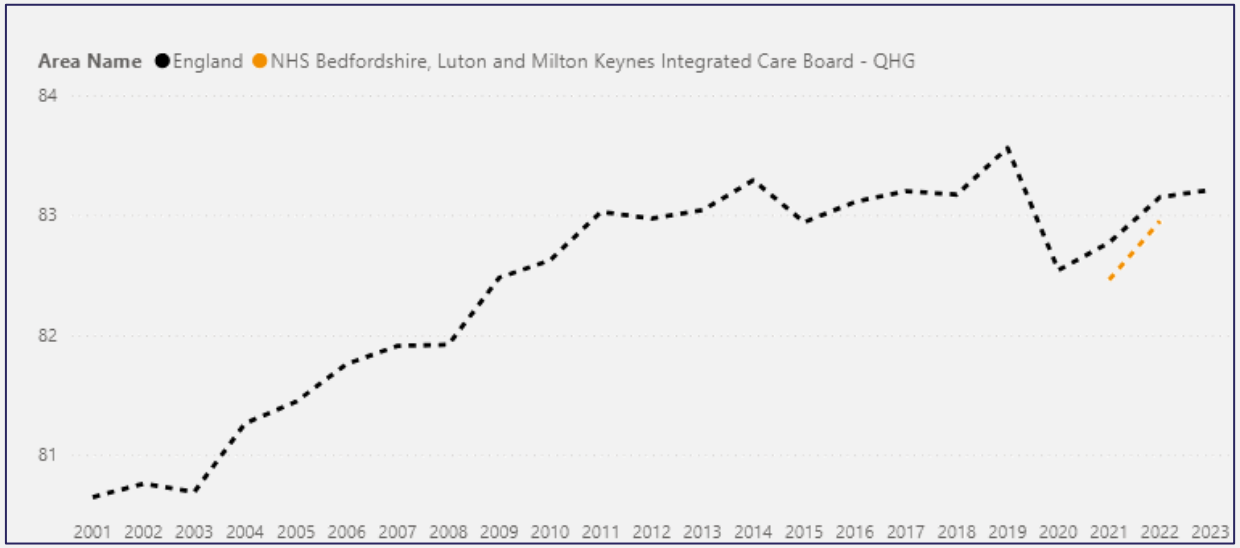
2.3 - BLMK medium term population growth (10 yrs: 2025 to 2035)



- Projected changes over the **next ten years** to 2035 are still significant, with a 47% increase in the numbers of GP-registered patients aged 80+.
- Again – these figures may be underestimates as additional housing development is likely under central Government plans for additional new towns.
- It is important to recognise that over this time period, projected growth in some groups of working age people (30-39) is static or negative.
- While the numbers of children and young people are projected to see moderate growth overall (5% growth in under-20s), the numbers of patients aged 10-14 is likely to change very little.

2.4 - Life expectancy and mortality

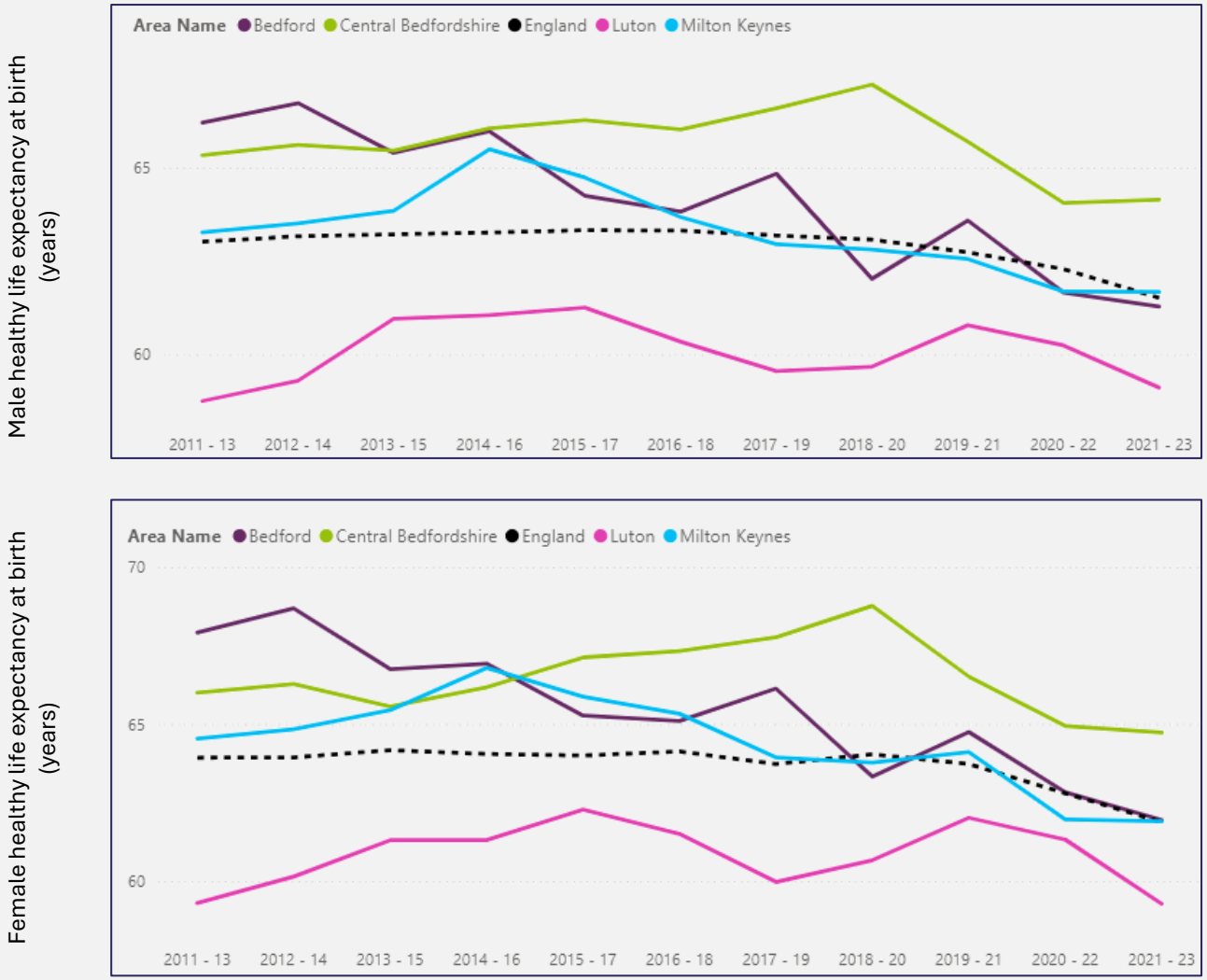




- Life expectancy and mortality are important overall measures of population health.
- All-age all cause mortality in BLMK has not returned to pre-COVID-19 levels (top chart, male and female combined). Our rate closely mirrors the England rate in recent years, although it was better than England prior to COVID-19. Mortality rates are highest in Luton (not shown).
- Life expectancy at birth for females is slightly lower in BLMK than for England as a whole (bottom chart; male figures are close to England and not shown). Again, life expectancy varies by place and Luton's figures are lowest in our area for both men and women.
- The latest data on life expectancy in our Places shows figures in 2023 were close to pre-COVID19 levels.
- The oldest groups in the population are forecast to grow despite static life expectancy. This is partly because population size is driven by migration and house-building as well as by births and deaths, but also because of the numbers of people in the 'baby boomer' generation who are now aging into the oldest groups.

Data source: www.fingertips.gov.uk from DHSC/OHID

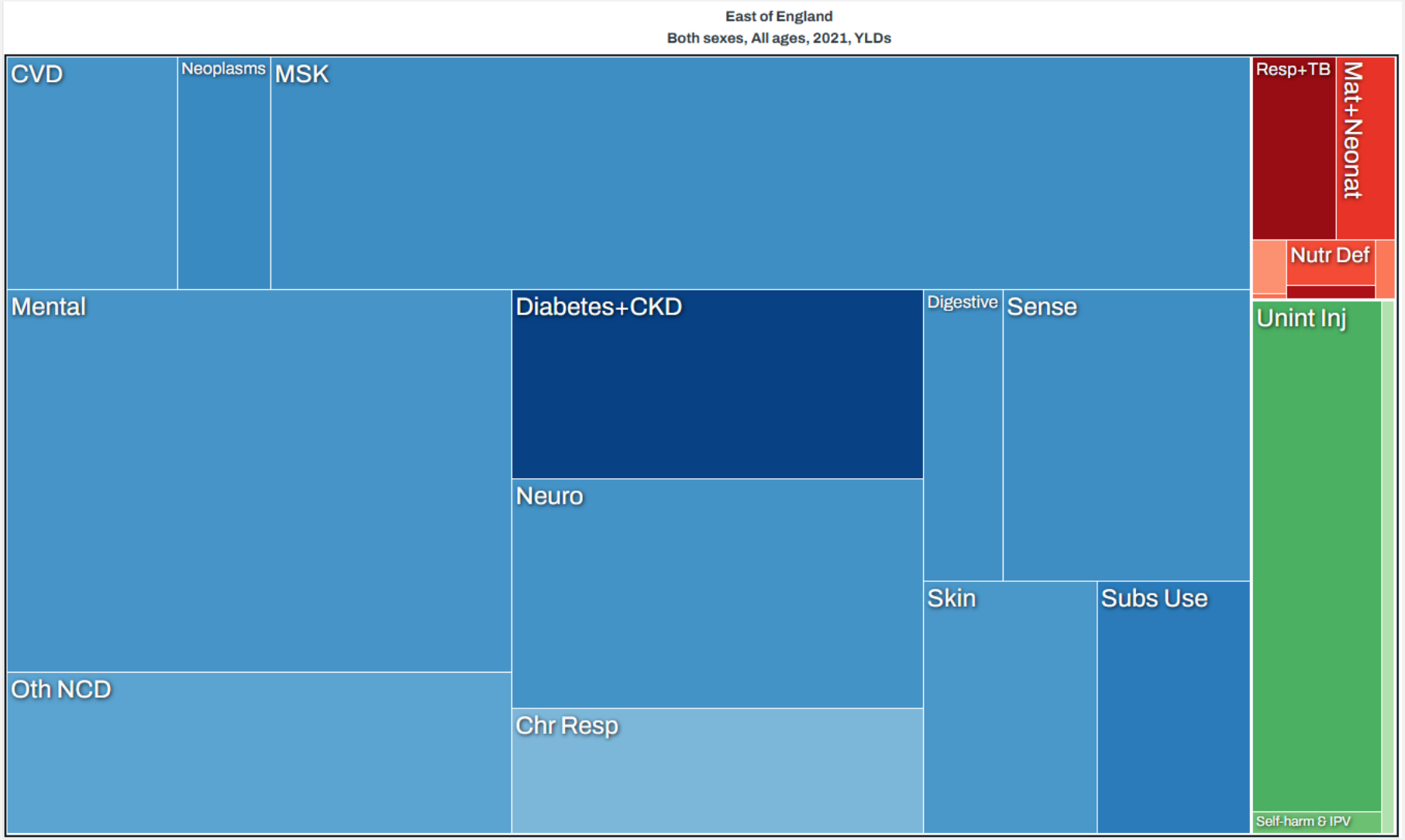
2.5 - Healthy life expectancy



- Healthy life expectancy (HLE) is a good measure of population health, taking account of those years spent in good health, rather than the full lifespan.
- This data is not available at ICB level. However, unfortunately the overall recent trend in HLE is downwards across England and in most of our places for men (top chart) and women (lower chart).

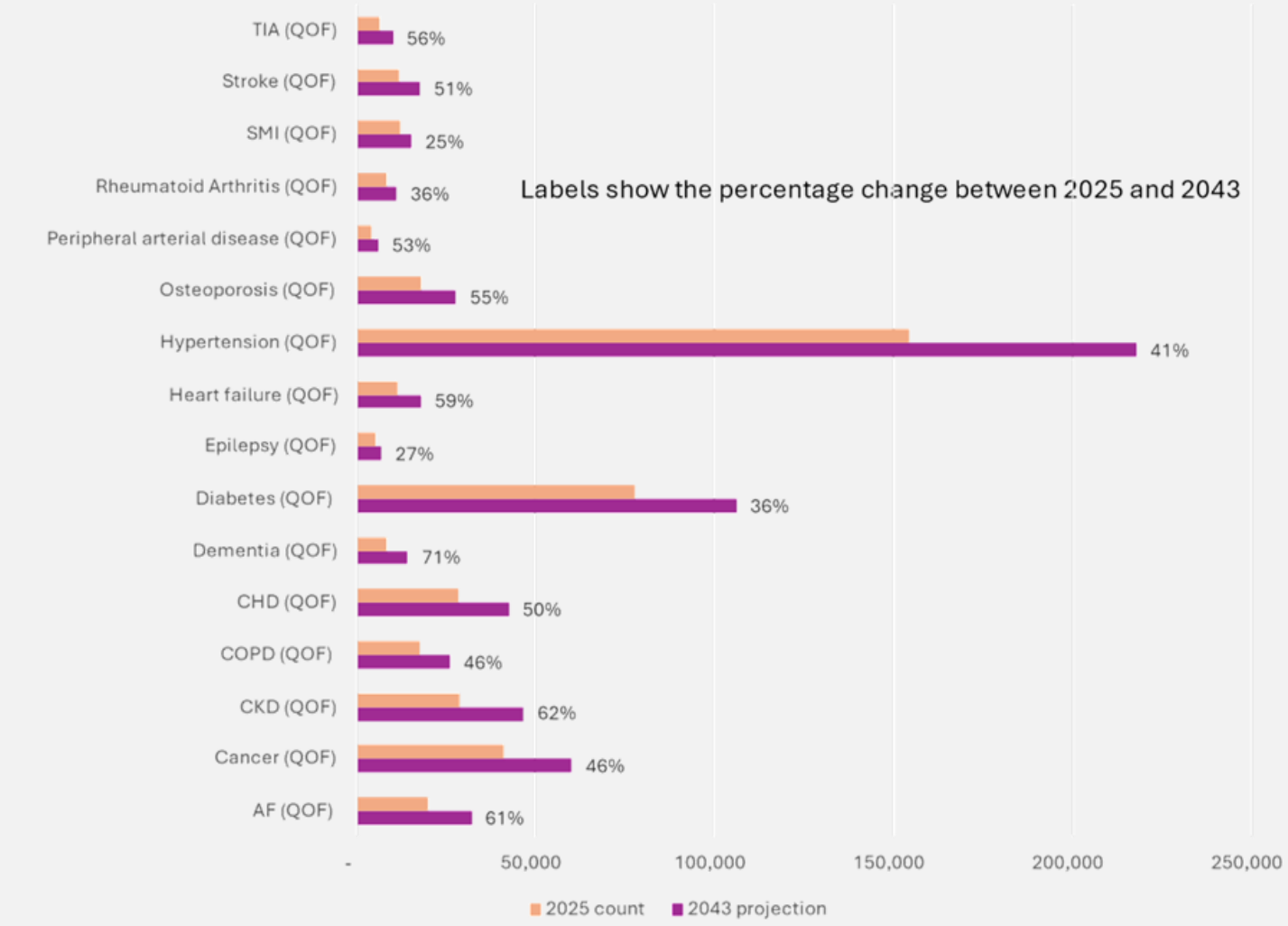
Data source: www.fingertips.gov.uk from DHSC/OHID

2.6 - Causes of disability/poor health



- The Global Burden of Disease tool visualises the causes of 'years lost to disability' in 2021 across the East of England (LA-level views are available but not BLMK).
- Muscle and joint problems cause the most years lived with disability (21%), followed by mental health issues (18%). Brain and nerve conditions come next (9%), then diabetes and kidney disease (7%), sensory problems like hearing or vision loss (7%), and accidental injuries (6%).
- Many common causes of death (CVD, cancer and respiratory conditions) have a much smaller contribution to years lived with disability.

3.1 - Projections For Common QOF Conditions



Data source: PHIU analysis of current patient data, applied to population projections

As the population grows and ages, the number of people with common health conditions will increase.

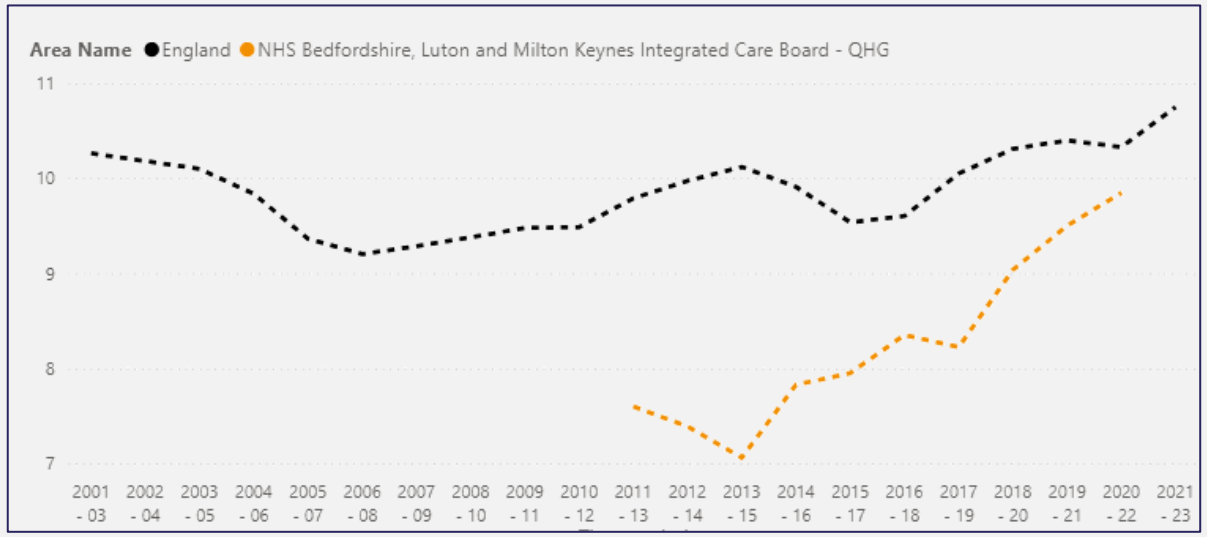
The largest absolute increase is likely to be in the numbers of people with hypertension.

However, the largest relative (percentage) increase is likely to be in those conditions most associated with older age, such as dementia, AF, CKD, heart failure and CHD.

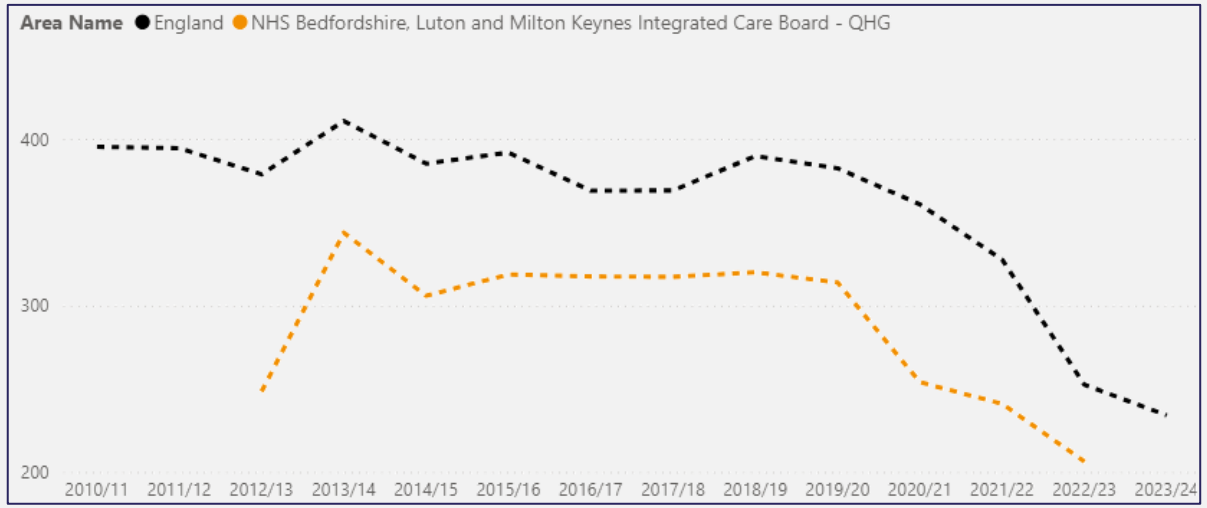
This visualisation uses the whole population as the denominator and so QOF prevalence values may differ in some cases from data published nationally.

3.2 - Mental health (suicide and self harm)

Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (all persons)



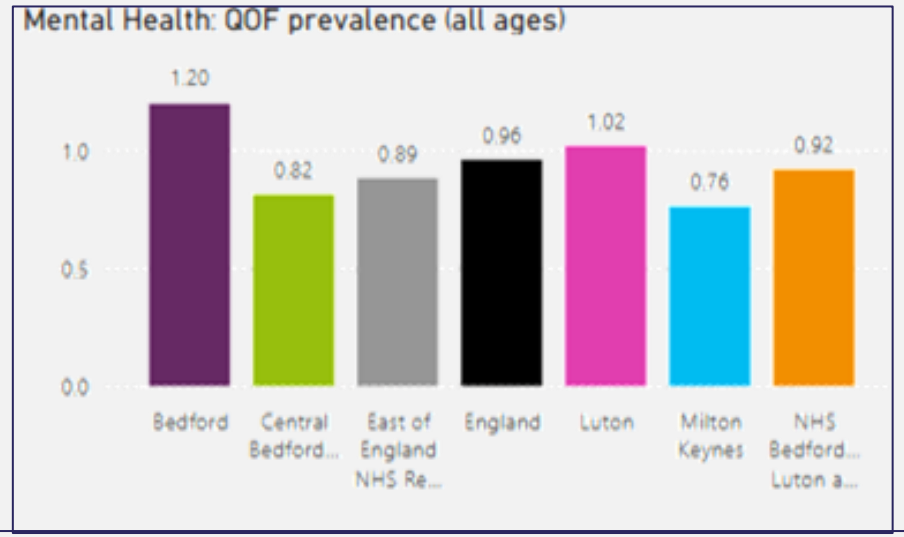
Emergency Hospital Admissions for Intentional Self Harm, directly age standardised rate, all ages, Persons.

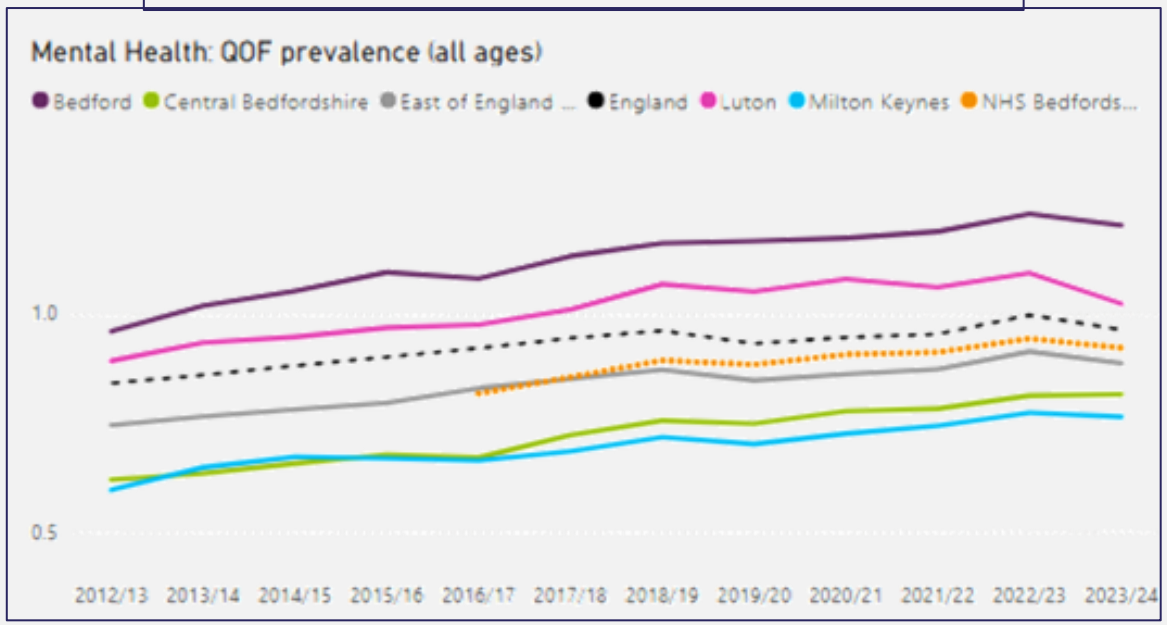


- Rates of death by suicide in BLMK have historically been lower than in England as whole (top chart), but are increasing more rapidly.
- Male rates are higher than female rates (neither are shown) and male rates are now very close to the England average.
- Emergency admissions for self-harm are higher for women than for men (not shown; lower chart shows all persons).
- Overall, emergency self-harm admissions are declining in BLMK and in England, and BLMK's rates are lower than England's.

Data source: www.fingertips.gov.uk from DHSC/OHID

3.3 - Serious mental illness

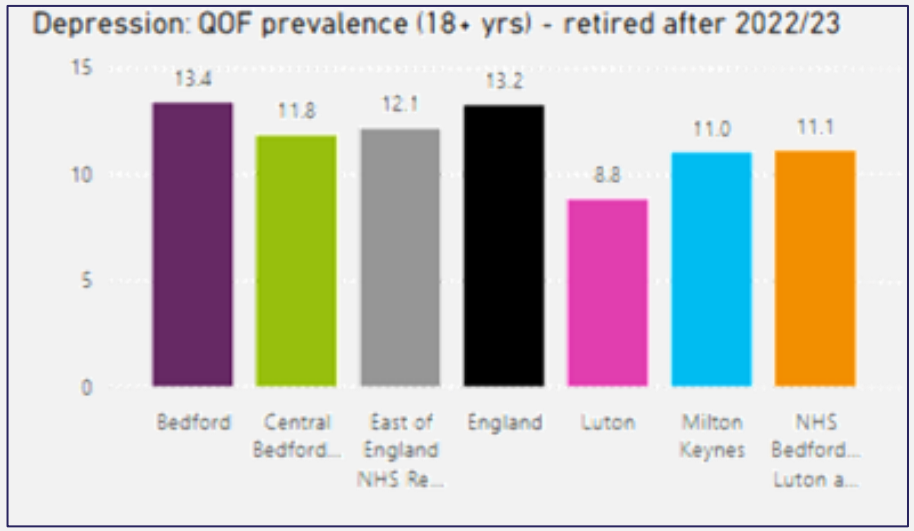


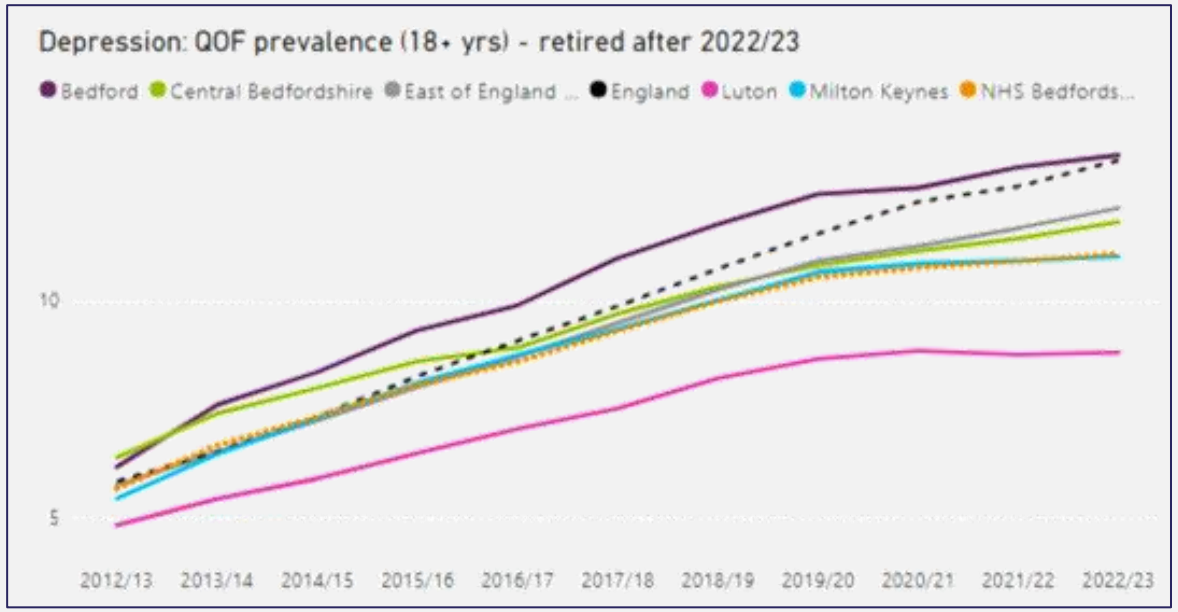


- "Serious mental illness" includes schizophrenia, bipolar affective disorder, and psychoses, and any condition medicated with lithium. It does not include anxiety or depression.
- SMI prevalence has been gradually increasing in all our Places over time and rates are highest in Bedford and Luton.
- This is data from the QOF SMI indicator and is not age-standardised.

Data source: www.fingertips.gov.uk from DHSC/OHID

3.4 - Depression prevalence (Retired)

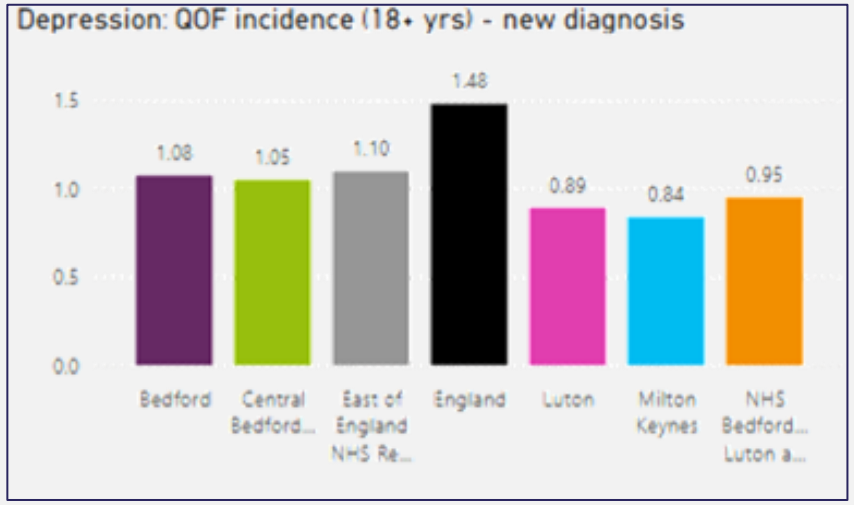


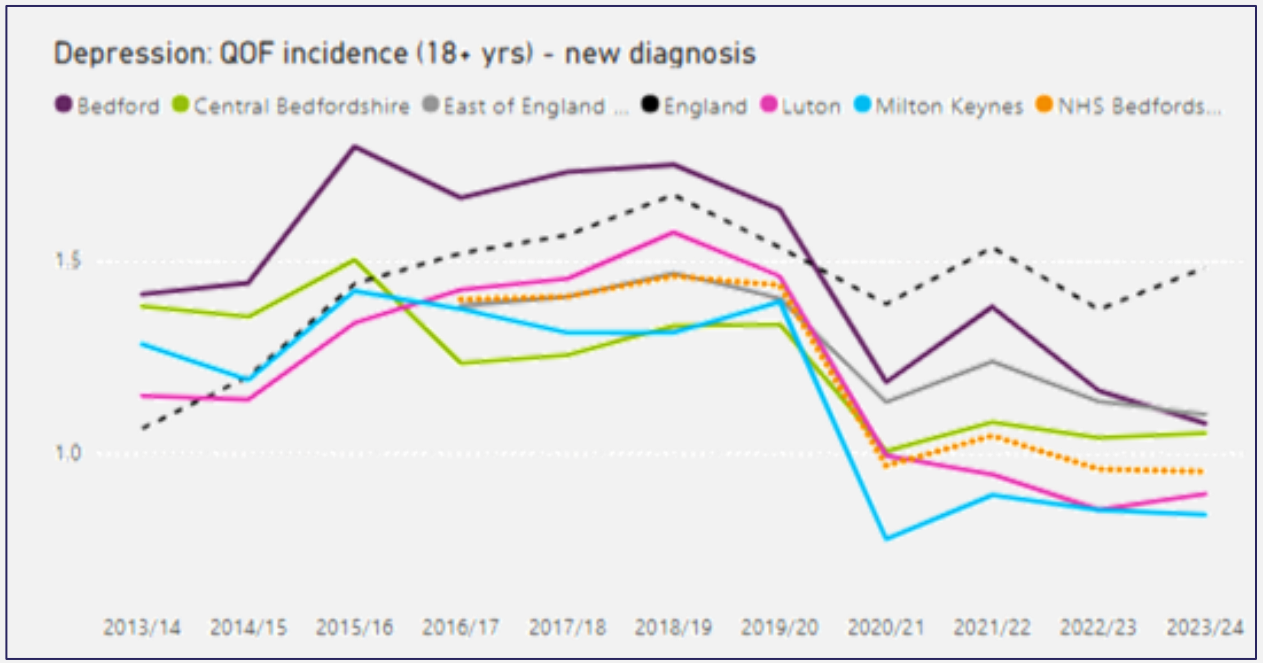


- This is data from the QOF depression prevalence indicator and is not age-standardised.
- This indicator will not be updated in future but shows a steady growth in overall prevalence of depression until 2022/23 in most of our areas.
- Luton had the lowest prevalence and Bedford had the highest.
- Depression is the second commonest condition in this data pack (after hypertension).

Data source: www.fingertips.gov.uk from DHSC/OHID

3.5 - Depression (new diagnosis)



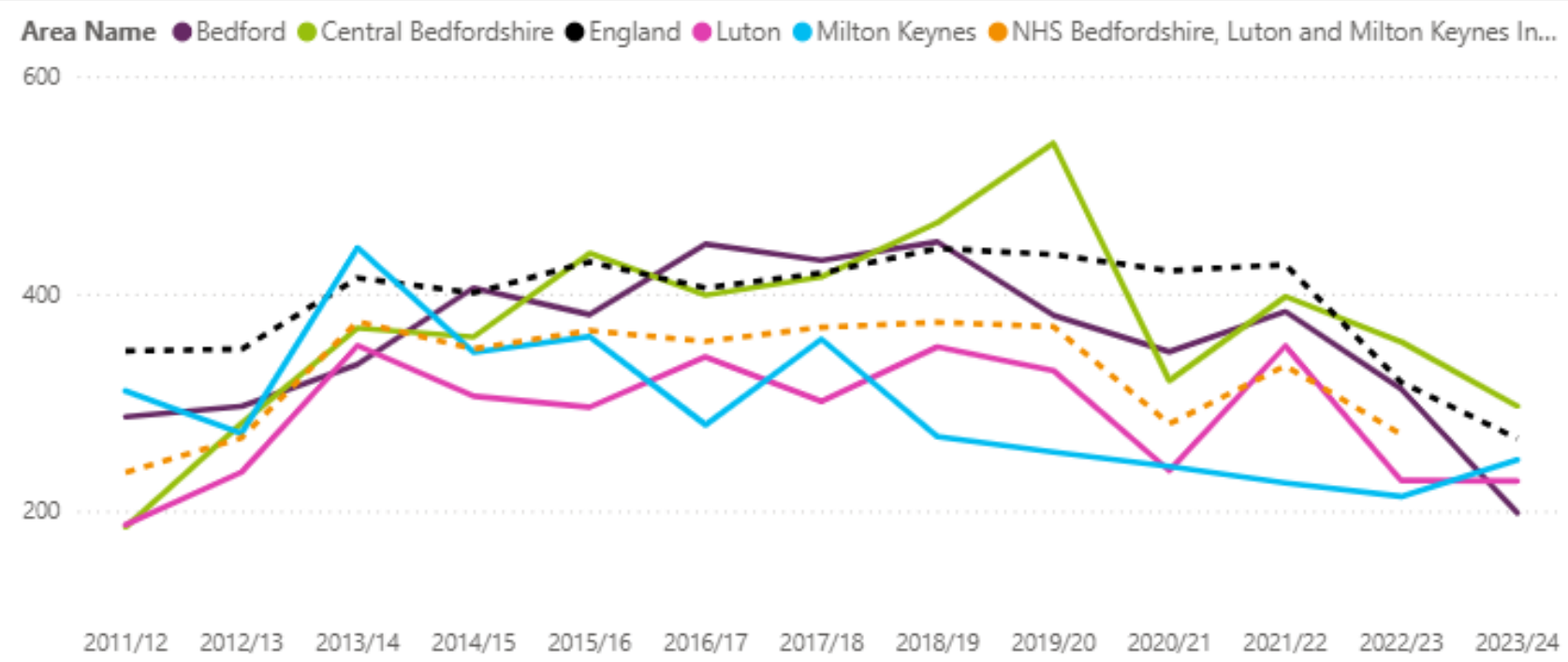


Data source: www.fingertips.gov.uk from DHSC/OHID

- This is a new way of looking at depression by **incidence**, measuring the % of the population with a new diagnosis of depression each year, rather than total prevalence. This is data from the new QOF depression indicator and is not age-standardised.
- New diagnoses fell during COVID-19 and have not recovered to their previous rate
- Bedford has the highest rate of new diagnoses per 100 patients, and MK has the least.
- All areas are lower than the England average

3.6 - Mental health (other conditions)

Hospital admissions as a result of self-harm (10-24 yrs) Directly standardised rate – per 100,000



- The 2023/24 rate of hospital admissions due to self-harm in young people aged 10-24 years was significantly lower than the England average in Bedford Borough, and similar to the national rate in the other localities.
- Admissions due to self-harm are much higher in females than in males (not shown).
- With links to other mental health conditions such as depression and increased risk of suicide, the emotional causes of self-harm may require psychological assessment and treatment.

Data source: www.fingertips.gov.uk from DHSC/OHID

3.7 - Co-morbidities in mental health and LD

1 People who have these reference conditions

2 also have these comorbidities

Use the scrollbar below the grid to reveal more comorbidities

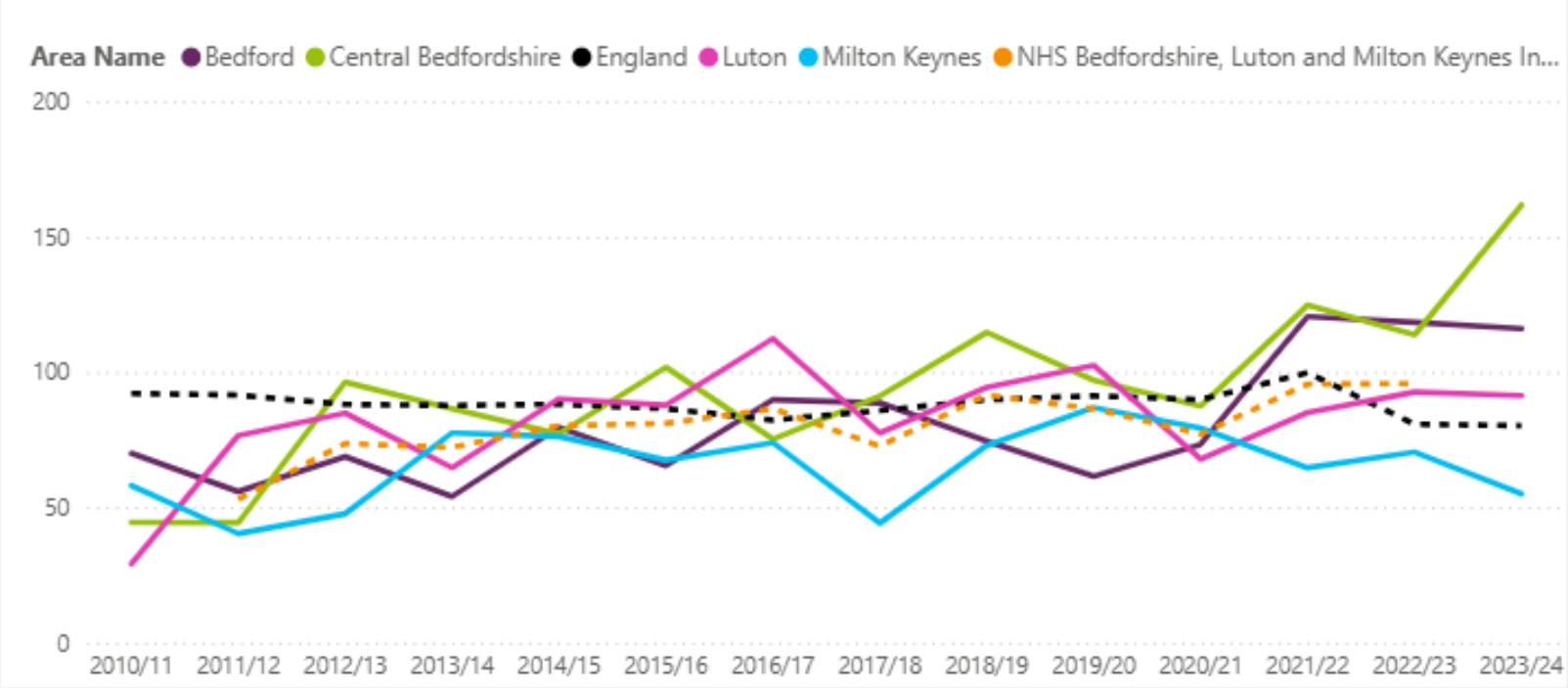
	Cancer	Cerebrovascular Disease	Chronic Kidney Disease	Chronic Pain	COPD	Coronary Heart Disease	Dementia	Depression	Diabetes	Epilepsy	Heart Failure	Hypertension	Learning Disability	Physical Disability	Serious Mental Illness
Depression	7.2%	4.9%	1.7%	6.8%	5.3%	7.8%	1.9%		12.0%	2.6%	2.8%	20.0%	1.8%	2.1%	7.2%
Learning Disability	5.1%	5.1%	1.7%	3.6%	3.4%	4.9%	2.8%	35.1%	16.7%	17.0%	2.5%	13.9%		10.4%	13.8%
Serious Mental Illness	6.5%	6.8%	2.3%	6.1%	6.8%	8.8%	4.0%	55.5%	20.0%	5.3%	3.8%	22.2%	5.6%	2.6%	
All BLMK pts:	*4.1%*	*1.9%*	*0.7%*	*1.7%*	*1.8%*	*3.8%*	*0.7%*	*8.1%*	*6.8%*	*0.9%*	*1.3%*	*10.8%*	*0.4%*	*0.8%*	*1.1%*

- People with depression and SMI have higher rates of many other health conditions compared to the 'background rate' for all BLMK patients.
- The table also contains co-morbidity data for people with learning disability (LD); rates of other health conditions tend to be higher, and the higher prevalence of depression, epilepsy, diabetes, physical disability and SMI are particularly notable.
- Prevalence rates are all-age and not age-standardised.

Data source: PAPI dashboard from NHS England, data is for 2023. Data on other additional conditions is available in the PAPI dashboard .

3.8 - Mental health (CYP)

Hospital admissions for mental health conditions (<18yrs) - crude rate per 100,000 population



Data source: www.fingertips.gov.uk from DHSC/OHID

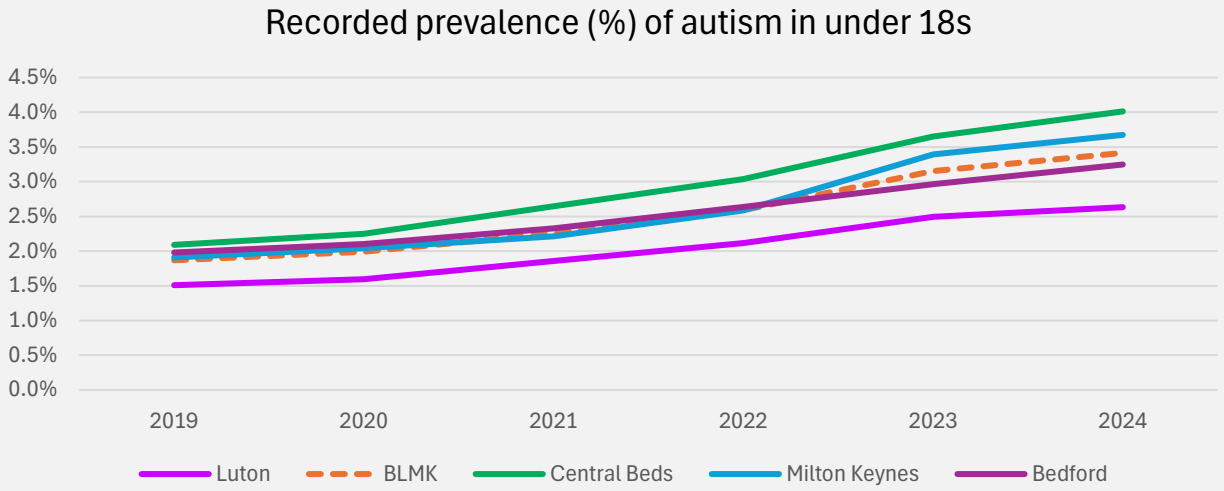
- The rate of 2023/24 hospital admissions for mental health disorders in children aged under 18 was significantly higher in Central Bedfordshire (162 per 100,000) and Bedford Borough (116 per 100,000) than for England as a whole (80 per 100,000).

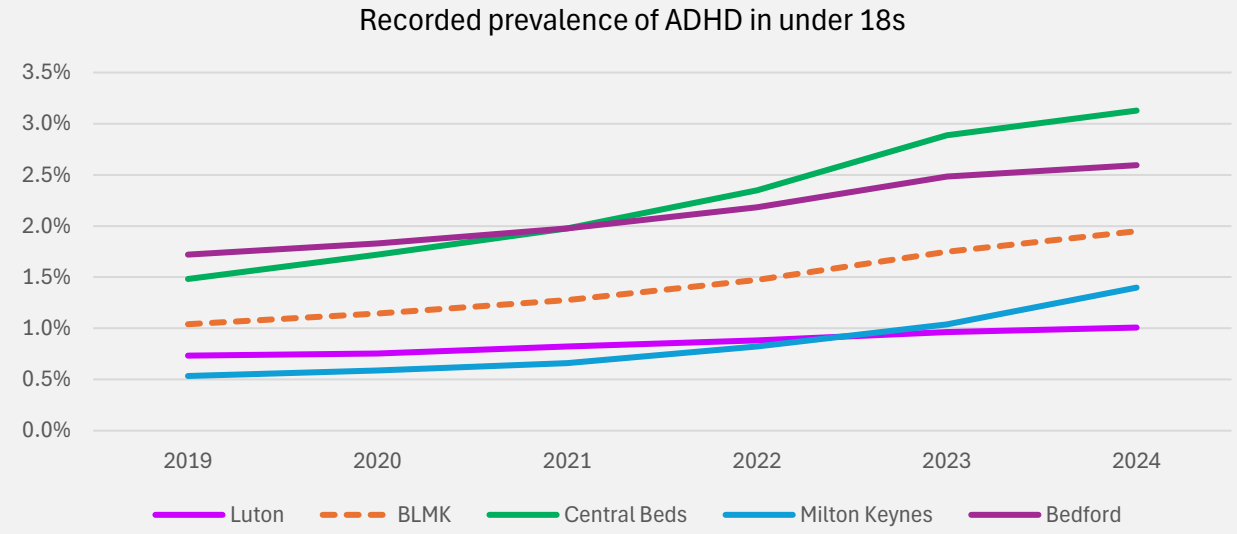
One in ten children aged 5 to 16 years have a clinically diagnosable mental health condition and half of adults with a long-term mental health condition will have experienced their first symptoms before the age of 14.

Self-harm and substance misuse are known to be more common in children and young people with mental health conditions, with one in ten 15 to 16 year-olds having self-harmed. [1]

Failure to treat mental health conditions in children and young people can negatively impact their life chances, including career prospects adult relationships.

3.9 - Neurodiversity

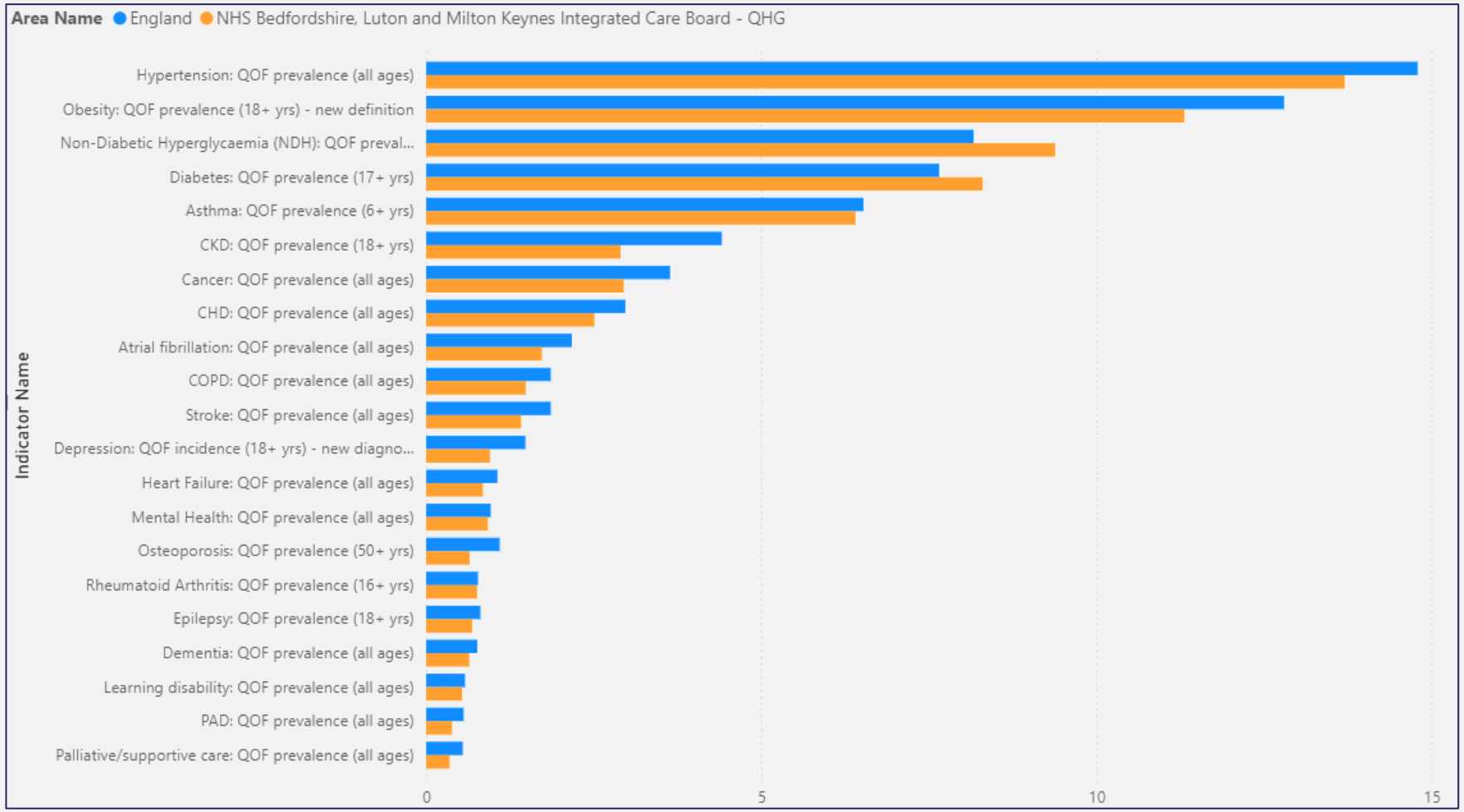




Data source: AGEM DME, accessed on 28th Aug. 2025

- NHS England define neurodiversity as the natural variations in brain function, with neurodivergent children processing information differently. Conditions include autism, attention deficit hyperactivity disorder (ADHD) and dyslexia. [1]
- Early identification and support for children with neurodivergence can prevent potential negative outcomes, including educational, behavioural and mental health issues, and long-term health problems.
- Rates of diagnosed autism and ADHD have been steadily increasing since 2019.
- The recorded prevalence of autism in Luton is lower than the BLMK average and the other localities. The recorded prevalence of ADHD (attention deficit hyperactivity disorder) in Luton and Milton Keynes is lower than the BLMK average, whilst the recorded prevalence is higher in Bedford Borough and Central Bedfordshire.
- Delays in diagnosis are common and neurodivergent conditions may be under-diagnosed in certain population groups, and this could affect the patterns of recorded prevalence observed in BLMK.

3.10 - England / BLMK 'prevalence gaps'



- This chart compares prevalence of QOF conditions (2023/24 data) in England (blue) with BLMK (orange).
- BLMK's population is younger overall than the England average, and this is reflected in lower prevalence of many conditions, including hypertension, CKD, cancer and AF.
- However, BLMK has a higher prevalence of non-diabetic hyperglycaemia and diabetes.

Data source: www.fingertips.gov.uk from DHSC/OHID

3.11 - Multimorbidity

1 People who have these reference conditions	2 also have these comorbidities											
	Atrial Fibrillation	Cancer	Cerebrovascular Disease	Chronic Kidney Disease	COPD	Coronary Heart Disease	Dementia	Depression	Diabetes	Heart Failure	Hypertension	Learning Disability	Serious Mental Illness
Atrial Fibrillation		21.8%	21.7%	9.6%	16.0%	43.1%	7.8%	14.1%	29.4%	30.6%	75.2%	0.3%	1.9%
Cancer	10.7%		8.0%	4.4%	9.3%	15.2%	2.9%	14.0%	19.4%	6.4%	45.2%	0.5%	1.7%
Cerebrovascular Disease	22.8%	17.2%		7.4%	13.4%	30.7%	11.7%	20.4%	29.0%	14.6%	67.3%	1.1%	3.7%
Chronic Kidney Disease	26.3%	24.5%	19.3%		15.6%	37.4%	8.4%	18.2%	38.5%	25.4%	80.5%	1.0%	3.3%
COPD	18.5%	21.9%	14.7%	6.6%		32.0%	5.7%	24.5%	27.5%	16.6%	59.9%	0.8%	4.1%
Coronary Heart Disease	23.1%	16.5%	15.6%	7.3%	14.8%		5.3%	16.7%	37.0%	20.8%	75.2%	0.6%	2.5%
Dementia	24.0%	18.0%	34.4%	9.5%	15.2%	30.6%		23.5%	30.5%	16.1%	69.6%	1.8%	6.5%
Depression	3.5%	7.2%	4.9%	1.7%	5.3%	7.8%	1.9%		12.0%	2.8%	20.0%	1.8%	7.2%
Diabetes	8.7%	11.7%	8.2%	4.2%	7.0%	20.5%	2.9%	14.2%		7.3%	50.2%	1.0%	3.1%
Heart Failure	47.5%	20.1%	21.6%	14.4%	22.3%	60.4%	8.1%	17.6%	38.1%		79.8%	0.8%	3.0%
Hypertension	14.2%	17.4%	12.1%	5.6%	9.8%	26.6%	4.3%	15.1%	32.0%	9.7%		0.6%	2.2%
Learning Disability	1.7%	5.1%	5.1%	1.7%	3.4%	4.9%	2.8%	35.1%	16.7%	2.5%	13.9%		13.8%
Serious Mental Illness	3.7%	6.5%	6.8%	2.3%	6.8%	8.8%	4.0%	55.5%	20.0%	3.8%	22.2%	5.6%	

- This matrix shows multi-morbidity for selected conditions across the whole BLMK population (2023 data).
- Hypertension is the most common co-morbidity, and dementia, CKD and heart failure have high rates of co-morbidities due in part to the age of these cohorts.
- Multi-morbidity is much more common in older patients (next Page).

Data source: PAPI dashboard from NHS England, data is for 2023. Data on other additional conditions is available in the PAPI dashboard .

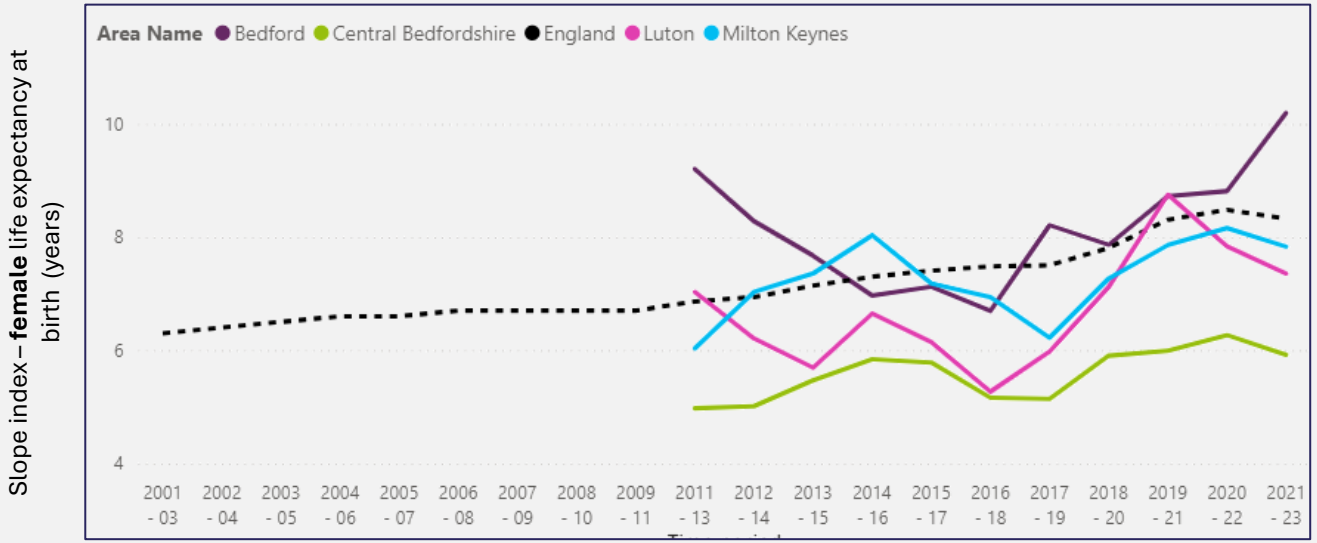
3.12 - Multimorbidity in 75-84 yr olds

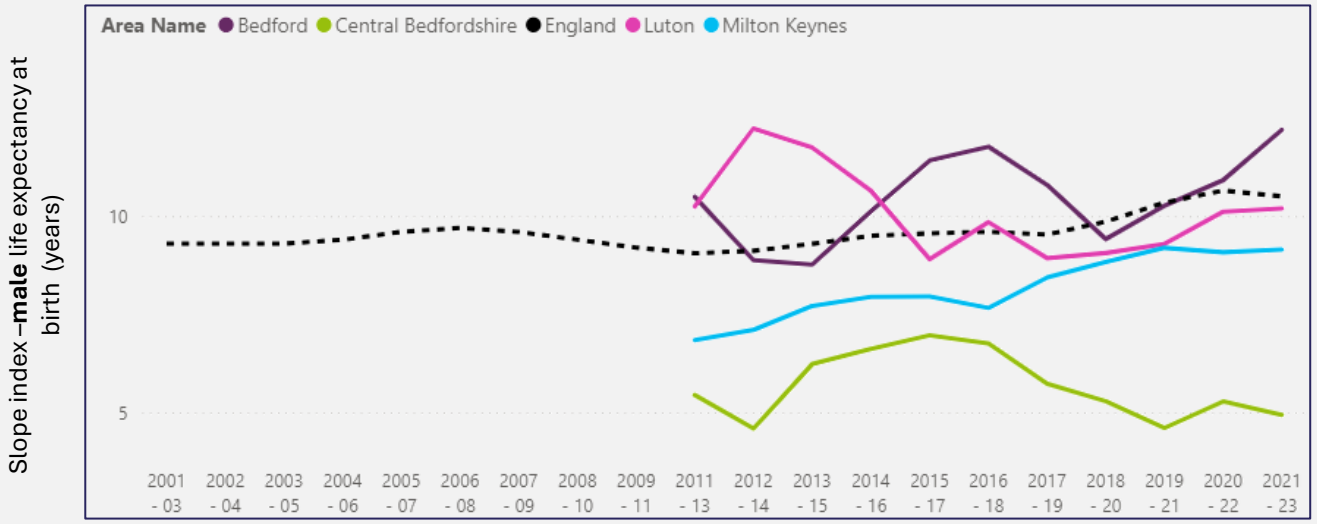
1 People who have these reference conditions	2 also have these comorbidities											
	Atrial Fibrillation	Cancer	Cerebrovascular Disease	Chronic Kidney Disease	COPD	Coronary Heart Disease	Dementia	Depression	Diabetes	Heart Failure	Hypertension	Learning Disability	Serious Mental Illness
Atrial Fibrillation		26.9%	23.5%	10.6%	19.4%	47.1%	7.9%	11.1%	31.0%	31.9%	82.2%	0.2%	1.4%
Cancer	18.9%		11.8%	7.0%	14.3%	24.8%	4.9%	9.5%	25.6%	10.1%	67.2%	0.2%	1.1%
Cerebrovascular Disease	31.9%	22.9%		9.3%	18.2%	37.9%	15.1%	16.0%	33.4%	18.6%	80.7%	0.5%	3.0%
Chronic Kidney Disease	35.1%	32.8%	22.7%		22.2%	46.3%	9.1%	14.7%	42.6%	30.1%	89.7%	0.2%	2.9%
COPD	26.7%	28.1%	18.4%	9.2%		38.7%	7.8%	16.4%	30.6%	21.4%	74.3%	0.3%	1.7%
Coronary Heart Disease	32.1%	24.0%	19.0%	9.5%	19.1%		7.5%	12.0%	37.5%	24.9%	85.3%	0.2%	1.4%
Dementia	22.5%	19.8%	31.8%	7.8%	16.2%	31.6%		22.0%	32.4%	14.4%	69.6%	0.9%	5.6%
Depression	19.9%	24.2%	21.1%	8.0%	21.4%	31.5%	13.8%		30.1%	14.1%	70.9%	0.8%	8.0%
Diabetes	18.5%	21.8%	14.7%	7.7%	13.3%	32.9%	6.8%	10.0%		13.9%	75.5%	0.3%	1.9%
Heart Failure	57.4%	25.8%	24.7%	16.4%	28.0%	65.7%	9.1%	14.2%	41.9%		88.0%	0.2%	2.1%
Hypertension	20.9%	24.4%	15.1%	6.9%	13.8%	31.9%	6.2%	10.1%	32.1%	12.4%		0.2%	1.4%
Learning Disability	14.9%	23.0%	34.5%	5.7%	16.1%	20.7%	26.4%	36.8%	44.8%	11.5%	67.8%		16.1%
Serious Mental Illness	16.5%	18.8%	26.0%	10.3%	14.3%	24.6%	23.0%	52.9%	37.5%	14.0%	63.3%	2.2%	

Data source: PAPI dashboard from NHS England, data is for 2023. Data on other additional conditions is available in the PAPI dashboard .

- This matrix shows multi-morbidity for selected conditions in older adults aged 75-84 (2023 data).
- Multimorbidity increases considerably with age.

4.1 - Health inequalities in BLMK

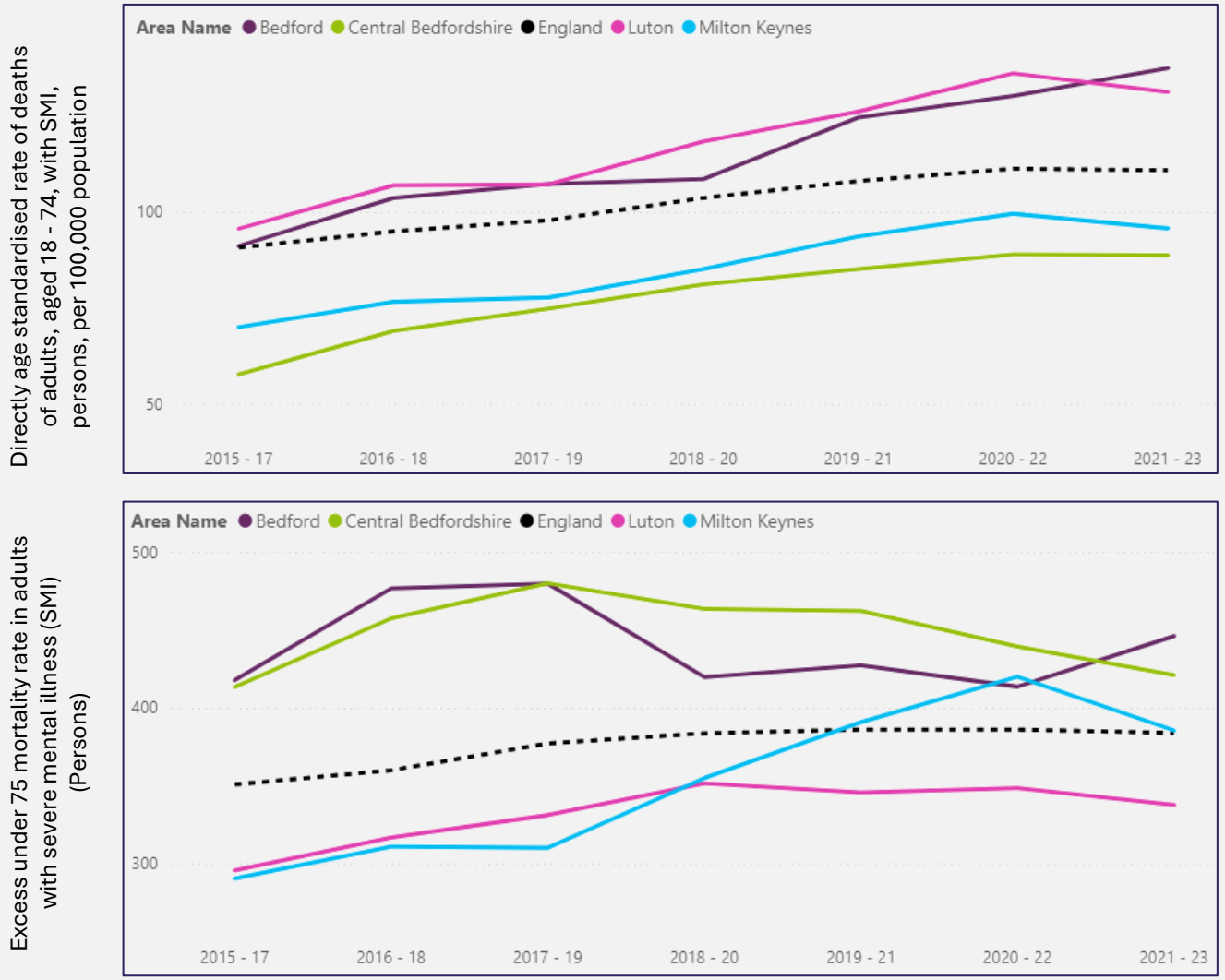




- The slope index of life expectancy measures the difference in life expectancy between the most and least deprived areas in a local geography – the larger the difference, the worse the inequality.
- On this measure, health inequalities linked to deprivation have been getting worse for women in our places since around 2016-18(top chart), and also for men in Bedford and MK (lower chart).
- Inequalities are highest in Bedford.

Data source: www.fingertips.gov.uk from DHSC/OHID

4.2 - Health inequalities in BLMK: mortality and SMI



- Patients with SMI (serious mental illness) are at higher risk of premature mortality.
- The top chart shows that Luton and Bedford both have higher rates of premature mortality for this group of patients than the England average, and the rates have been increasing over time.
- The lower chart shows the excess risk for premature mortality in people with SMI: people in this group have a premature mortality risk between 446% and 337% of the background risk in our Places.

Data source: www.fingertips.gov.uk from DHSC/OHID. SMI here refers to any patient with a referral to MH services within five years of death.

4.3 – Summary: Health Inequalities by Ethnicity in BLMK

Emergency admission rates for under 18s: the highest emergency admission rates are for people of Asian Pakistani (12,508 per 100,000) and White Irish (11,391 per 100,000) ethnicity. Overall, the rate for the whole population was 8,808 per 100,000.

Detentions under the Mental Heath Act: there were large variations by ethnicity from 33 per 100,000 in people from an Indian Asian background to 192 per 100,000 in people of Black Caribbean ethnicity. The rate for the population as a whole was 66/100,000.

Across the whole population, 66% of hypertensives have good BP control, but Black patients were least likely to have good control (58%)

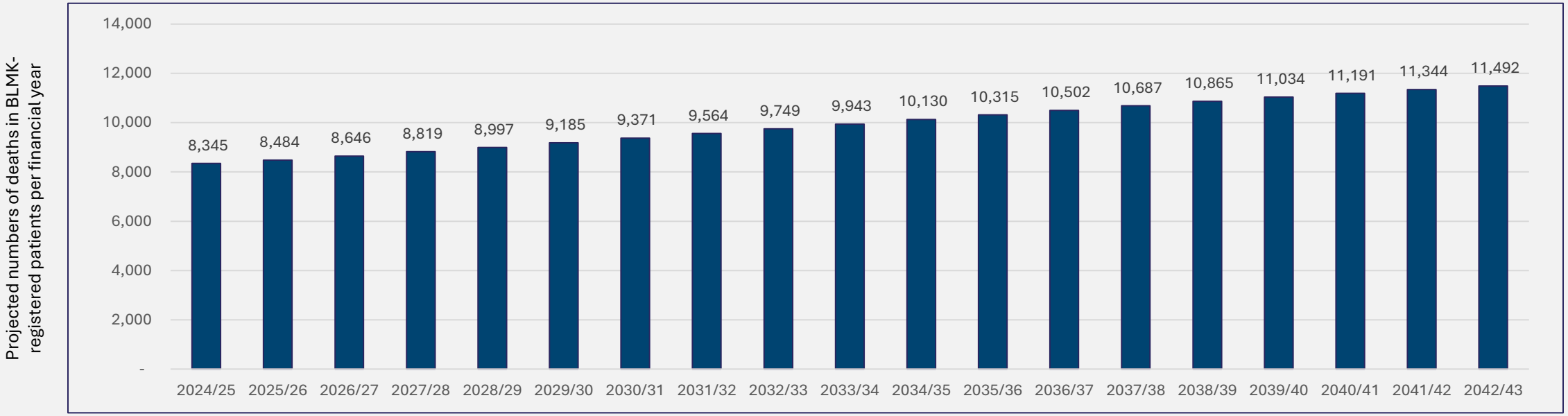
4.4 - Future Service Demand

Referrals projected to rise 30–75% across most services by 2043.

Memory services and crisis response lines show sharp increases.

Planning must account for demographic-driven demand.

4.5 - Predicted numbers of deaths



- Applying predicted mortality rates to our registered population allows an estimation of future deaths in BLMK patients. The number of deaths is predicted to increase by 19% by 2034/25 and by 38% by 2042/43.
- These may be overestimates as the observed number of deaths in 24/25 was actually 7,652.
- Deaths / proximity to death are a good predictor of demand as on average a person will consume 1/3 of their lifetime care costs in the last two years of life.[1]

Data source: PHIU analysis using number of forecast deaths in LA residents, combined with registered patient population projections

1. Strategic evidence base for Devon STP's Long Term Plan

4.6 - Projections of referrals to MH and community services

The following Pages present projections of referrals to 2043/44. The analysis took data on referrals in 2023/24 by age and sex and combined these age/sex rates with population projections.

The resulting numbers / percentage growth are therefore forecasts of what is likely to happen if:

1. Referral patterns by age/sex continue into the future,
2. Population forecasts are accurate.
3. The analysis does not take into account planned service developments or potential changes in age/sex patterns of referrals (if, for example, there is an increase in the rate of referrals for neurodevelopmental service for female patients in future).

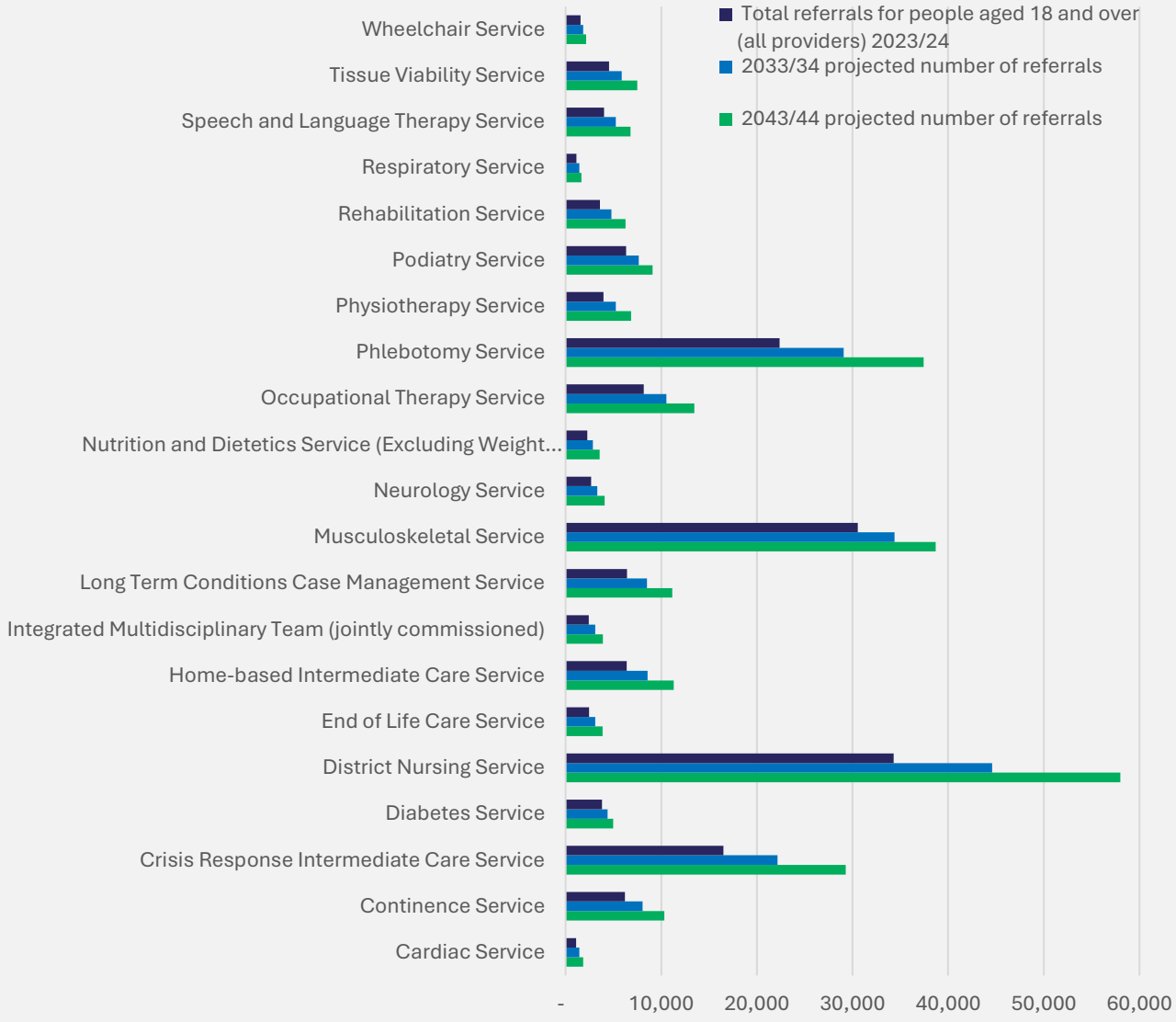
4.7 - Projected referrals to community services (18+)

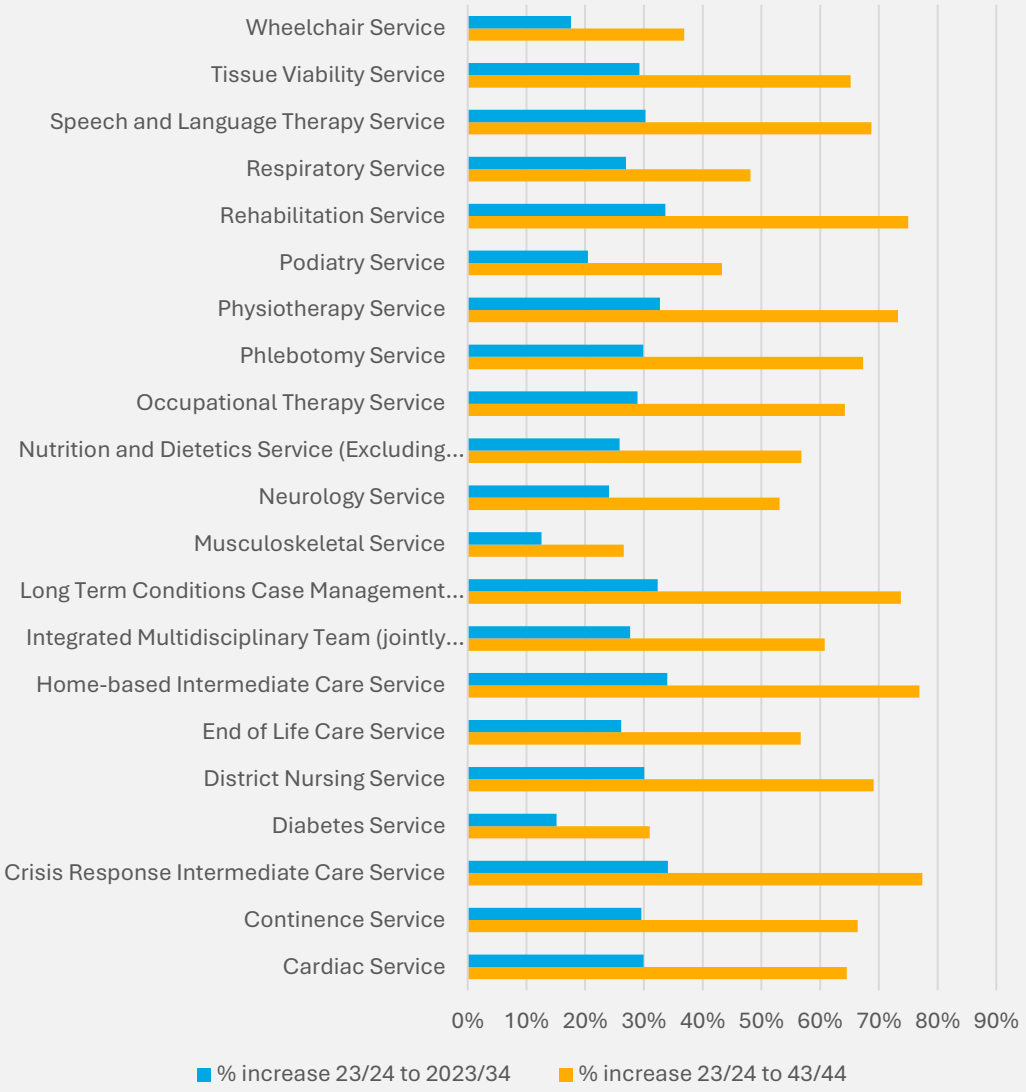
Service referred to	Total referrals for people aged 18 and over (all providers) 2023/24	2033/34 projected number of referrals	% increase 23/24 to 2033/34	2043/44 projected number of referrals	% increase 23/24 to 43/44
Cardiac Service	1,112	1,445	30%	1,830	65%
Continence Service	6,207	8,042	30%	10,328	66%
Crisis Response Intermediate Care Service	16,513	22,146	34%	29,296	77%
Diabetes Service	3,808	4,385	15%	4,988	31%
District Nursing Service	34,297	44,606	30%	58,009	69%
End of Life Care Service	2,464	3,108	26%	3,861	57%
Home-based Intermediate Care Service	6,392	8,564	34%	11,308	77%
Integrated Multidisciplinary Team (jointly commissioned)	2,420	3,089	28%	3,891	61%
Long Term Conditions Case Management Service	6,424	8,503	32%	11,161	74%
Musculoskeletal Service	30,556	34,392	13%	38,683	27%
Neurology Service	2,673	3,316	24%	4,092	53%
Nutrition and Dietetics Service (Excluding Weight Management)	2,276	2,864	26%	3,569	57%
Occupational Therapy Service	8,185	10,551	29%	13,443	64%
Phlebotomy Service	22,378	29,066	30%	37,440	67%
Physiotherapy Service	3,954	5,248	33%	6,850	73%
Podiatry Service	6,338	7,635	20%	9,082	43%
Rehabilitation Service	3,578	4,783	34%	6,262	75%
Respiratory Service	1,121	1,423	27%	1,661	48%
Speech and Language Therapy Service	4,027	5,247	30%	6,796	69%
Tissue Viability Service	4,532	5,856	29%	7,488	65%
Wheelchair Service	1,565	1,840	18%	2,142	37%

- The first column shows the count of referrals to community services teams (any provider) for BLMK-registered patients aged 18 and over in 2023/24.
- Subsequent columns show estimated numbers of referrals in future, based on projections for the BLMK-registered population, and assuming current age/sex rates of use remain stable into the future.
- Many records of referrals in the CSDS dataset lack information on which team was referred to (the N/A row).
- The following Page has visualisations of this data, excluding the N/A category.

Data source: PHIU analysis using extracts from CSDS dataset combined with local population projections

4.8 - Projected referrals to community services – numbers and percentage change





Data source: PHIU analysis using extracts from CSDS dataset combined with local population projections

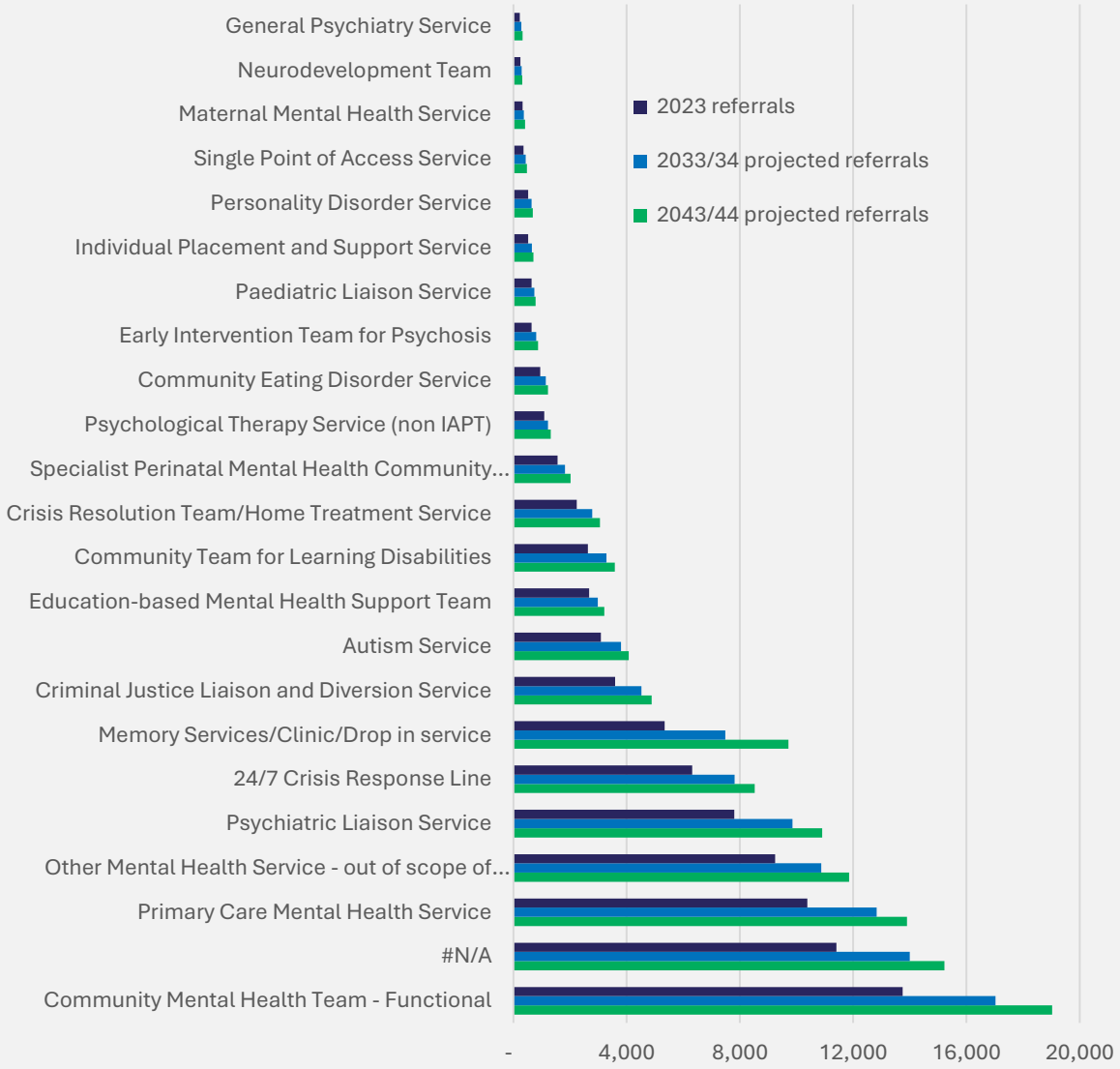
4.9 - Projected referrals to mental health services (all age)

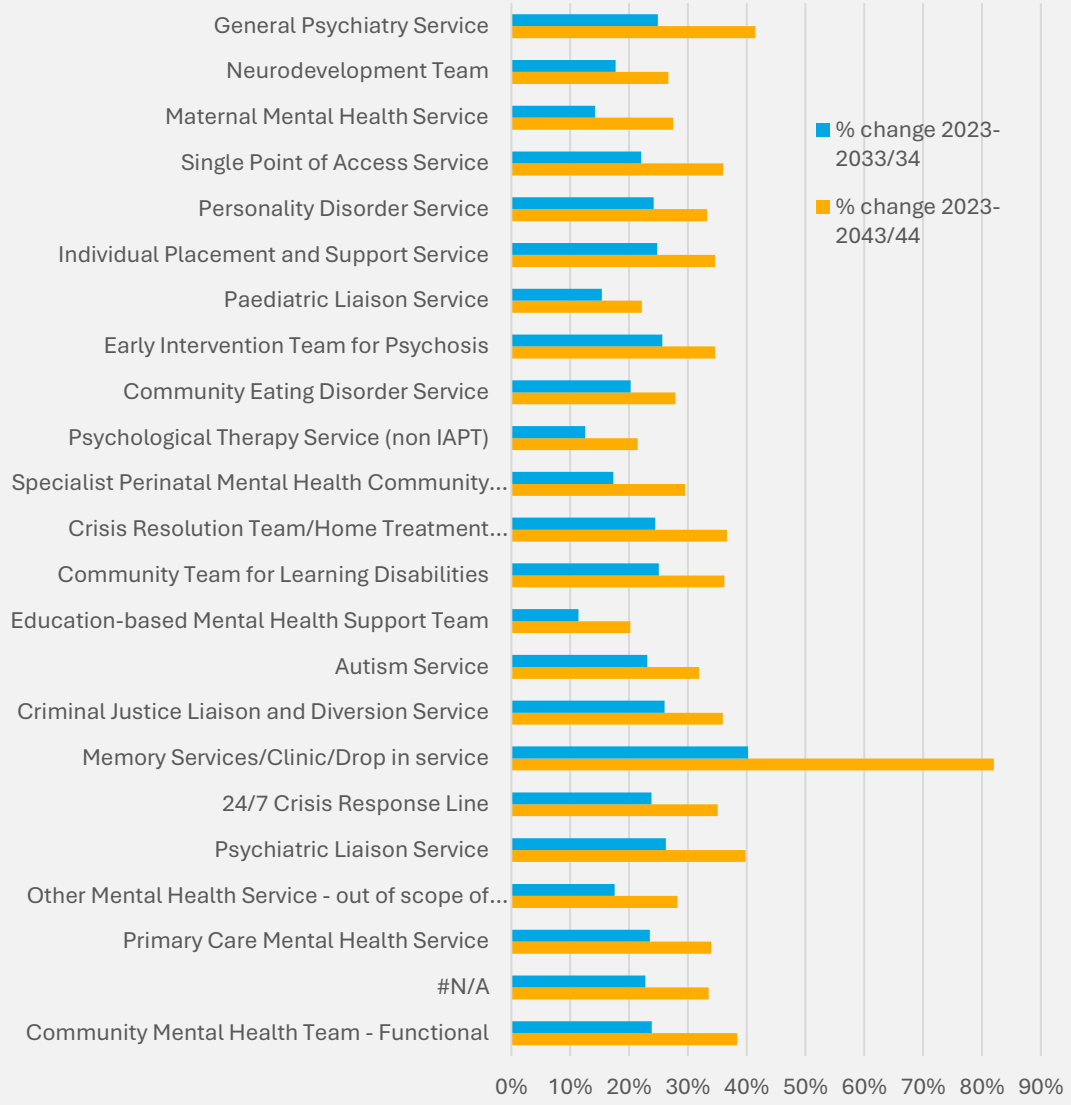
Service	2023 referrals	2033/34 projected referrals	% change 2023-2033/34	2043/44 projected referrals	% change 2023-2043/44
Community Mental Health Team - Functional	13,746	17,025	24%	19,025	38%
Primary Care Mental Health Service	10,378	12,823	24%	13,903	34%
Other Mental Health Service - out of scope of National Tariff Payment System	9,244	10,866	18%	11,854	28%
Psychiatric Liaison Service	7,803	9,851	26%	10,908	40%
24/7 Crisis Response Line	6,312	7,814	24%	8,525	35%
Memory Services/Clinic/Drop in service	5,337	7,483	40%	9,715	82%
Criminal Justice Liaison and Diversion Service	3,589	4,523	26%	4,880	36%
Autism Service	3,086	3,798	23%	4,071	32%
Education-based Mental Health Support Team	2,672	2,977	11%	3,213	20%
Community Team for Learning Disabilities	2,627	3,285	25%	3,579	36%
Crisis Resolution Team/Home Treatment Service	2,239	2,787	24%	3,059	37%
Specialist Perinatal Mental Health Community Service	1,556	1,826	17%	2,015	30%
Psychologica Therapy Service (non IAPT)	1,085	1,221	13%	1,318	21%
Community Eating Disorder Service	950	1,142	20%	1,215	28%
Early Intervention Team for Psychosis	644	809	26%	867	35%
Paediatric Liaison Service	641	739	15%	783	22%
Individual Placement and Support Service	522	651	25%	703	35%
Personality Disorder Service	517	642	24%	689	33%
Single Point of Access Service	353	431	22%	480	36%
Maternal Mental Health Service	323	369	14%	412	28%
Neurodevelopment Team	247	291	18%	313	27%
General Psychiatry Service	225	281	25%	318	41%

- The first column shows the count of referrals to mental health services teams (any provider) for BLMK-registered patients in 2023/24.
- There are additional services which had fewer than 200 referrals in 23/24 – these are not shown here.
- Subsequent columns show estimated numbers of referrals in future, based on projections for the BLMK-registered population, and assuming current age/sex rates of use remain stable into the future.
- Many records of referrals in the MHDS dataset lack information on which team was referred to (the N/A row).
- The following Page has visualisations of this data, excluding the N/A category.

Data source: PHIU analysis using extracts from MHDS dataset combined with local population projections

4.10 - Projected referrals to MH services – numbers and percentage change





Data source: PHIU analysis using extracts from MHDS dataset combined with local population projections

5.0 - Long Term Condition (QOF) data by Place for BLMK

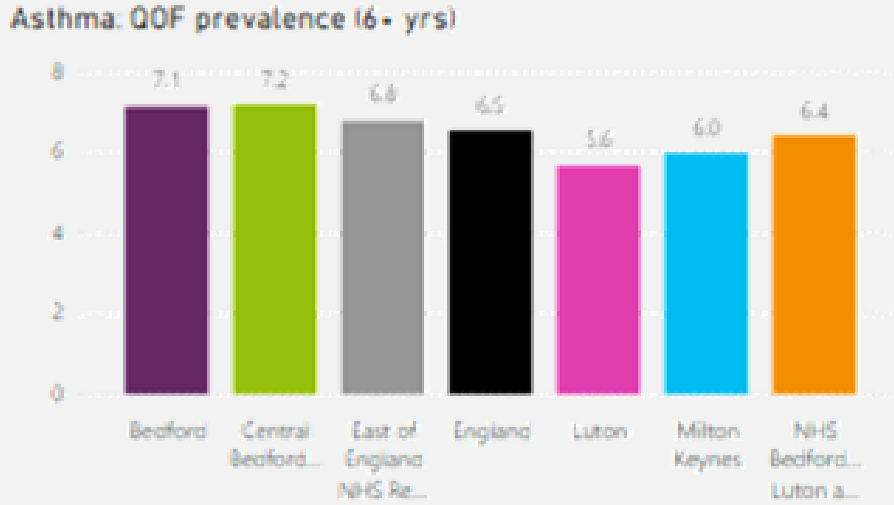
May 2025

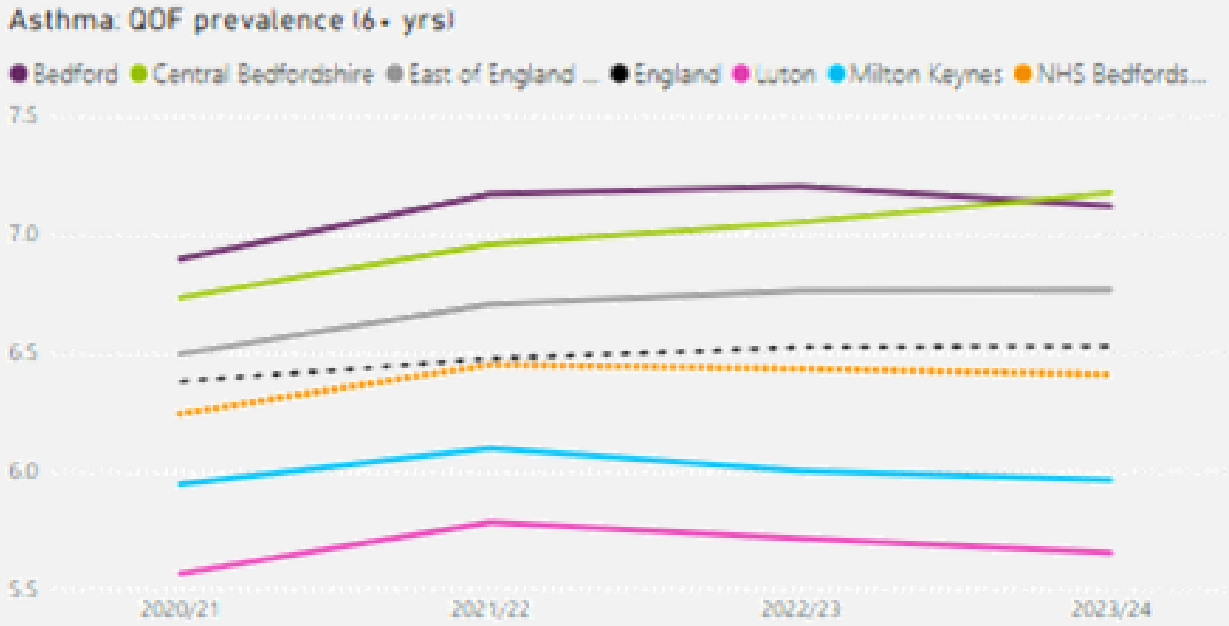
5.1 - Important notes

- This data pack contains nationally available data from GP practice QOF registers on long term conditions. The QOF definitions are on the final Page.
- These rates are based on GP registers and may **underestimate** 'true prevalence'; particularly for obesity.
- The data presented here is **crude rates** rather than age-standardised rates. Our Places have different population structures so, for example, dementia in Luton is less common than in Central Beds, but this is probably at least in part because the Luton population is younger overall.
- Increases in prevalence over time are likely to be partly due to the ageing population for some conditions.
- Bar charts always show the most recent available data (usually 2023/24).
- If you would like access to the underlying dashboard instead of the Page pack, or if you have any questions, please contact blmk.phiu@nhs.net
- The statements here do not reflect statistical significance, in order to produce this quickly. If you would like to know whether differences between Places or England are statistically significant please do contact the PHIU.

5.2 - Asthma

- Asthma prevalence in people aged 6 and over has remained fairly steady over time since 2020/21
- Luton has the lowest rates and Central Beds the highest rates.

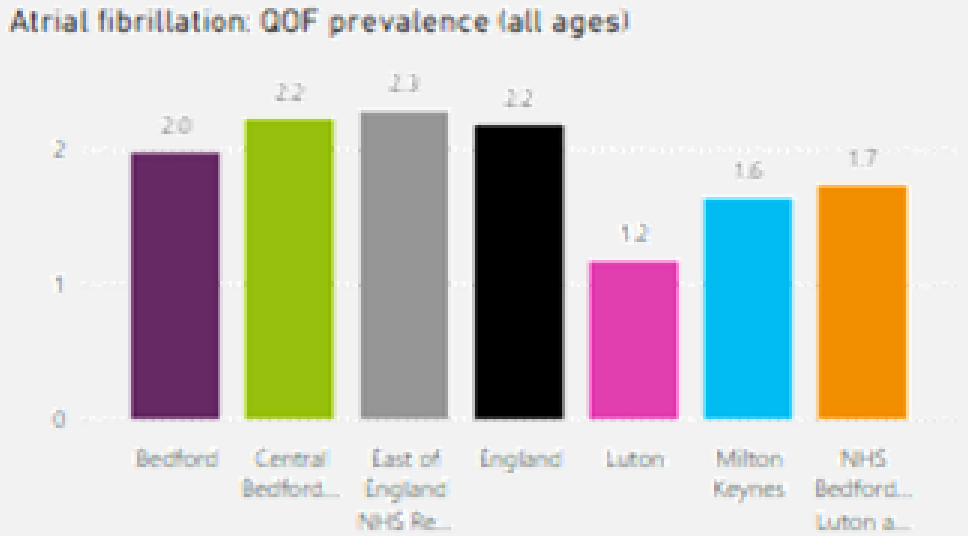


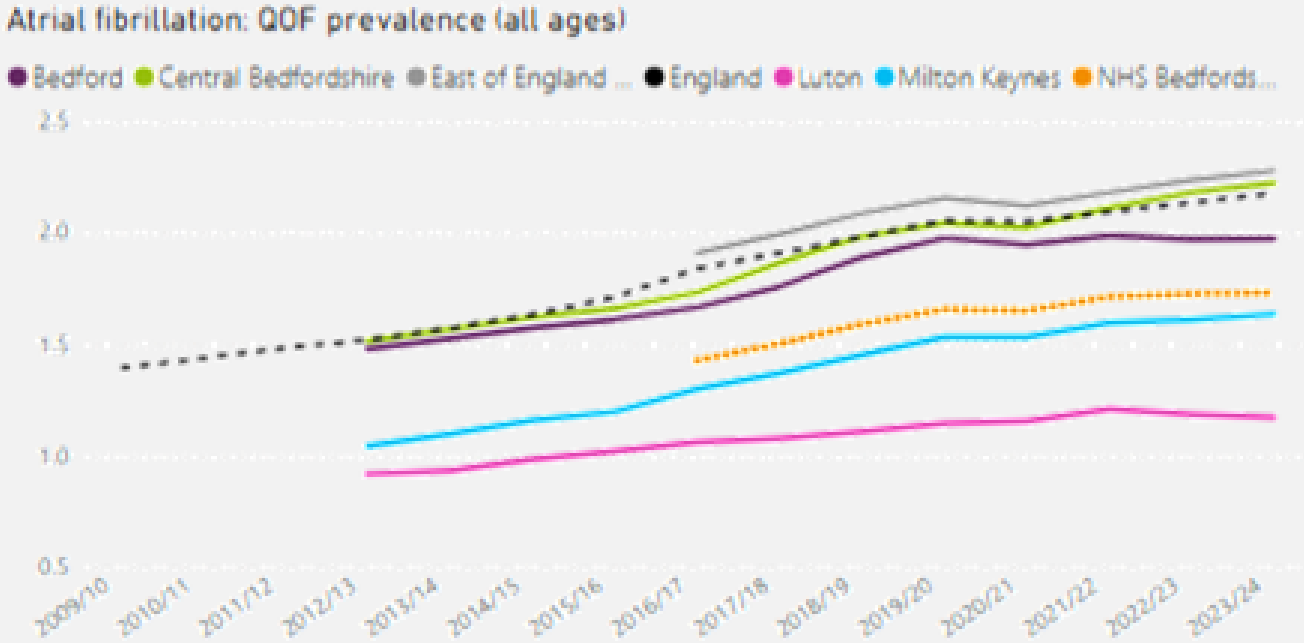


Data source: www.fingertips.gov.uk from DHSC/OHID

5.3 - Atrial Fibrillation

- AF prevalence has been rising slowly across all our areas.
- There are substantial differences by Place, with the lowest AF prevalence in Luton.
- BLMK as a whole has lower prevalence than England, though Central Beds is very close to the England average.

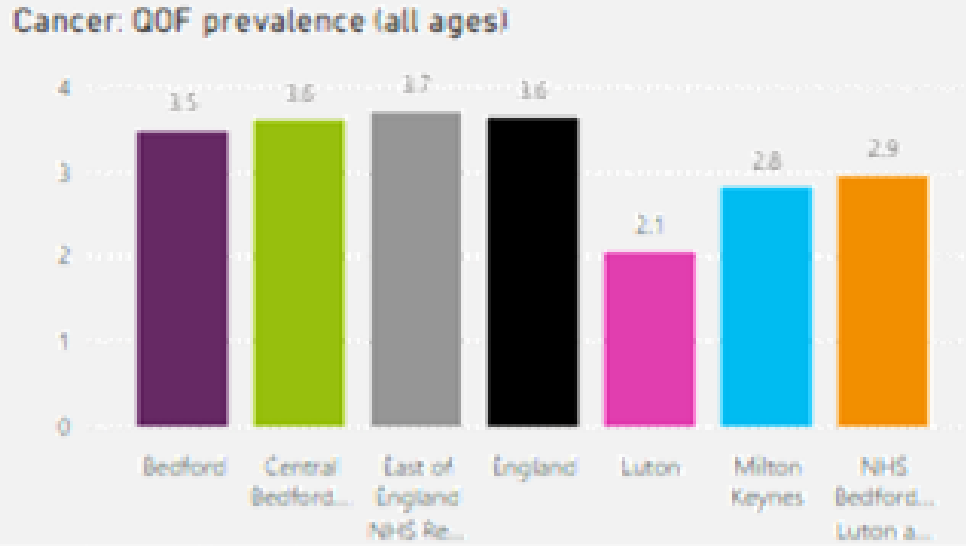


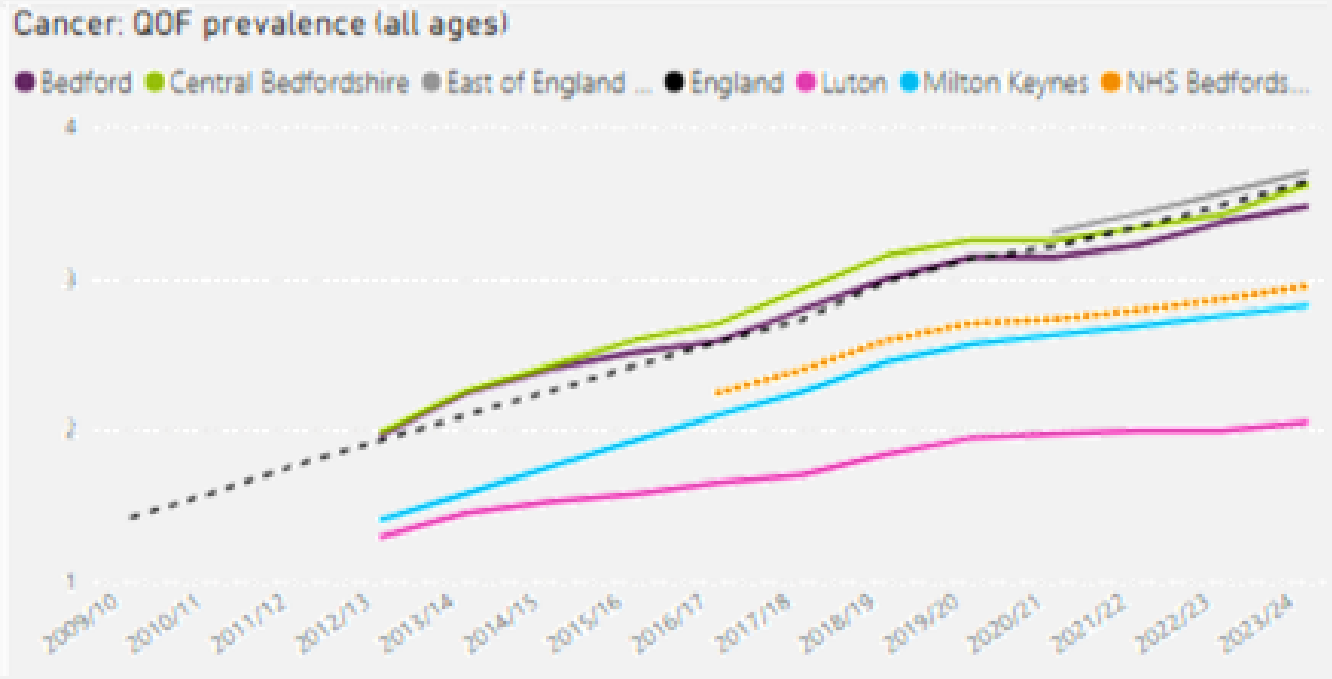


Data source: www.fingertips.gov.uk from DHSC/OHID

5.4 - Cancer

- Cancer prevalence has been increasing steadily over time, but these are crude rates not age-standardised.
- Rates are highest in Central Beds and Bedford Borough, and lowest in Luton.
- BLMK as a whole has lower cancer prevalence than England.

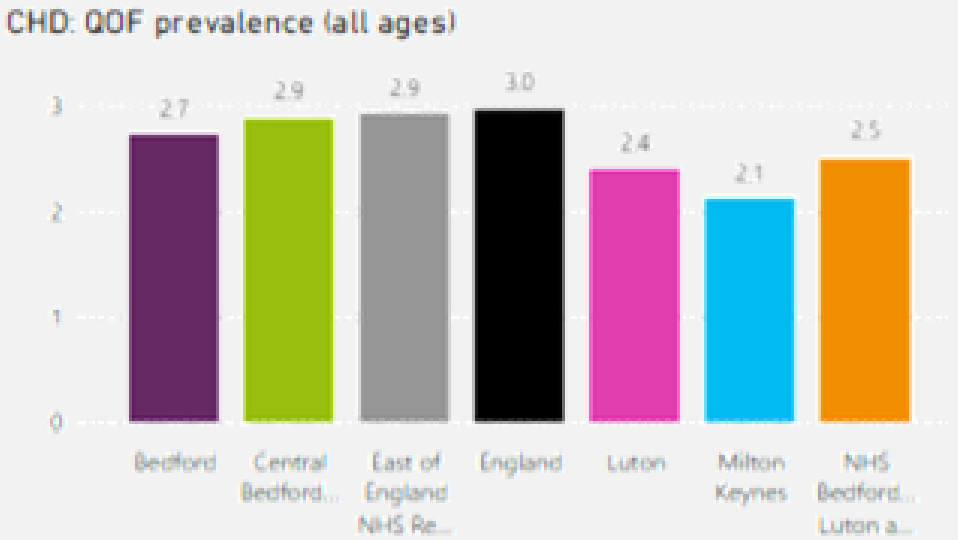


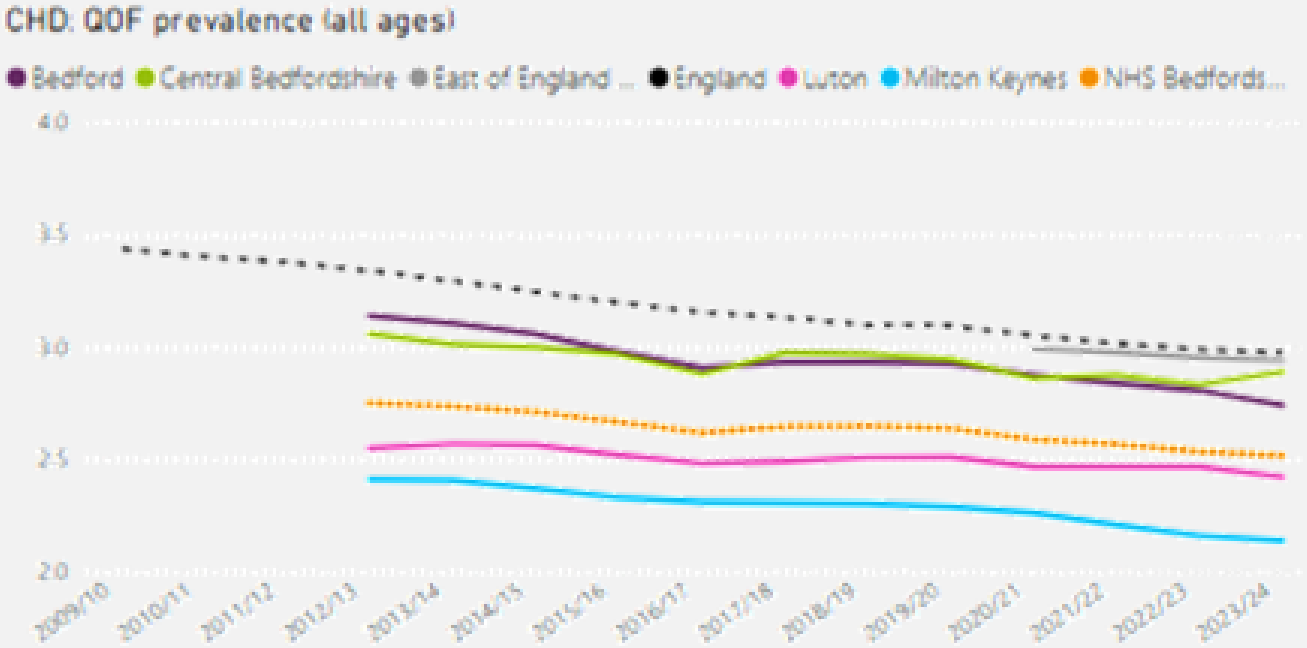


Data source: www.fingertips.gov.uk from DHSC/OHID

5.5 - CHD

- CHD prevalence has been falling gradually in all our Places over time.
- Rates are highest in Central Beds and lowest in MK.

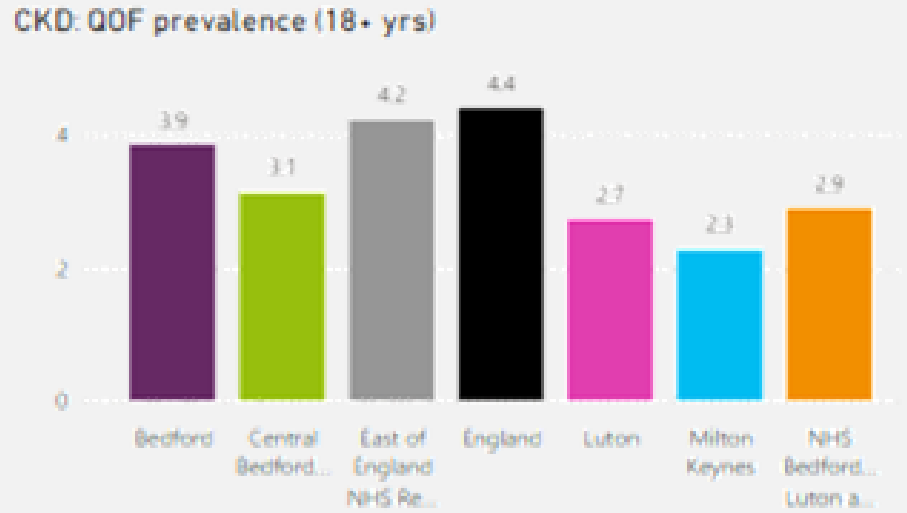


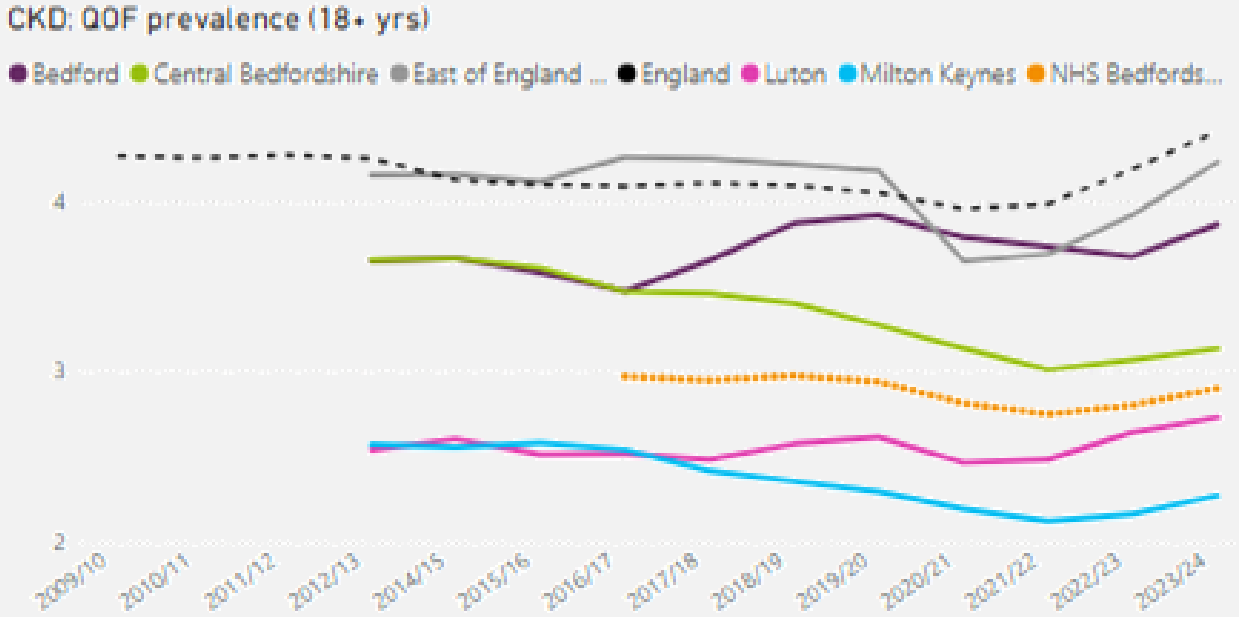


Data source: www.fingertips.gov.uk from DHSC/OHID

5.6 - CKD

- Chronic Kidney Disease prevalence has fluctuated a little bit over time but has not seen large changes.
- Rates are highest in Bedford Borough and lowest in MK.
- Prevalence is lower in all our Places than across England as a whole.

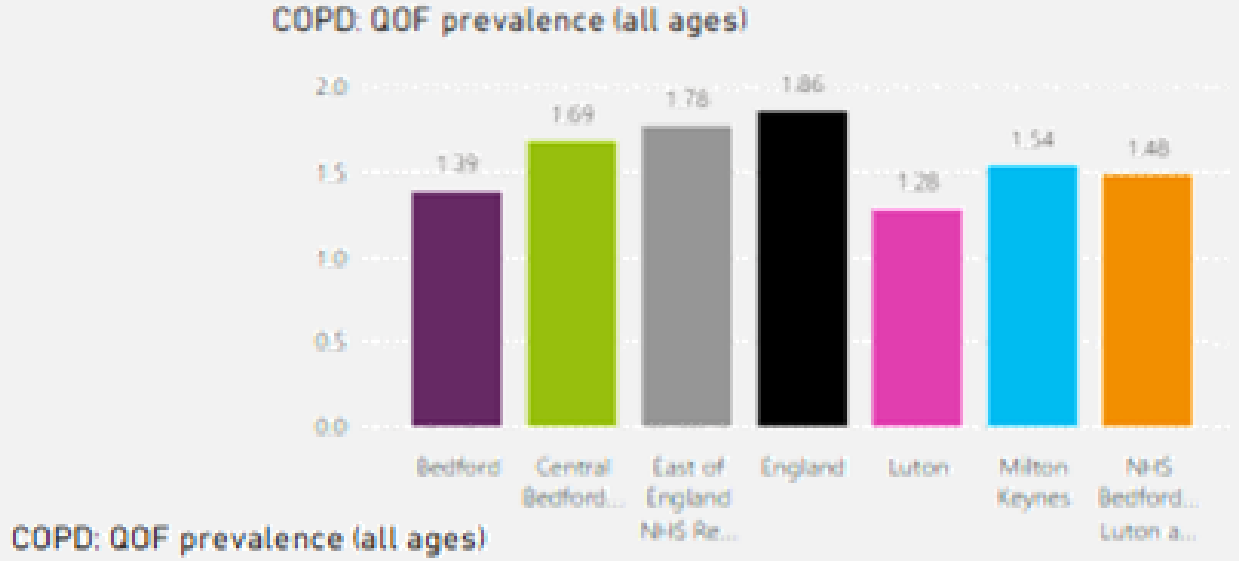


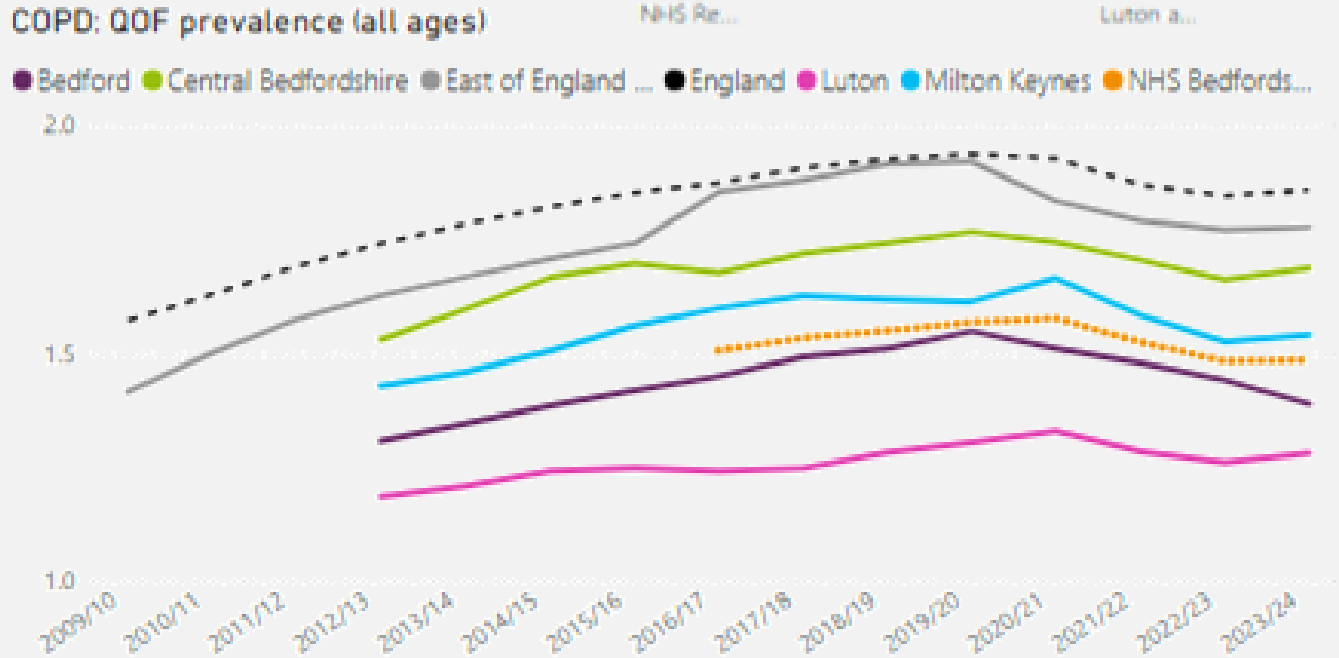


Data source: www.fingertips.gov.uk from DHSC/OHID

5.7 - COPD

- COPD has also fluctuated a little bit over time but without large changes.
- Prevalence is highest in Central Beds and lowest in Luton.
- Prevalence is lower in all our Places than in England as a whole.

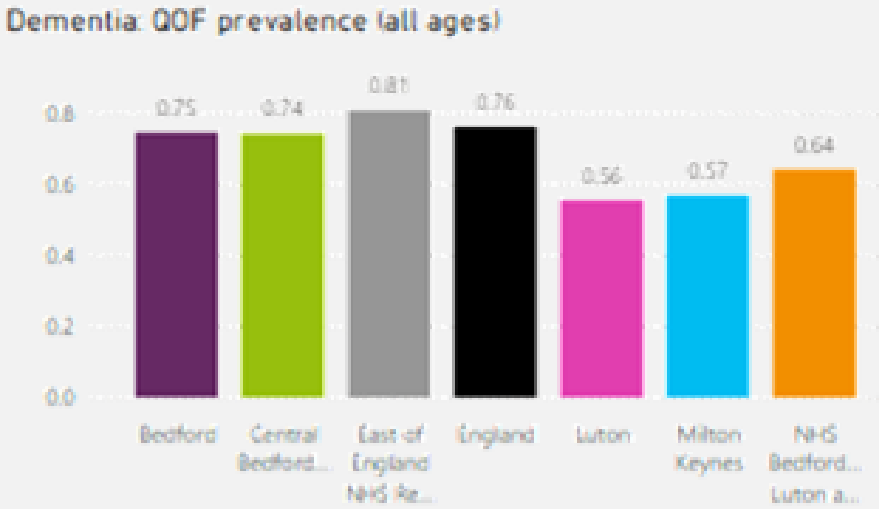


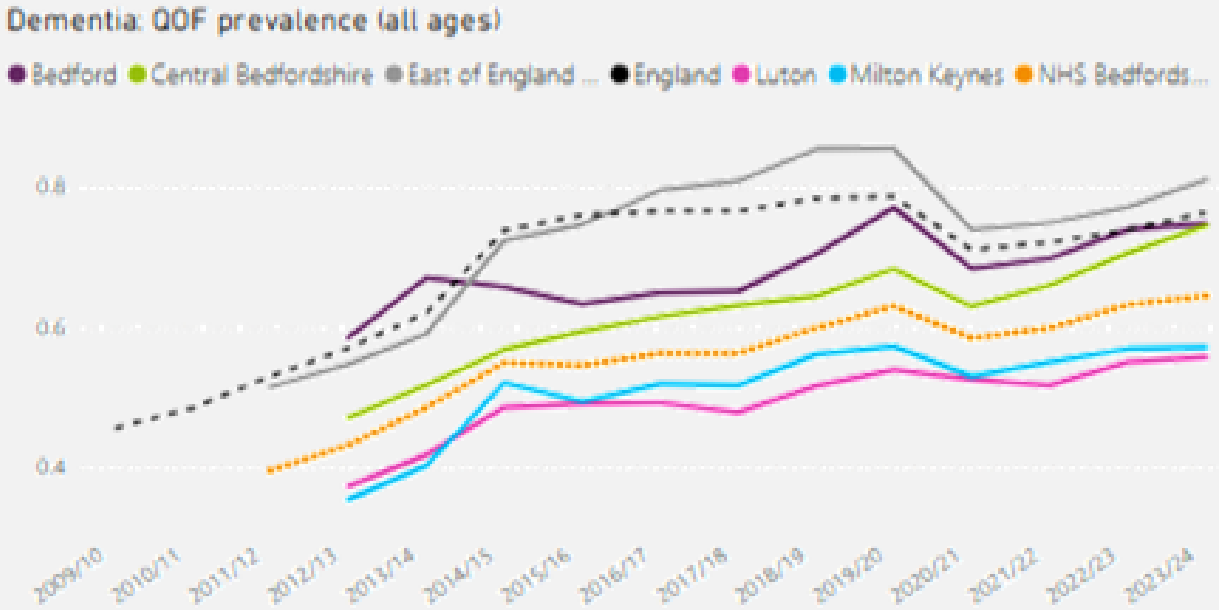


Data source: www.fingertips.gov.uk from DHSC/OHID

5.8 - Dementia

- Dementia prevalence is rising slowly after a steeper increase between 2012/13 and 2014/15 (this is probably due to efforts to increase diagnosis at that time)
- Prevalence is highest in Bedford and Central Beds and lower in MK and Luton

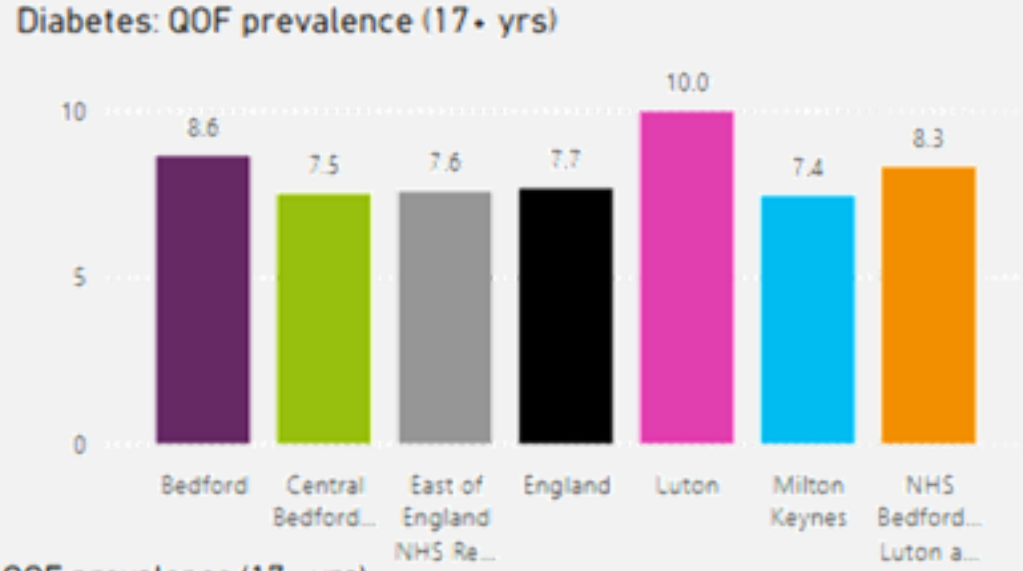


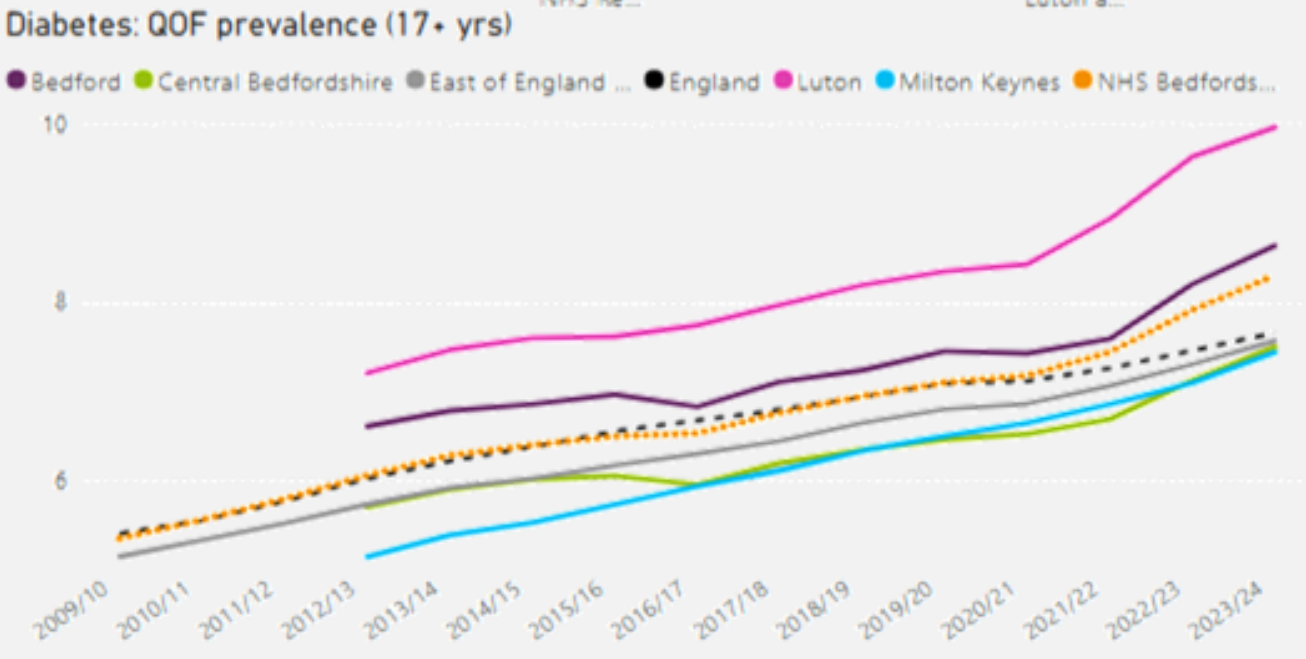


Data source: www.fingertips.gov.uk from DHSC/OHID

5.9 - Diabetes

- Diabetes is more prevalent in Luton and Bedford than in England as a whole.
- Diabetes prevalence has been rising steadily over time.

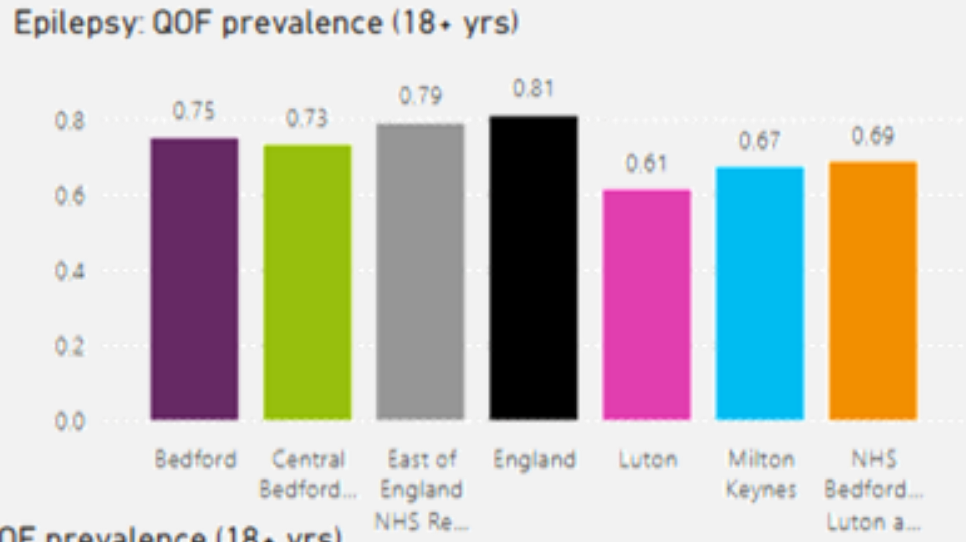


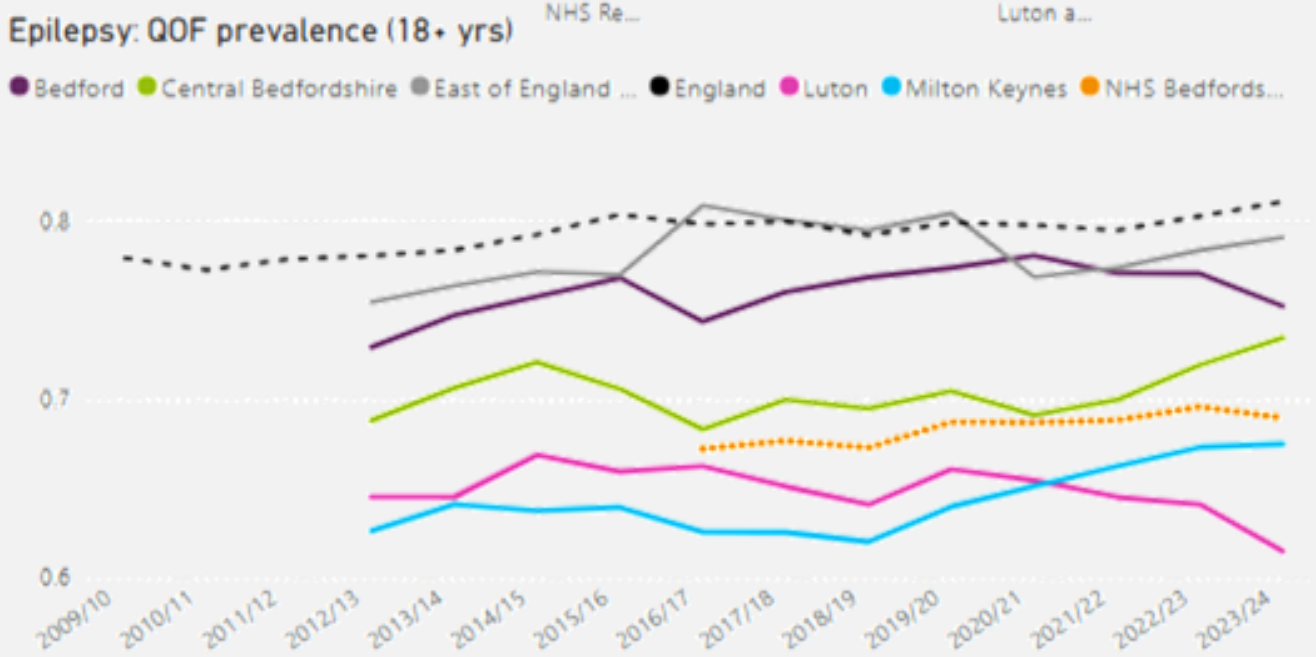


Data source: www.fingertips.gov.uk from DHSC/OHID

5.10 - Epilepsy

- Epilepsy is rarer (lower prevalence) than most of the other conditions in this pack.
- Rates have remained fairly stable over time and are lower in BLMK than in England as a whole.

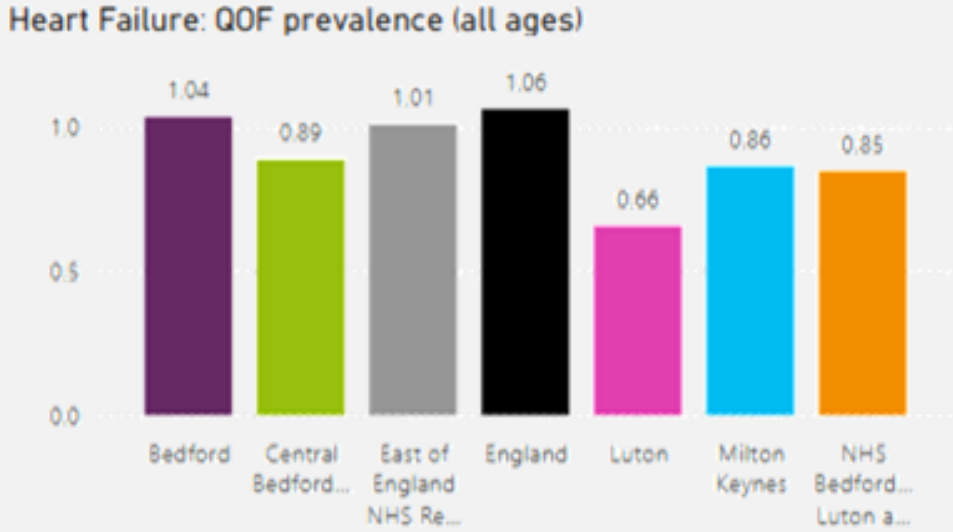


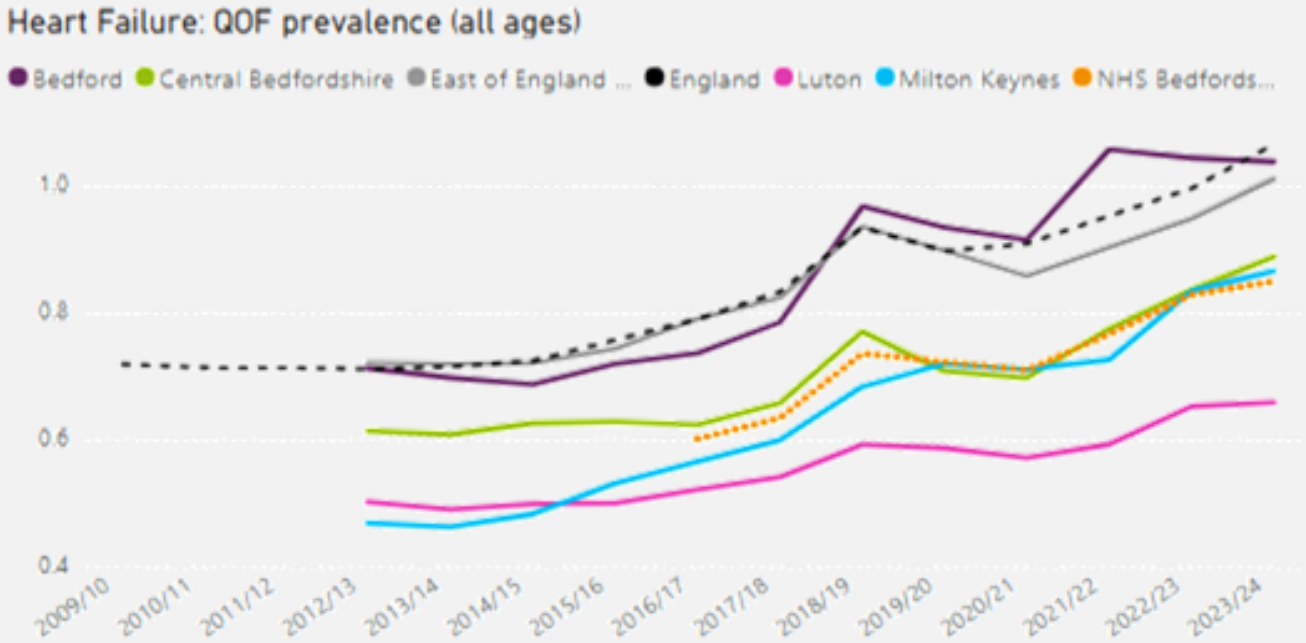


Data source: www.fingertips.gov.uk from DHSC/OHID

5.11 - Heart failure

- Heart failure prevalence has been increasing over time.
- It is highest in Bedford and lowest in Luton.
- Bedford's rate is similar to the England national rate, and our other areas have lower prevalence.

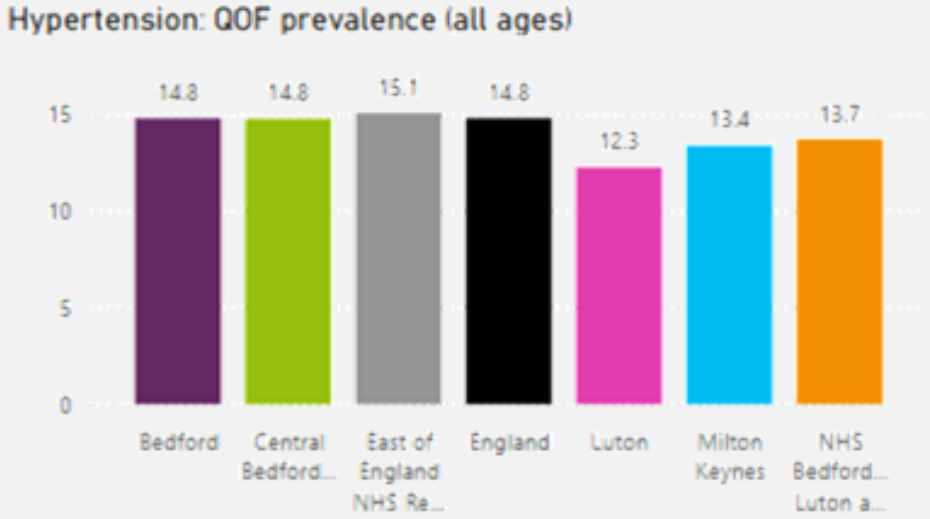


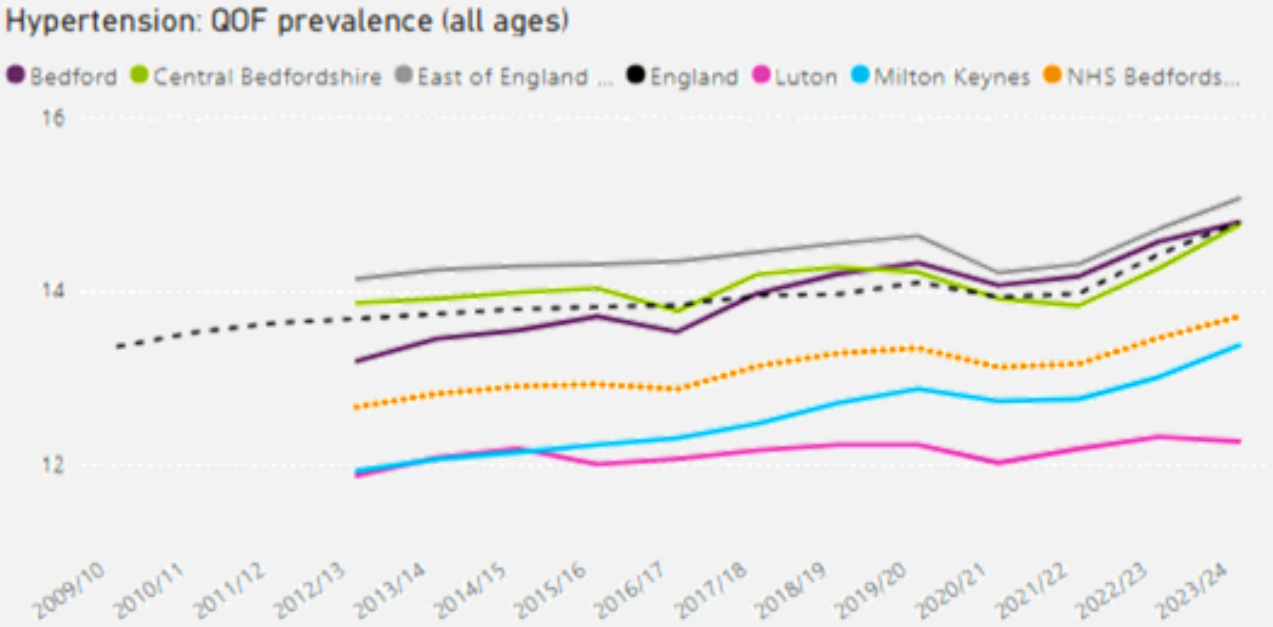


Data source: www.fingertips.gov.uk from DHSC/OHID

5.12 - Hypertension

- Hypertension prevalence has been fairly steady in Luton but increasing over time in our other areas.
- Hypertension is the most common condition in this data pack.
- Hypertension is often underdiagnosed as it can have very few symptoms.

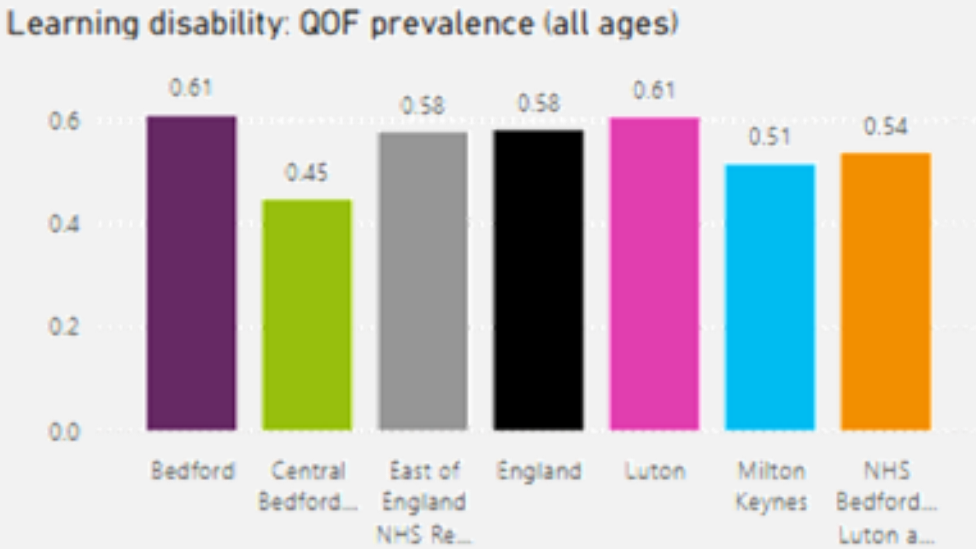


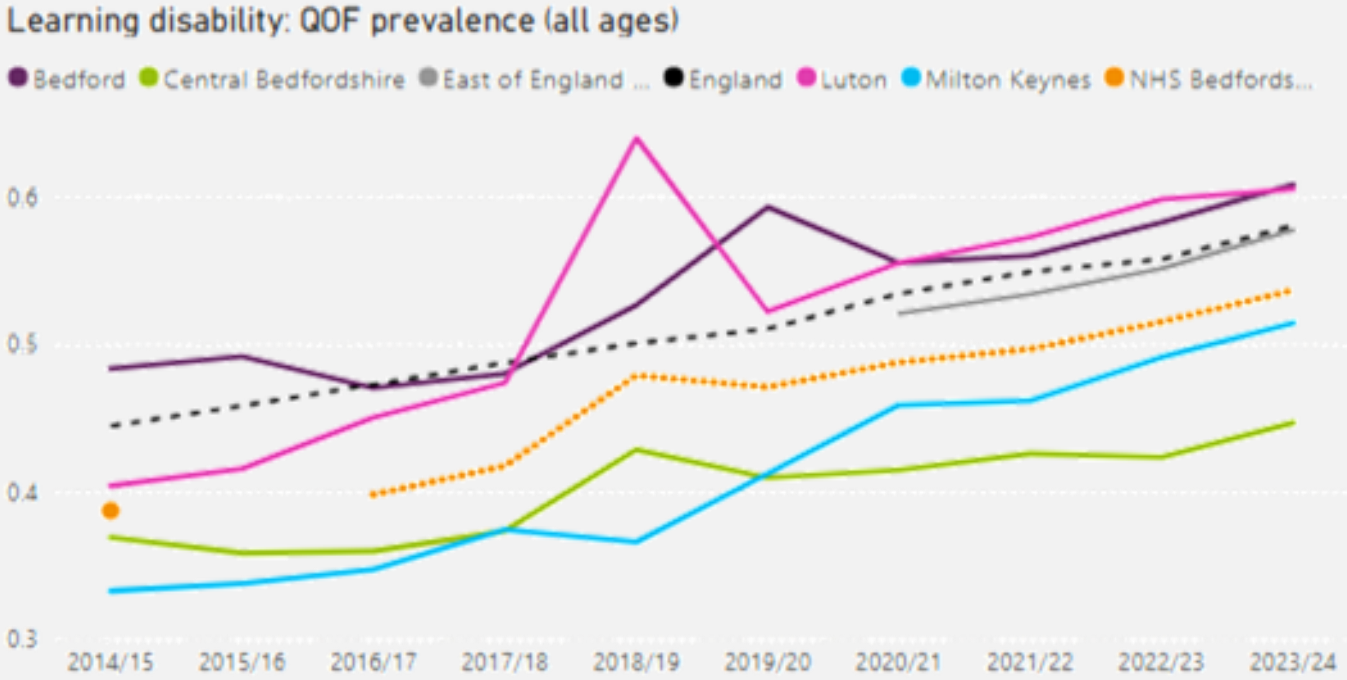


Data source: www.fingertips.gov.uk from DHSC/OHID

5.13 - Learning disability

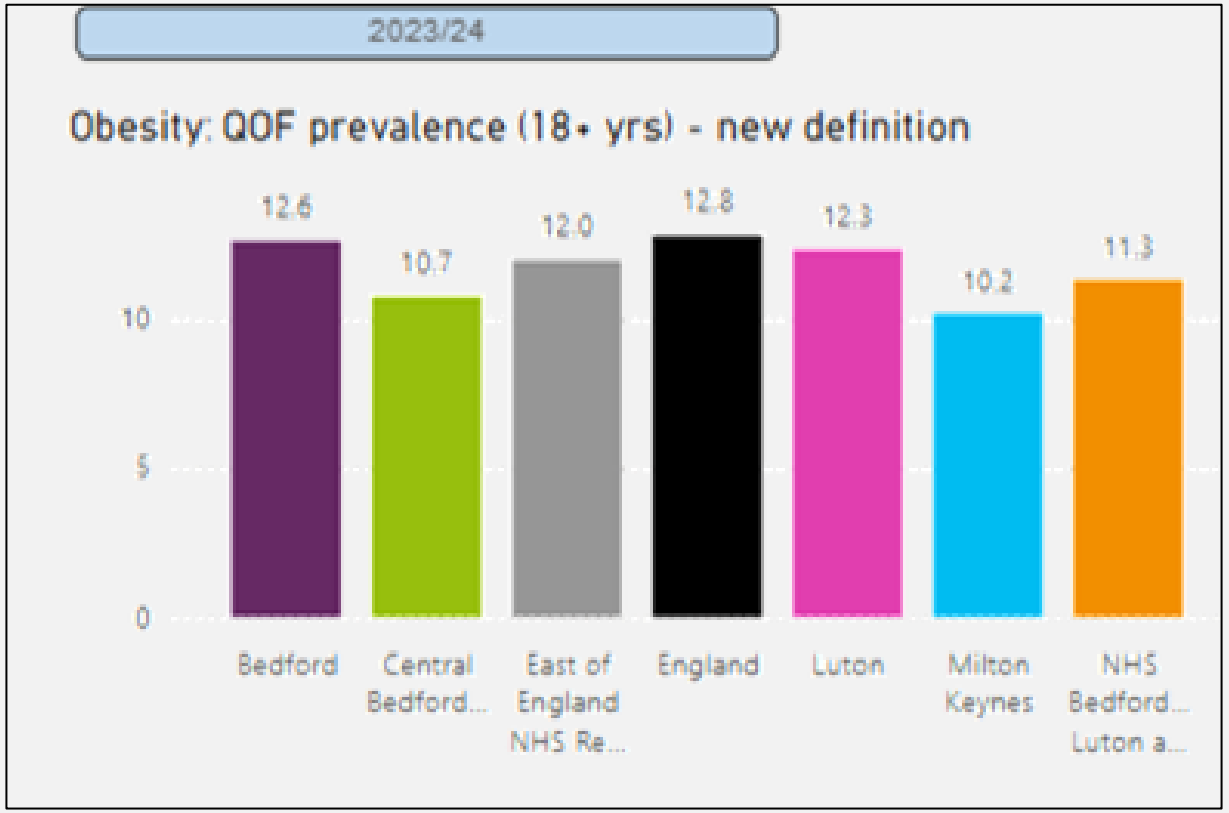
- Learning disability prevalence is increasing in all our Places, with higher rates in Bedford and Luton than in MK and Central Beds.
- LD may be more likely to be undiagnosed in older people.





Data source: www.fingertips.gov.uk from DHSC/OHID

5.14 - Obesity

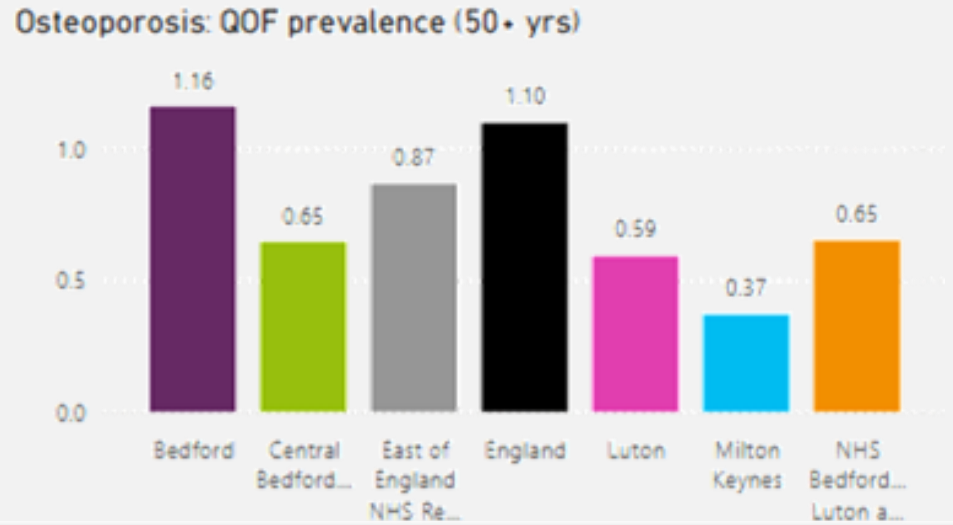


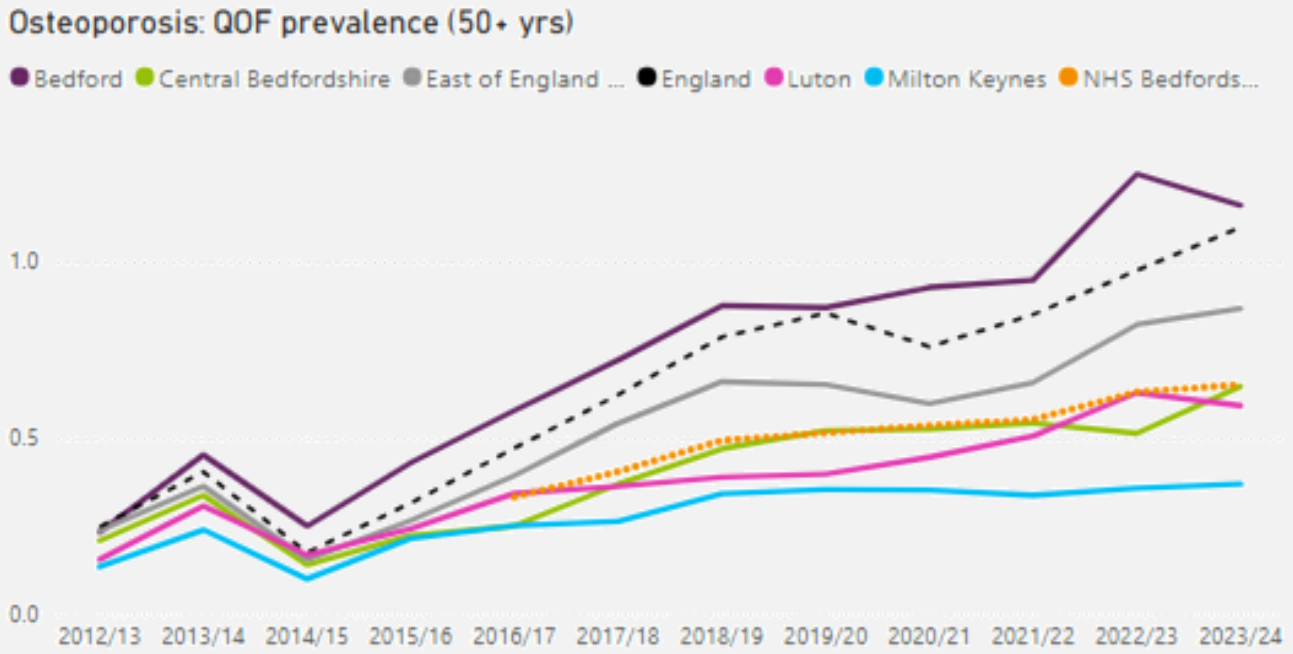
- There is a new definition of obesity in the QOF system, which has different cut-offs for many patients of a non-White ethnicity, and requires a BMI measurement in the last 12 months.
- Data is not available for previous years.
- Bedford and Luton have the highest rates of obesity locally.
- **GP records for obesity are likely to underestimate the true population prevalence. Survey data for England in 2023/24 found obesity prevalence of 26.5%.**

Data source: www.fingertips.gov.uk from DHSC/OHID

5.15 - Osteoporosis

- Osteoporosis has been increasing over time in most of our areas, particularly Bedford. The rate in MK however is very low and has been steady for some time.
- Rates vary across our patch, with the highest rate in Bedford. Other areas are below the England average.

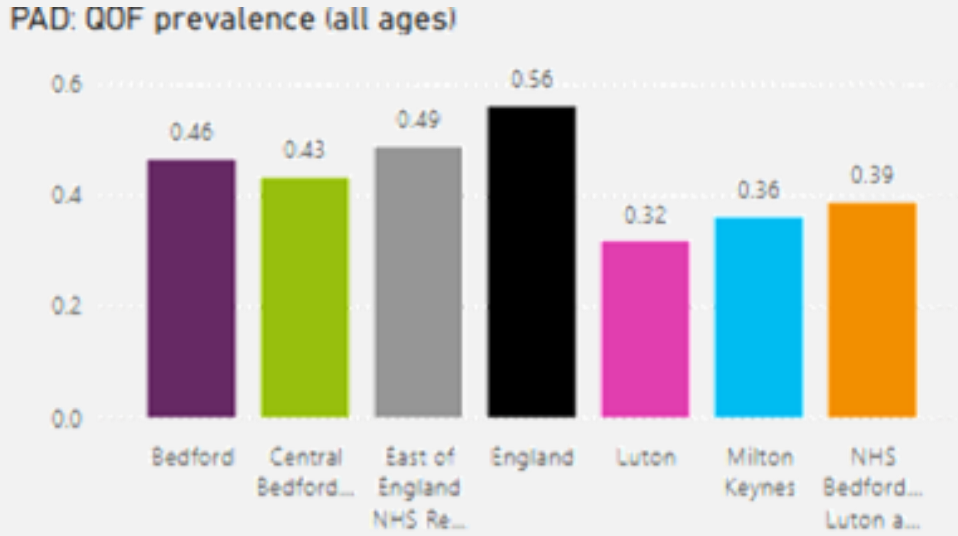


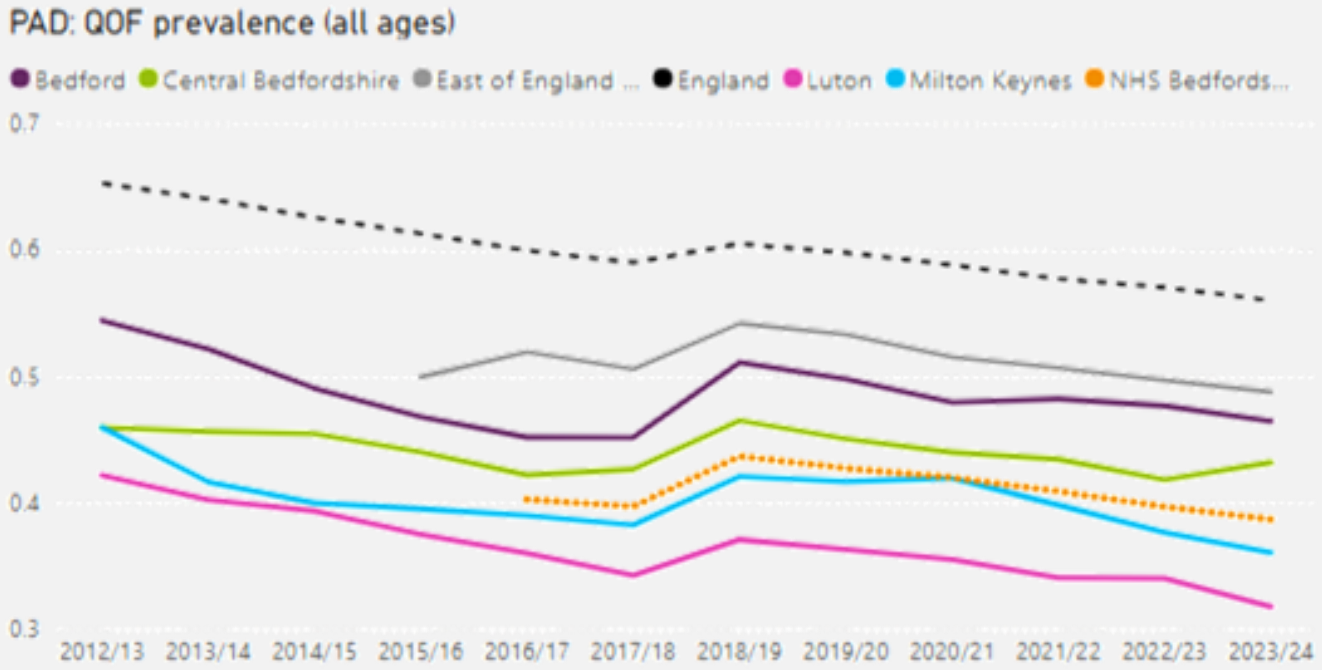


Data source: www.fingertips.gov.uk from DHSC/OHID

5.16 - Peripheral Arterial Disease

- PAD prevalence is low and has been falling gradually in our areas since 2018/19.
- Rates in all our Places are lower than the England average.

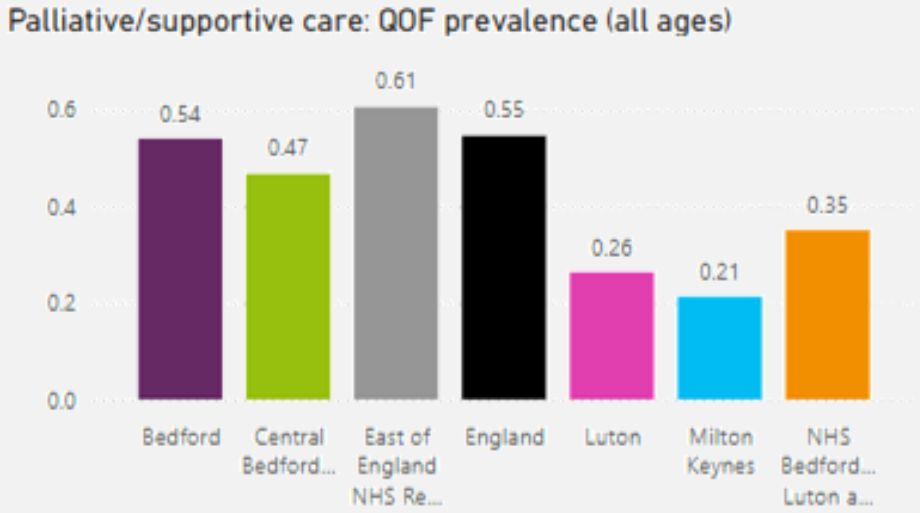


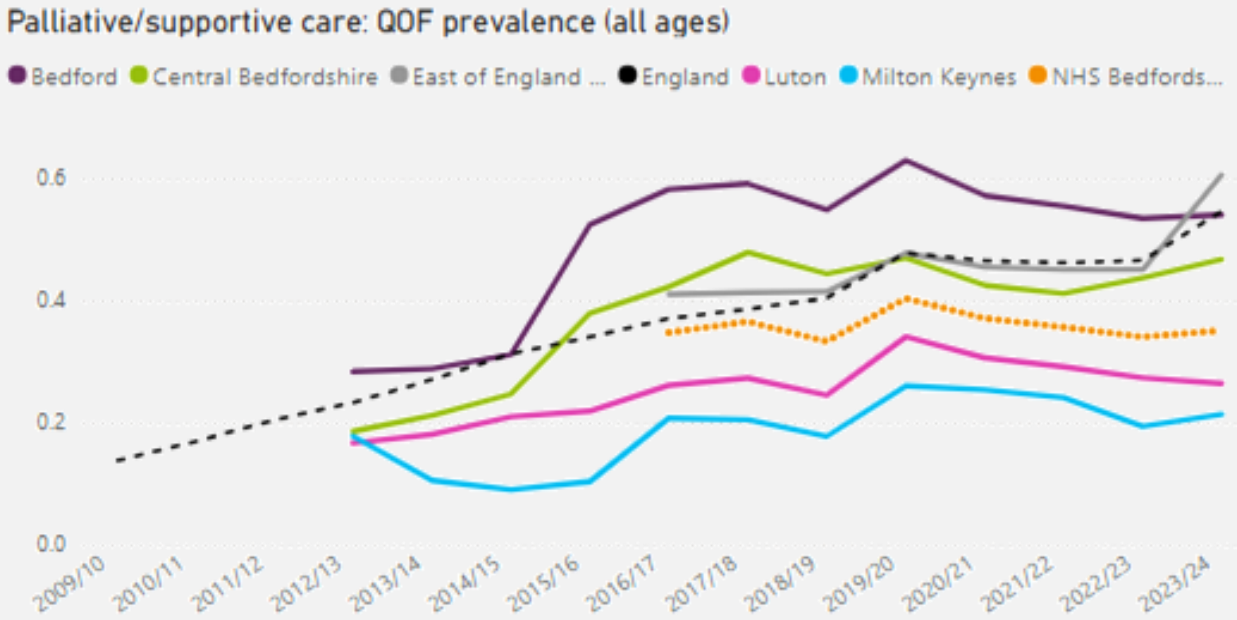


Data source: www.fingertips.gov.uk from DHSC/OHID

5.17 - Palliative care

- The percentage of the population requiring palliative or supportive care has not fluctuated very much since 2019/20
- It is lower than England in most of our Places except for Bedford.

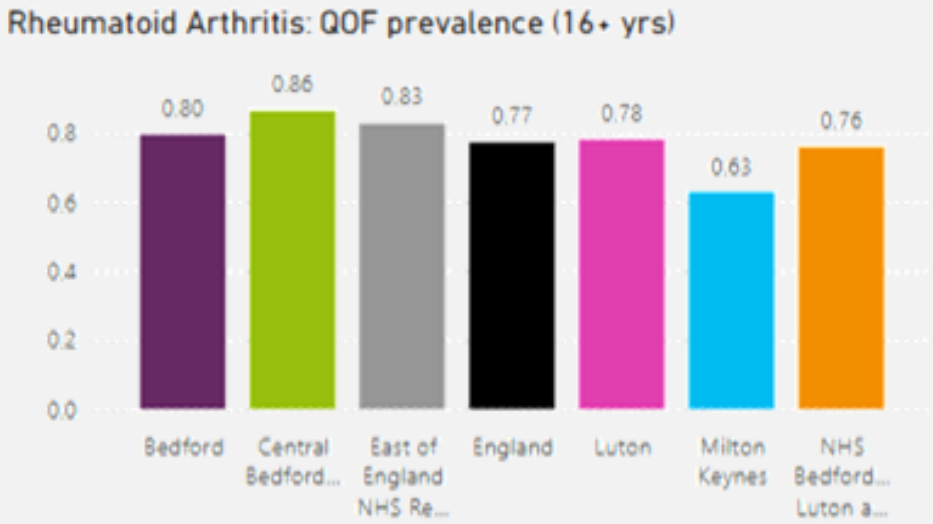


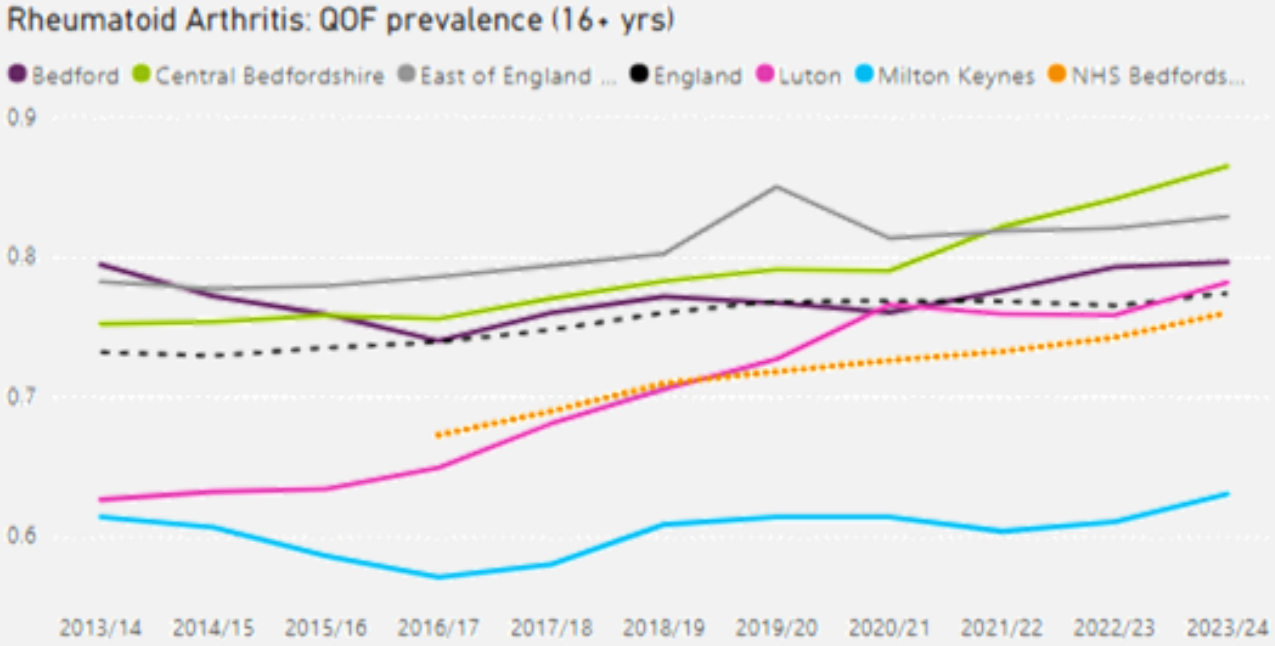


Data source: www.fingertips.gov.uk from DHSC/OHID

5.18 - Rheumatoid Arthritis

- RA prevalence has been increasing gradually in Central Beds and Luton, but fairly stable in MK and Bedford.

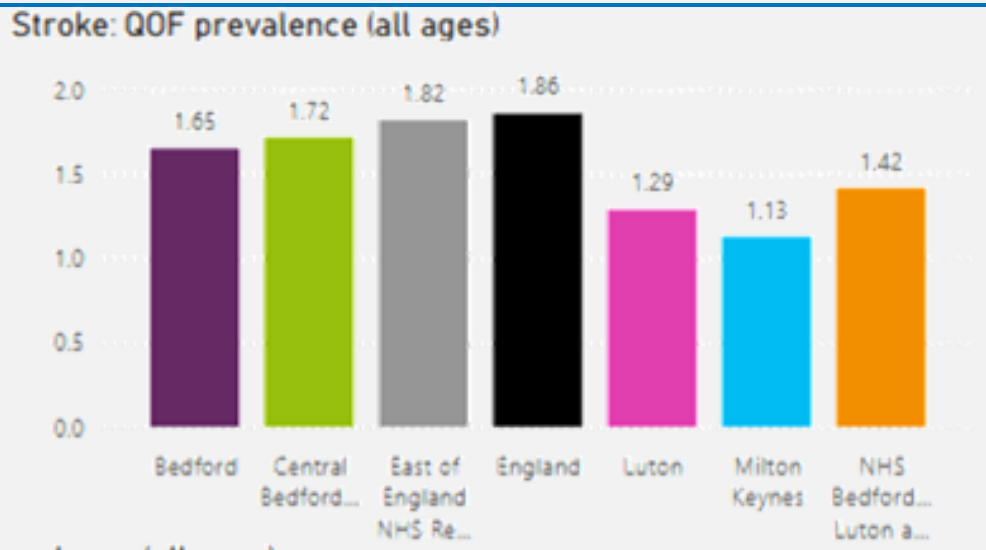


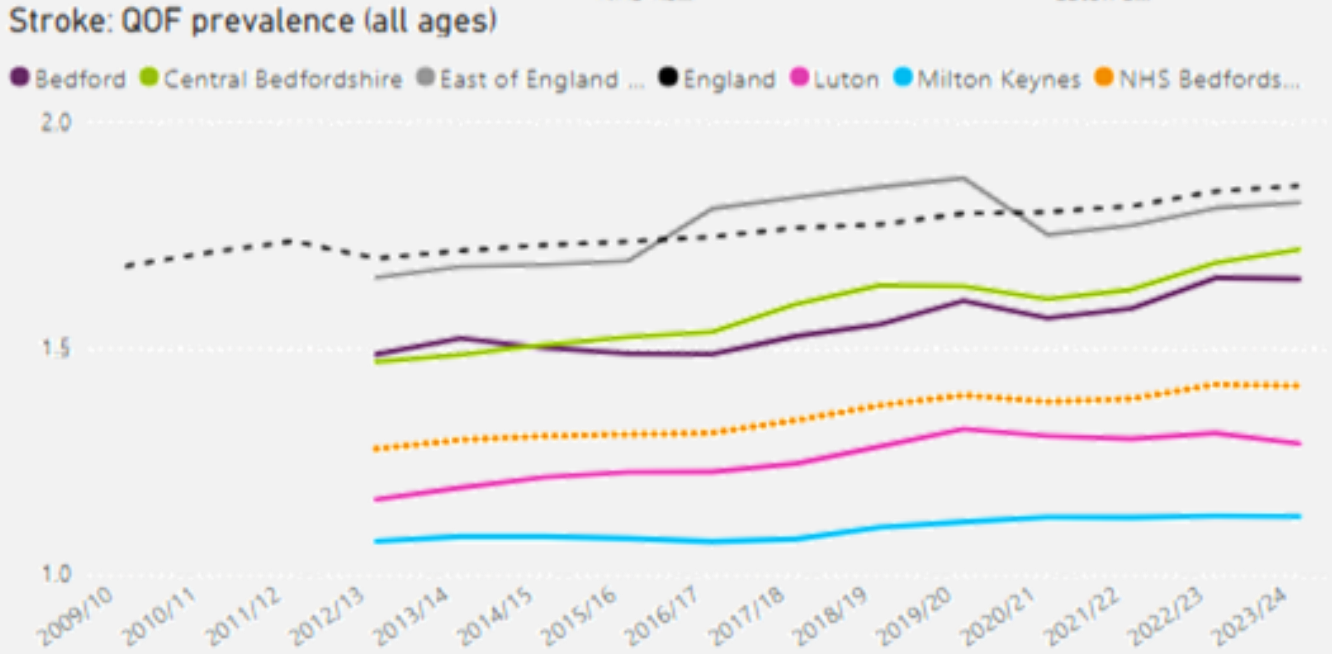


Data source: www.fingertips.gov.uk from DHSC/OHID

5.19 - Stroke

- Stroke prevalence is lower in all our Places than in England as a whole
- Across BLMK, stroke prevalence is highest in Central Beds and Bedford, and lowest in MK.
- Prevalence has been rising slowly in our Places, except for MK.





Data source: www.fingertips.gov.uk from DHSC/OHID

Indicator Name	Definition
Asthma: QOF prevalence (6+ yrs)	The percentage of patients aged 6 yrs and older with asthma, excluding those who have been prescribed no asthma-related drugs in the previous twelve months, as recorded on practice disease registers from all registered patients aged 6 yrs and older.
Atrial fibrillation: QOF prevalence (all ages)	The percentage of patients with atrial fibrillation, as recorded on practice disease registers.
Cancer: QOF prevalence (all ages)	The percentage of patients with cancer, as recorded on practice disease registers (register of patients with a diagnosis of cancer excluding non-melanotic skin cancers from 1st April 2003).
CHD: QOF prevalence (all ages)	The percentage of patients with coronary heart disease (CHD), as recorded on practice disease register.
CKD: QOF prevalence (18+ yrs)	The percentage of patients aged 18 years and over with chronic kidney disease (CKD) with classification of categories G3a to G5, as recorded on practice disease registers.
COPD: QOF prevalence (all ages)	The percentage of patients with COPD, as recorded on practice disease registers.
Dementia: QOF prevalence (all ages)	The recorded dementia prevalence is the number of people with dementia recorded on GP practice registers as a proportion of the people (all ages) registered at each GP practice. Where allocated to a local authority boundary this was done using the postcode of the practice.
Depression: QOF incidence (18+ yrs) - new diagnosis	The percentage of patients aged 18 and over with depression recorded on practice disease registers for the first time in the financial year.
Depression: QOF prevalence (18+ yrs) - retired after 2022/23	The percentage of patients aged 18 and over with depression, as recorded on practice disease registers.ForCCGs:The recorded depression prevalence is the number of people with depression recorded on their practice register within a CCG, as a proportion of the practice list size of the CCG aged 18 years or over.ForLocal authorities:The recorded depression prevalence is the estimated number of people with depression recorded on the practice register as a proportion of the practice list size, aged 18 years or over, allocated to a local authority boundary using the postcode of the practice.
Diabetes: QOF prevalence (17+ yrs)	The percentage of patients aged 17 or over with diabetes mellitus, as recorded on practice disease registers.
Epilepsy: QOF prevalence (18+ yrs)	The percentage of patients aged 18 years and over with epilepsy, as recorded on practice disease registers.
Heart failure with LVSD: QOF prevalence (all ages)	The percentage of patients with heart failure due to left ventricular systolic dysfunction (LVSD) as recorded on practice disease records.
Heart Failure: QOF prevalence (all ages)	The percentage of patients with heart failure, as recorded on practice disease registers.
Hypertension: QOF prevalence (all ages)	The percentage of patients with established hypertension, as recorded on practice disease registers (proportion of total list size).
Learning disability: QOF prevalence (all ages)	The percentage of patients with learning disabilities, as recorded on practice disease registers
Mental Health: QOF prevalence (all ages)	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs)	All patients aged 18 or over with a record of Non-Diabetic Hyperglycaemia (NDH) or pre-diabetes, which has not been superseded by a diagnosis of diabetes recorded prior to the beginning of the financial year, out of all patients aged 18+ yrs registered with the practice.
Obesity: QOF prevalence (18+ yrs) - new definition	Percentage of patients aged 18 or over living with obesity, as recorded in the previous 12 months on the practice disease register. Obesity is defined as a BMI greater than or equal to 30 kg/m2 or greater than or equal to 27.5 kg/m2 for patients with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background.
Obesity: QOF prevalence (18+ yrs) - replaced after 2022/23	Percentage of patients aged 18 or over with a BMI greater than or equal to 30 in the previous 12 months, as recorded on practice disease registers. The denominator is patients aged 18 or over taken from the Prescription Pricing Division practice populations.
Osteoporosis: QOF prevalence (50+ yrs)	The percentage of patients with osteoporosis, as recorded on practice disease register, from all patients aged 50 or older.
PAD: QOF prevalence (all ages)	The percentage of patients with peripheral arterial disease, as recorded on practice disease registers (proportion of total list size).
Palliative/supportive care: QOF prevalence (all ages)	The percentage of patients in need of palliative care/support, as recorded on practice disease registers, irrespective of age.
Rheumatoid Arthritis: QOF prevalence (16+ yrs)	The percentage of patients with rheumatoid arthritis, as recorded on practice disease register.
Stroke: QOF prevalence (all ages)	The percentage of patients with stroke or transient ischaemic attack (TIA), as recorded on practice disease registers (proportion of total list size).

6.1 - Quality & Safety Priorities

Pressure ulcers, suicide, and medication errors are top safety concerns.

Providers are embedding PSIRF and QI frameworks.

Shared learning across BLMK is key to improvement

6.2 - Patient Safety System Themes – PSIRF Priorities

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

The PSIRF Framework replaced the Serious Incident Framework (2015). It is a key part of the NHS Patient Safety Strategy. NHS England » Patient Safety Incident Response Framework

PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approached to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement

Large Provider implementation progress:

Our 3 large Community and Mental Health Trust providers implemented and started to embed PSIRF over 24/25 – this was evidenced in their Quality Accounts published by July 2025.

- **CNWL:** CNWL publishes Quality Account for 2024-25 :: Central and North West London NHS Foundation Trust
- **CCS:** ccs-nhs-trust-quality-account-2024-2025.pdf
- **ELFT**: ELFT Quality Accounts 2024-25.pdf

6.3 - Community Mental Health Large Providers Profiling – What do our current Providers say?

Developing the CCS Patient Safety Plan: patient-safety-incident-response-plan.pdf

Defined in the CCS PSIRF plan patient safety incident risks were profiled through a range of sources. These included patient safety incidents & reports, complaints, staff survey results and responses to patient safety culture surveys. Data analysis was undertaken to look back at the period from Nov 21 – Nov 24 as detailed below:

01/11 – 01/11	2021-2022	2022-2023	2023-2024
Never Events	0	0	0
Serious Incidents or PSII overall (but not resulting in death)	7	1	3 (one of which was not reported by CCS but CCS were involved in the review)
Serious Incidents or PSII resulting in death	0	1	0
Coroner-initiated investigations / reviews	0	0	0
Incidents referred for independent investigation / review	0	0	0
Other investigations / reviews (root cause analyses, rapid reviews / local reviews, AARs, MIRs) **(CCS Incidents)**	26	37	56
Patient Safety Incident reviews - including moderate harm incidents meeting the requirement for Statutory Duty of candour, not meeting SI or PSII criteria (CCS Incidents)	91	87	86

Top themes (Priorities) emerging from the data include those related to:

- Developed Pressure Ulcer or Moisture Associated Skin Damage (MASD)
- Failure to refer
- Communication and Information Governance
- Administration (Meds)
- Safeguarding

6.4 - Community Mental Health Large Providers Profiling – What do our current Providers say?

Developing the ELFT Patient Safety Plan: patient_safety_incident_response_plan_psirp_1.0.docx

Defined in the ELFT PSIRF plan - in order to understand their local safety profile and main safety issues, ELFT undertook a three-year analysis of patient safety data, triangulating hard data with themes from safety and other reviews and "soft" intelligence, in terms of staff and service user opinions. Sources of data analysis included: Incidents, complaints, 48 hour reports, concise reviews, serious incident reviews, staff surveys, freedom to speak up themes, service user focus groups, care opinion's themes. The Trust triangulated these safety concerns and themes as below:

Triangulated Safety Concerns/Themes	Staff	Service Users	SI Reviews	Complaints	Incident Data	48hr reports
Access/Delays	■	■	■	■		
Deaths	■		■		■	■
Communication with Sus and carers		■	■	■		
Clinical Care & Mx Issues		■	■	■		
Partnership/transition/discharge	■	■	■			
Physical Health Care	■				■	■
Violence & Aggression	■				■	■
Pressure Ulcers	■				■	■
Staffing Shortages	■	■				
Staff training		■	■			
Staff Safety & Well-being	■					
Self-Harm	■				■	
Medication Issues	■				■	
Record-keeping			■			
Following Policy & Practice			■			

Priorities taken forward by the Trust:

Staffing Shortages

Self-Harm and suicide attempts

Learning from Where Care has Gone Well

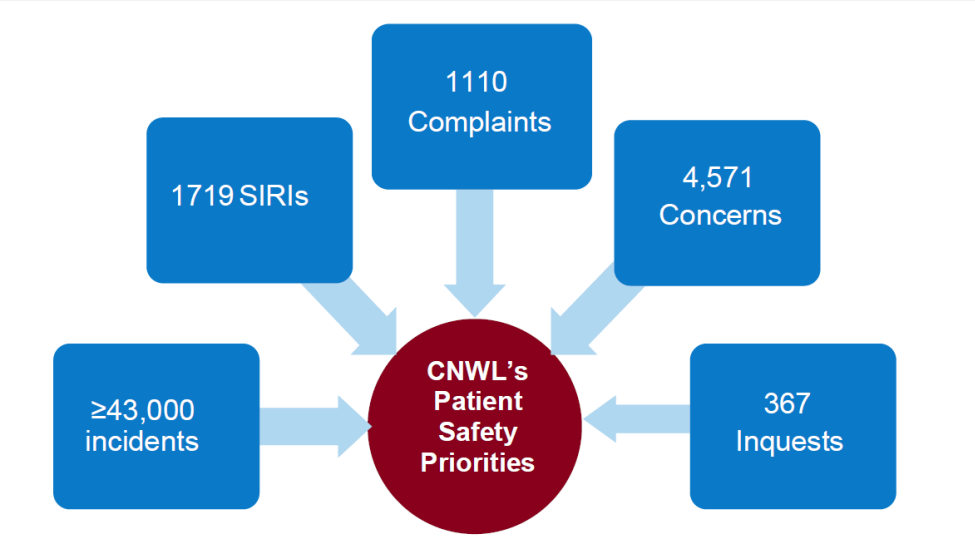
Clinical Care & Management Issues

Access – waiting list/bed-finding/delayed care

6.5 - Community Mental Health Large Providers Profiling – What do our current Providers say?

Developing the CNWL Patient Safety Plan: Central and North West London NHS Foundation Trust Patient Safety Incident Response Plan 2024-2027

Defined in the CNWL PSIRF plan, a thematic analysis approach was used to determine which areas of patient safety activity were emerging. This supported in identifying their patient safety priorities. All PSIs were reviewed , including those with no, low or moderate harm. Analysis used additional sources of patient safety insights, including investigations, mortality and morbidity reviews, inquests, research, clinical audits, 'Getting It Right First-Time' reviews, compliments & complaints, inspections, litigation, patient and staff surveys and feedback, in line with the measurement principles set out in the NHS Patient Safety Strategy. The initial thematic review looked at activity/insights between November 2020 and December 2022 as detailed below:



Priorities taken forward by the Trust:

- Reducing restrictive practice
- Pressure Ulcer
- In-patient Falls
- Unexpected death (including deterioration after unrecognised physical health deterioration/lack of prompt intervention where under CNWL in-patient or intensive Community services e.g., Rapids and within Inpatient Mental Health Services including suspected suicide).
- Medication Errors (linked to Clozapine, Lithium, Sodium Valproate and Insulin).

6.6 - PSIRF: What does this mean for our BLMK System?

Our current patient safety network strategy supports patient safety across our ICB. Membership of our network includes our commissioned partners to drive through patient safety priorities and shared learning across our system.

Overarching Patient Safety System Themes – BLMK PSIRF Priorities (incorporating Acute Providers themes)

- **Medication**
- **Deteriorating patient**
- **Delayed care / missed diagnosis**
- **Falls with harm**

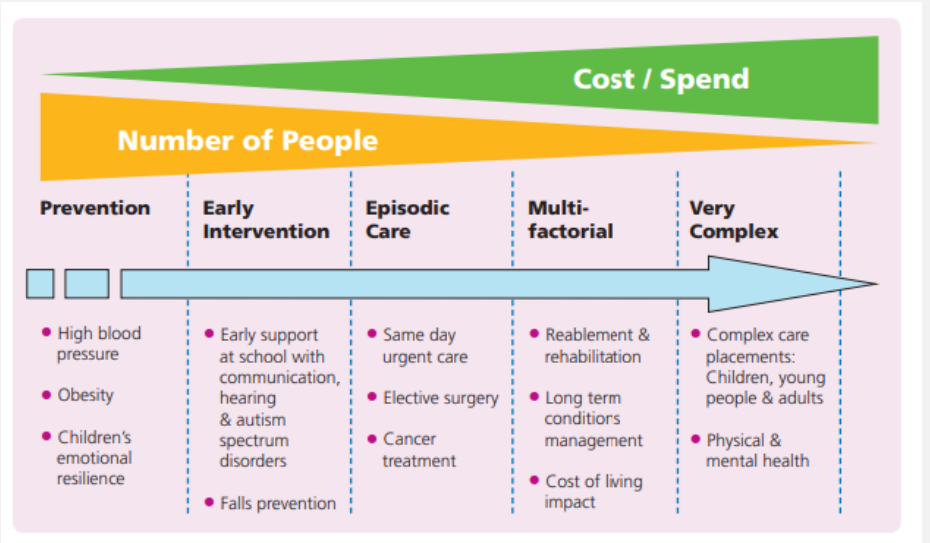
6.7 - Emerging Quality Concerns & Risks being monitored with Quality Involvement

Our Board Assurance Framework (BAF) is cognisant of risks carried by our System. Community and Mental Health Service quality improvement and transformation will help to support these areas within the BAF.

Risk Ref	Risk Title
BAF0001	Recovery of Elective Services
BAF0002	Developing suitable workforce
BAF0003	Pressure on Urgent and Emergency Care (UEC) in the BLMK System
BAF0004	Widening Inequalities
BAF0005	System Transformation
BAF0006	Financial Sustainability & Underlying Financial Health
BAF0007	Climate Change: Health, inequality and healthcare service impacts from Climate Change and environmental degradation
BAF0008	Impact of Population Growth on Health and Care Services Infrastructure
BAF0009	Impact of Rising Cost of Living on Residents and Staff Wellbeing
BAF0010	Partnership Working
BAF0011	Health literacy - Denny Review
BAF0012	System Collaboration
BAF0013	VCSE sustainability
BAF0015	Failure to Deliver the Operational and Financial Plan
BAF0022	Achieving Net Zero

Whilst Providers within our BLMK commissioned services are sovereign organisations – each with their own Board teams responsible for governance arrangements – the ICB leans into these providers to support escalation of risks and improvements within a partnership approach.

The BLMK Joint forward Plan articulates some of the priority workstreams that feed into system improvements.
blmkhealthandcarepartnership.org/publications/strategies/blmk-joint-forward-plan-core-final/?layout=file



For example as highlighted through the ICS Priorities workstreams:

Further review of the use of clinical formulation that informs the right intervention needed to improve outcomes for children that are experiencing extreme trauma.

6.8 - Quality Improvements across 24-25 in Community and Mental Health Large Provider settings: Quality Accounts

CNWL: CNWL publishes Quality Account for 2024-25 :: Central and North West London NHS Foundation Trust

- Progression continues to be made over reducing the risk of pressure ulcers developed across care settings
- Commitment to reduce restrictive practices in mental health settings
- Quality Improvement culture continues to be embedded in Trust culture – QI programme to drive improvements in outcomes for patients

CCS: ccs-nhs-trust-quality-account-2024-2025.pdf

- Quality Improvement frameworks continue to be embedded utilising research, facilitating learning from incidents
- Highly achieving in national friends and family test & staff survey
- Development and publication of 'Think whole Family' safeguarding policy – drawing together CYP +Adult safeguarding into one document

ELFT: ELFT Quality Accounts 2024-25.pdf

- Learning Disabilities (LD) team - working with collaboration with local GP's and system partners to significantly reduce acute admissions for LD patients.
- Utilising data and analytics intelligence to identify opportunities to maximise clinic capacity to support the reduction of waiting list times and backlogs.
- Use of QI across the Bedfordshire and Luton mental health inpatient units where progress has been demonstrated in the patient flow arena. Length of inpatient stay has reduced & clear reduction in use of out of area placements for patients.

6.9 - Complaints, Concerns, Enquiries and Information Requests received to the ICB (over last year – July 2025)

Complaints:

Type	Summary of enquiry	KO41 / Theme	Type of service	Key words	Service name
Complaint	Complaint about CMHT	Communication (written)	Community services	Mental health	CNWL
Complaint	Formal Complaint – Failure by GP Surgery to Engage in Shared Car	Access to service	MH & LD	Access to care/treatment	Newport Pagnell Medical Centre
Complaint	Complaint about the administrative services	Appointments, Delays, and Cancellations	Walk-in Centres	Communication - verbal	Whaddon Medical Centre

Concerns:

Type	Summary of enquiry	KO41 / Theme	Type of service	Key words	Service name
Concern	concerns re poor continence care in the community / care home	Patient Care	Community services	Access to care/treatment	CCS
Concern	Unhappy with assessment of son and subsequent MASH feedback.	Clinical Treatment	Community services	Clinical Treatment	Community services
Concern	Dissatisfied with the outcome of the complaint raised with ELFT re talking therapies	Communication	Community services	Communication	Community services
Concern	Unhappy with MH service	Quality of care	MH & LD	Mental health	ELFT
Concern	Concern re care/treatment provided to partner by ELFT	Access to Treatment or Drugs	MH & LD	care and treatment provided	ELFT
Concern	Autism assessment waiting time	Access to service	MH & LD	Mental health	ELFT
Concern	Concern re care/treatment provided to resident's partner	Clinical Treatment	MH & LD	Access to care/treatment	ELFT
Concern	Autism assessment RTC	Access to service	MH & LD	Access to care/treatment	Newport Pagnell Medical Centre

6.10 - Complaints, Concerns, Enquiries and Information Requests received to the ICB (over last year – July 2025)

Enquiries:

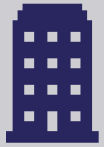
Type	Summary of enquiry	KO41 / Theme	Type of service	Key words	Service name
Enquiry	Query re access to anticoag clinic	Access to Treatment or Drugs	Community services	Access to care/treatment	CCS
Enquiry	Query re ASD waiting	Access to service	MH & LD	ASD waiting lists	Psychiatry UK
Enquiry	Query re ASD referral / waiting times	Access to Treatment or Drugs	MH & LD	ASD waiting lists	Psychiatry UK
Enquiry	Query re ASD referral	Access to Treatment or Drugs	Community services	Referrals - general	Psychiatry UK
Enquiry	Query re ASD referral	Access to Treatment or Drugs	Community services	Referrals - general	Psychiatry UK
Enquiry	Query: ASD assessment	Access to Treatment or Drugs	MH & LD	Referrals - general	Psychiatry UK
Enquiry	Referral to Psychiatry UK	Access to service	MH & LD	Access to care/treatment	Psychiatry UK
Enquiry	Referral to Psychiatry UK	Access to service	MH & LD	Access to care/treatment	Psychiatry UK
Enquiry	Chasing Psychiatry UK referral after name/NHS number change	Access to service	MH & LD	Access to care/treatment	Psychiatry UK
Enquiry	Update on Psychiatry UK referral	Access to service	MH & LD	Access to care/treatment	Psychiatry UK
Enquiry	query re ASD waiting list	waiting lists	MH & LD	ASD waiting lists	Psychiatry UK
Enquiry	concern re ASD discharge / waiting list	waiting lists	MH & LD	ASD waiting lists	Psychiatry UK
Enquiry	requesting update on sons ASD referral	access to service	MH & LD	Access to care/treatment	Psychiatry UK
Enquiry	How long is wait for ASD assessment	Access to service	MH & LD	Access to care/treatment	Psychiatry UK
Enquiry	Query status of referral to PUK	Waiting times	MH & LD	ASD waiting lists	Psychiatry UK

Information requests:

Type	Summary of enquiry	KO41 / Theme	Type of service	Key words	Service name
Info request	Attempting to contact continence team at CNWL	Access to Service	Community services	Access to Service	CNWL
Info request	Advising she has provided a patient with our contact details re P-UK	Access to Service	MH & LD	Referral delays	Psychiatry UK

7.1 - Access & Performance Gaps

Long waits in autism and eating disorder services.



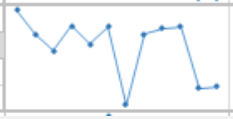
Out-of-area placements persist despite targets.

CAMHS referrals rising, especially in Milton Keynes.

7.2 - Virtual Wards

Virtual wards (also known as hospital at home) allow residents to get the care they need at home safely and conveniently, rather than being in hospital. The NHS is increasingly introducing virtual wards to support people at the place they call home, including care homes.

ICB Performance Dashboard

Performance Metric	Measure	Rolling 12 Months												Spark Line (Rolling 12 Months)	What does good look like	Trend Arrows (Current Month Against Previous 6 Points Average)	YTD	Regional Ranking (as at latest data)	National Ranking (as at latest data)
		202407	202408	202409	202410	202411	202412	202501	202502	202503	202504	202505	202506						
Virtual Wards Occupancy	Achievement	86.00%	71.50%	62.40%	75.90%	65.88%	75.60%	32.90%	71.50%	74.70%	81.60%	60.90%	62.10%		High	⇩		6/ 6	27 / 42
	Threshold	80.00%	80.26%	80.19%	80.19%	80.19%	80.18%	80.06%	80.00%	80.00%	80.00%	80.00%	80.00%						
	Regional Performance	91.33%	84.30%	77.88%	95.23%	76.90%	82.50%	77.24%	83.82%	86.25%	83.91%	85.70%	88.30%						
	National Performance	73.90%	68.00%	69.51%	78.20%	77.05%	75.40%	80.50%	73.40%	76.20%	73.40%	75.00%	77.60%						
Virtual Wards Capacity	Achievement	335	340	340	340	340	340	340	340	340	315	235	235		High	⇩		2 / 6	22 / 42
	Threshold	235	235	308	313	323	333	351	355	360	235	235	235						
	Regional Performance	250	251	252	255	255	256	240	239	240	235	219	222						
	National Performance	294	294	298	301	303	303	301	303	305	303	297	299						
Virtual Wards Utilisation	Achievement	288	243	212	258	224	257	112	243	254	257	143	146		High	⇩		3 / 6	27 / 42
	Threshold																		
	Regional Performance	228	211	196	243	196	211	185	200	207	197	188	196						
	National Performance	217	200	209	236	234	229	242	222	233	222	222	232						

The Virtual Wards Occupancy target of 80% was only met in April 25, but throughout the last 12 months and year to date (April to June 25) it was consistently below the target.

Regionally BLMK ICB has performed worse than other ICBs and has performed on average at a national level.

The Virtual Wards capacity has reduced capacity from 340 to 235 beds but remains under-utilised.

BHT - Capacity constraints in North Bedfordshire are impacting planned levels of occupancy; activity is expected to improve over July. New Advanced Care Practitioners (ACPs) are being inducted to boost nursing capacity, though community resources remain stretched due to the successful UCCH model. Paediatric respiratory services face staffing pressures over the summer, with recovery plans presented to BLMK ICB in July and full recovery expected by year-end. Monthly ICB/provider oversight meetings continue to drive progress.

MK - Despite reduced bed capacity post hub-and-spoke review, Milton Keynes remains within the 20–30 beds/100K target. Spoke reporting has ceased following alignment with the updated national Virtual Ward model (this removes all low monitored activity allowing focus on more complex care which is more likely to reduce admissions and support flow). Governance discussions are ongoing as the cardiology pathway transitions to MKUH.

Data Source: BLMK ICB Performance Dashboard - https://www.england.nhs.uk/statistics/statistical-work-areas/virtual-ward/

7.3 - Mental Health Benchmarking - ICB and Region MH Performance Dashboard - System Overview of Performance

% plan - % of 24/25 operational plan achieved.
% change or change - % change or change in actual performance since the same period in the previous quarter
(except Talking Therapies completing treatment, where the change is compared to the same period in the previous year
and LoS/OAPs, where the change in absolute numbers).

Key - % plan	<95%	>=95%, <100%	>=100%
Key - % change	Worsened	>=0%, <0.5% improvement	>=0.5% improvement

	CYP access Number of CYP aged <18 receiving at least one contact (Rolling 12 months to May-25)		Perinatal access Number of w omen accessing specialist community PMH and (Rolling 12 months to May-25)		Talking Therapies Number of people completing a course of treatment YTD v ia NHS Talking Therapies w ith Reliable improvement and recovery (Course of Treatment YTD Apr-25 to May-25) (Reliable Improvement and Recovery Monthly - May-25)					
					Courses of Treatment		Reliable Improvement		Reliable Recovery	
	% plan	% change	% plan	% change	% plan	% change	Plan Difference	change	Plan Difference	change
East of England	101.32%	0.84%	103.03%	0.17%	101.15%	-6.83%	-0.5%	0.00%	-0.5%	0.00%
Bedfordshire, Luton and Milton Keynes	99.68%	-0.63%	95.49%	0.00%	99.16%	-7.39%	1.0%	-3.00%	-1.8%	-1.00%
Cambridgeshire and Peterborough	87.63%	-0.13%	103.91%	3.33%	137.02%	-6.12%	2.1%	5.00%	0.9%	3.00%
Hertfordshire and West Essex	104.97%	1.91%	101.29%	-0.47%	109.20%	8.16%	-4.4%	2.00%	-3.0%	-1.00%
Mid and South Essex	104.61%	0.39%	102.82%	1.68%	97.10%	-4.40%	2.4%	-1.00%	-0.7%	-2.00%
Norfolk and Waveney	108.72%	2.41%	104.17%	-2.17%	87.61%	-18.01%	3.0%	-1.00%	2.0%	-2.00%
Suffolk and North East Essex	100.76%	0.00%	112.97%	-0.68%	88.71%	-14.87%	-2.1%	-3.00%	-0.1%	3.00%

	Average Length of Stay Mean LoS for Adult Acute, Older Adult Acute and PICU discharges (Rolling 3 months to May-25)		Out of Area Placements Number of inappropriate OAP placements for adults internal or (Monthly - May-25)		IPS access Number of individuals accessing specialist IPS services (Rolling 12 months to May-25)	
	Plan Difference	change	Plan Difference	change	% plan	% change
East of England	4	5	-40	-15	131.50%	4.36%
Bedfordshire, Luton and Milton Keynes	4	4	-6	-5	93.09%	3.33%
Cambridgeshire and Peterborough	13	13	-1	0	288.52%	17.90%
Hertfordshire and West Essex	3	6	17	-20	101.29%	0.84%
Mid and South Essex	9	9	-25	5	230.82%	2.35%
Norfolk and Waveney	1	-3	-17	0	113.70%	6.36%
Suffolk and North East Essex	-2	0	-13	0	101.92%	1.00%

Data Source: East of England MH Improvement & Oversight Report – published July-25

7.4 - Mental Health Performance – Adults – Aug-24 to May-25

Place Level Performance Dashboard

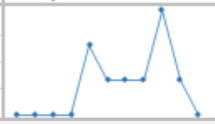
Area	Performance Metric	Place	Measure	Rolling 12 Months												Spark Line (Rolling 12 Months)	What does good look like	Trend Arrows (Current Month/Week Against Previous 6 Points Average)	YTD
				202408	202409	202410	202411	202412	202501	202502	202503	202504	202505	202506	202507				
Adult Mental Health	NHS Talking Therapies - number receiving a course of treatment	Bedfordshire and Luton - Provider Trust Wide	Achievement	350	400	460	425	350	460	390	420	465	395				High	⇧	
			Threshold																
		Milton Keynes - Provider Trust Wide	Achievement	260	235	275	255	230	235	260	210	340	250				High	⇧	
			Threshold																
		Other Providers - Provider Trust Wide	Achievement	220	240	235	235	210	225	160	215	220	205				High	⇧	
			Threshold																
Adult Mental Health	NHS Talking Therapies - Reliable Recovery	Bedfordshire and Luton - Provider Trust Wide	Achievement	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%				High	⇔	●
			Threshold	47.00%	47.00%	48.00%	48.00%	48.00%	48.00%	48.00%	48.00%	48.68%	48.79%						
		Milton Keynes - Provider Trust Wide	Achievement	50.00%	40.00%	40.00%	40.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%				High	⇔	●
			Threshold	47.00%	47.00%	48.00%	48.00%	48.00%	48.00%	48.00%	48.00%	48.68%	48.79%						
		Other Providers - Provider Trust Wide	Achievement	50.00%	50.00%	40.00%	50.00%	40.00%	50.00%	50.00%	40.00%	40.00%	40.00%				High	⇩	
			Threshold																
Adult Mental Health	NHS Talking Therapies - Reliable Improvement	Bedfordshire and Luton - Provider Trust Wide	Achievement	70.00%	70.00%	70.00%	70.00%	80.00%	70.00%	70.00%	80.00%	80.00%	70.00%				High	⇩	●
			Threshold	67.00%	67.00%	67.00%	67.00%	67.00%	67.00%	67.00%	67.00%	68.00%	68.00%						
		Milton Keynes - Provider Trust Wide	Achievement	70.00%	60.00%	60.00%	60.00%	70.00%	60.00%	60.00%	70.00%	70.00%	70.00%				High	⇧	●
			Threshold	67.00%	67.00%	67.00%	67.00%	67.00%	67.00%	67.00%	67.00%	68.00%	68.00%						
		Other Providers - Provider Trust Wide	Achievement	70.00%	70.00%	60.00%	70.00%	60.00%	70.00%	70.00%	60.00%	60.00%	60.00%				High	⇩	
			Threshold																
Adult Mental Health	Early Intervention in Psychosis (EIP)	Bedfordshire and Luton - Provider Trust Wide	Achievement	64.00%	79.00%	83.00%	81.00%	81.00%	79.00%	81.00%	78.00%	73.00%	74.00%				High	⇩	●
			Threshold	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%						
		Milton Keynes - Provider Trust Wide	Achievement	86.00%	92.00%	88.00%	89.00%	90.00%	91.00%	93.00%	94.00%	89.00%	83.00%				High	⇩	●
			Threshold	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%						

- There is no national or local target for NHS Talking Therapies – number receiving a course of treatment. This is a local monitoring metric. Reliable recovery – national expectation detailed in the operational planning guidance is 50% by March 2026 and the threshold in the dashboard from April 2025 onwards is the plan that was submitted to reach that expectation.
- Reliable improvement - national expectation detailed in the operational planning guidance is 68% by March 2026 and the threshold in the dashboard from April 2025 onwards is the plan that was submitted to reach that expectation.
- The NHS Talking Therapies – Reliable Recovery target has been met in Bedfordshire and Luton in recent months and met in most months in Milton Keynes. The Reliable Improvement target has been met in all recent months in Bedfordshire and Luton and met in a few months in Milton Keynes.
- The Early Intervention in Psychosis (EIP) target of 60% is a national target and has been consistently met in all recent months in Bedfordshire and Luton and Milton Keynes.

Data Source: BLMK Place Level Performance Dashboard – NHS England Published Data

Technical Guidance - Activity & Performance Guidance - NHS Planning - Futures

7.5 - Mental Health Performance – Adults – Jul-24 to May-25

ICB Performance Dashboard																			
Performance Metric	Measure	Rolling 12 Months												Spark Line (Rolling 12 Months)	What does good look like	Trend Arrows (Current Month Against Previous 6 Points Average)	YTD	Regional Ranking (as at latest data)	National Ranking (as at latest data)
		202407	202408	202409	202410	202411	202412	202501	202502	202503	202504	202505	202506						
Inappropriate Out Of Area Bed Days	Achievement			1,315			2,350			2,085					Low	⇩		5 / 6	25 / 42
	Threshold																		
	Regional Performance			2,454			2,413			2,129									
	National Performance			3,043			2,905			2,888									
Inappropriate Out Of Area Placements	Achievement	15	15	15	15	25	20	20	20	30	20	15			Low	⇧	●	3 / 6	13 / 42
	Threshold	13	12	11	9	7	6	5	3	2	6	6							
	Regional Performance	28	31	34	26	26	25	23	24	28	24	22							
	National Performance	36	34	35	34	33	33	34	34	34	34	32							

- The number of Inappropriate Out of Area (OOA) Bed Days saw a marked increase in Q3 2024/25 compared to Q2, with a further rise in Q4. More recently, this figure has declined, returning to levels observed in Q2 2024/25. Meanwhile, Inappropriate OOA Placements have consistently remained above target. Residents are going out of area due to their needs not being met locally. Local data for CNWL shows that they currently have 0 OOA placements.
- Ongoing high demand and capacity challenges—particularly in Bedfordshire and Luton—have resulted in 15 inappropriate adult acute mental health out-of-area placements within BLMK, despite the plan setting a target of zero.
- In 2025/26, BLMK ICB will focus on systemwide priorities like avoiding admissions, improving discharge pathways, and reducing out-of-area (OOA) placements.
- ELFT is strengthening care for residents with Learning Disabilities and Autism (LD&A) in mental health units by introducing sensory-friendly adaptations, developing personalised care plans, and delivering targeted staff training. Key service developments continue across initiatives such as the Discharge Hub, Flow Team, Community Safe Spaces, and enhanced observation protocols.
- ELFT's aim for 2025/26 is to eliminate out of area placements, significantly reduce waiters for admission at Bedfordshire Hospitals and at home and progress towards 85% occupancy in acute mental health beds. They have been awarded UEC mental health capital to invest in additional capacity, including 9 acute beds, 12 crisis house beds (8 crisis, 4 stepdown), and rehab capacity to be determined.
- Modelling suggests that with the additional capacity ELFT will be able to make a significant impact towards achieving their aim. However, they will need to continue to work to improve length of stay alongside enhancing their capacity, through working effectively as system partners to prevent admission, and reduce length of stay
- CNWL is focused on reducing and repatriating Out-of-Area (OOA) placements by expanding intensive community support, redesigning pathways for individuals with Complex Emotional Needs, and implementing measures to lower admission rates and shorten lengths of stay.

Data Source: BLMK ICB Performance Dashboard – NHS England Published Data

Technical Guidance - Activity & Performance Guidance - NHS Planning - Futures

7.6 - Mental Health Performance – Children and Young People

Place Level Performance Dashboard

Area	Performance Metric	Place	Measure	Rolling 12 Months												Spark Line (Rolling 12 Months)	What does good look like	Trend Arrows (Current Month/Week Against Previous 6 Points Average)	YTD
				202408	202409	202410	202411	202412	202501	202502	202503	202504	202505	202506	202507				
Children and Young People (CYP) & Maternity	CYP Eating Disorders - Routine	Bedfordshire and Luton - Provider Trust Wide	Achievement	0.00%	84.00%	82.00%	88.00%	90.00%	78.00%	75.00%	68.00%	0.00%	0.00%				High	⇩	●
			Threshold	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%						
		Milton Keynes - Provider Trust Wide	Achievement	58.00%	62.00%	70.00%	78.00%	82.00%	81.00%	75.00%	65.00%	80.00%	78.00%				High	⇩	●
			Threshold	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%						
Children and Young People (CYP) & Maternity	CYP Eating Disorders - Urgent	Bedfordshire and Luton - Provider Trust Wide	Achievement	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%				High	⇩	●
			Threshold	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%						
		Milton Keynes - Provider Trust Wide	Achievement	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%				High	⇧	●
			Threshold	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%						

- The Routine target for Children and Young People's Eating Disorders has consistently fallen short in both Bedfordshire and Luton and Milton Keynes. In contrast, the Urgent target has been achieved in most months in Bedfordshire and Luton but remains unmet in Milton Keynes.
- It should be noted that the number of eating disorder referrals are small, especially for urgent pathways, i.e. there is often just one patient not meeting the target
- Services normally provide exception reporting against this and generally young person is missed by only a few days due to either young person appointment availability and or due to workforce capacity (remains the services continued challenge). Both Trusts have undertaken reviews of their Services supported by ICB senior CAMHS commissioner, and Regional non-recurrent medium term funding to support most complex young people (delivered pan BLMK by ELFT) has not been able to be secured going forward and therefore additional capacity lost.
- As a result 'urgents' prioritised - our case for change 'commissioning intention' would be to put in place an all age eating disorders service as evidence promotes this approach due to the small resident numbers and to build resilience.

Data Source: BLMK Place Level Performance Dashboard – NHS England Published Data

Technical Guidance - Activity & Performance Guidance - NHS Planning - Futures

7.8 - BLMK Mental Health Waiting List Visuals

CNWL Adults Mental Health 18+ Weeks Waits by Service - Top 10 Teams with the most 18+ week waits

Sorted by highest to lowest as of Jul-25

Service Name	Apr-25	May-25	Jun-25	Jul-25	Trend
Specialist Memory Services	20	27	29	24	
Primary Care Plus	17	4	7	6	
Talking Therapies	0	6	5	6	
MK Maternity - Trauma and Loss Care Service	0	0	0	1	
MK Perinatal Service	0	0	0	1	
Early Intervention	0	0	0	0	
Eating Disorders	0	0	0	0	
Healthy Ageing Team	0	0	0	0	
MK - MH HUB Primary Referral	1	1	1	0	
MK CRHTT	0	0	0	0	

CNWL Children's Mental Health 18+ Weeks Waits by Service

Sorted by highest to lowest as of Jul-25

Service Name	Apr-25	May-25	Jun-25	Jul-25	Trend
CAMHS - ADHD	223	224	228	254	
CAMHS - Core	17	9	12	10	
MHST Wave 5	1	2	3	2	
MHST Wave 11 SW	1	0	1	1	
CAMHS - ED	0	0	0	0	
MHST Wave 1	2	0	0	0	
MHST Wave 7	0	0	0	0	
MHST Wave 11 SE	0	0	0	0	

These charts are based on the waiting list monthly reports submitted by CNWL. The adults service with the most 18+ week waits at CNWL was the Specialist Memory Service and the CYP service with the most 18+ week waits was the CAMHS – ADHD service.

Data Source : Waiting List Monthly Reports Submitted by CNWL

7.7 - BLMK Community Waiting Lists - Adults

CNWL Adults Community 18+ Weeks Waits by Service - Top 10 Teams with the most 18+ week waits

Sorted by highest to lowest as of Jul-25

Service Name	Apr-25	May-25	Jun-25	Jul-25	Trend
Adults Speech & Language Therapy	25	23	17	19	
Adult Hearing Service (Hearing Aids)	35	34	35	19	
NCST	9	10	20	10	
Continence	10	13	9	9	
NRS	9	9	14	9	
Podiatry	34	35	24	9	
District Nursing	1	1	1	1	
Staying Steady	0	0	0	1	
Twilight	0	0	0	0	
ESRT	0	0	0	0	

ELFT Adults Community 18+ Waits by Service - Top 10 Teams with the most 18+ week waits

Sorted by highest to lowest as of Jul-25

Service Name	Apr-25	May-25	Jun-25	Jul-25	Trend
Adult Podiatry Circle	937	924	891	782	
Adult Speech and language therapy	288	252	249	249	
Adult Wheelchairs	110	112	108	120	
Chronic Fatigue (CFS)	1	1	1	1	
Podiatry	2	9	0	0	
Adult Podiatry To be Triaged	1	0	0	0	
Adult Podiatry Nail Surgery	2	2	1	0	
Adult Continence	8	4	16	0	
Chronic Fatigue (PCFS)	0	1	0	0	
Occupational therapy	17	0	1	0	

CCS Adults Community 18+ Weeks Waits by Service

Sorted by highest to lowest as of Jul-25

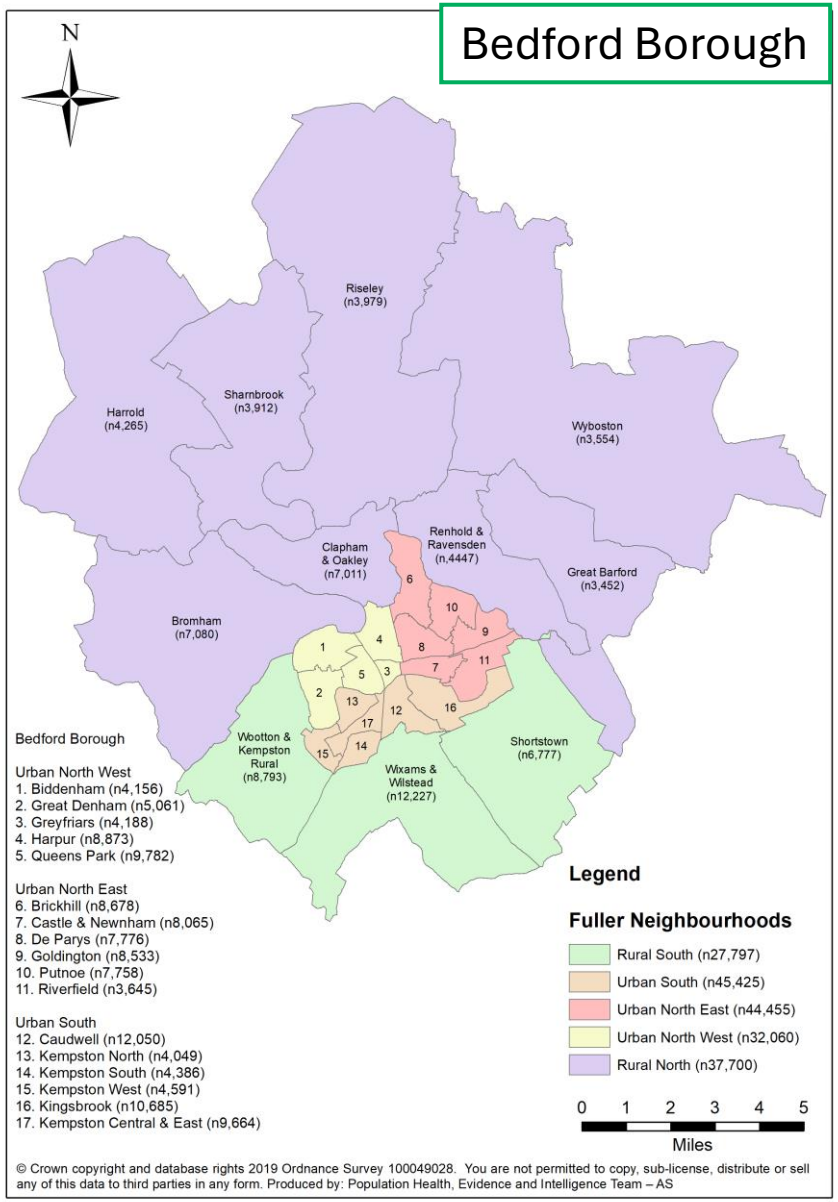
Service Name	Apr-25	May-25	Jun-25	Jul-25	Trend
Adult Nutrition and dietetic service - Luton	79	87	90	98	
Adult Nutrition and dietetic service - Central Bedfordshire	53	49	64	56	
Adult Nutrition and dietetic service - Bedford Borough	7	8	10	8	

These charts draw from monthly waiting list reports submitted by CNWL, ELFT, and CCS. The longest delays—patients waiting over 18 weeks—were concentrated in Adults Speech & Language Therapy at CNWL, the subcontracted Adult Podiatry Circle at ELFT, and Luton's Adults Nutrition and Dietetics Service.

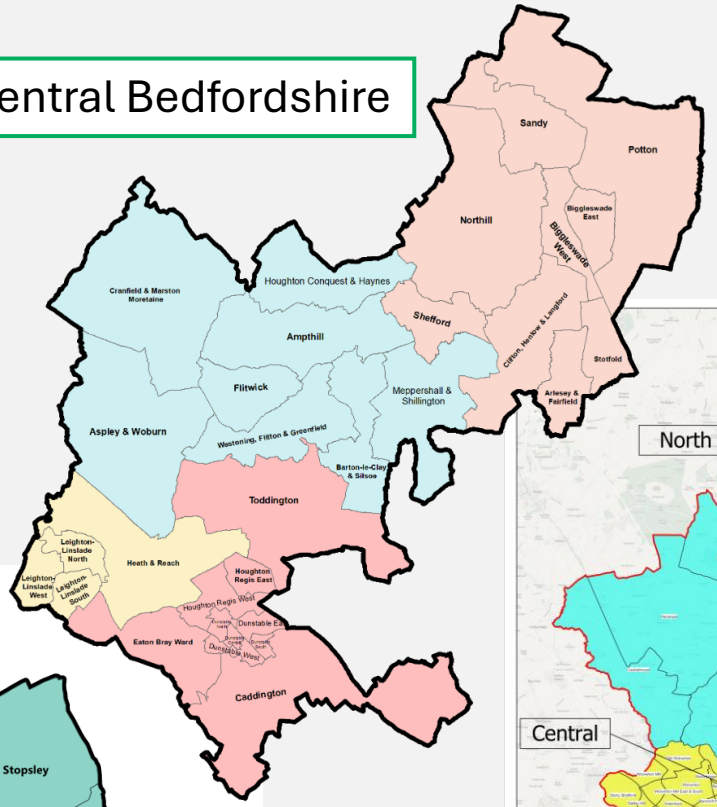
Data Source : Waiting List Monthly Reports Submitted by Providers

7.9 Neighbourhood Footprints in BLMK

Bedford Borough

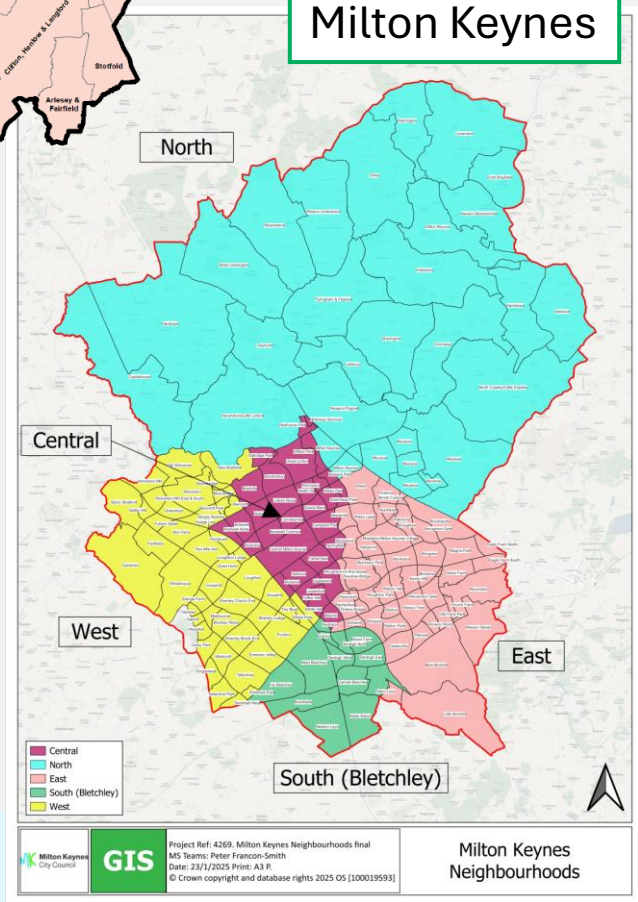


Central Bedfordshire



Luton

Milton Keynes



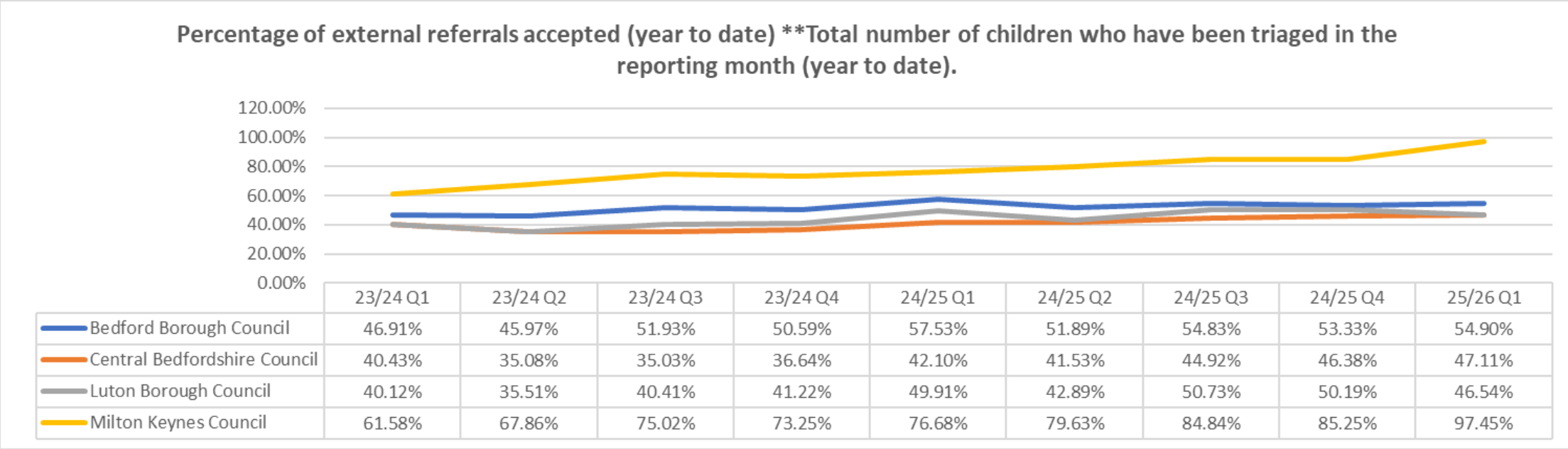
8.1 - Preventable Admissions & Costs

ACSC admissions rose 7%, Total cost of c£31M in 2024/25.

Cardiovascular and neurological conditions dominate.

Community care can reduce avoidable hospital stays.

8.2 - CAMHS Access

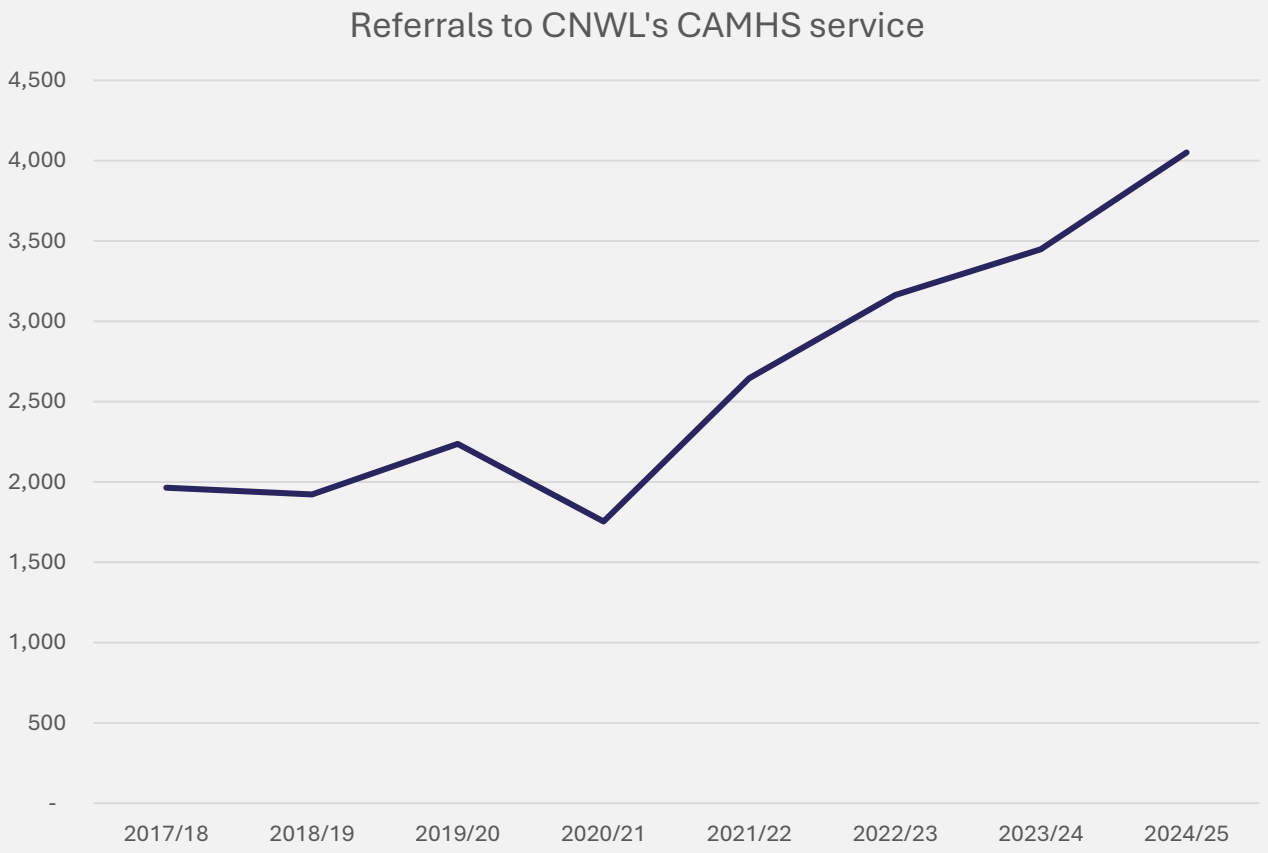


	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	25/26 Q1
Bedford Borough Council	46.91%	45.97%	51.93%	50.59%	57.53%	51.89%	54.83%	53.33%	54.90%
Central Bedfordshire Council	40.43%	35.08%	35.03%	36.64%	42.10%	41.53%	44.92%	46.38%	47.11%
Luton Borough Council	40.12%	35.51%	40.41%	41.22%	49.91%	42.89%	50.73%	50.19%	46.54%
Milton Keynes Council	61.58%	67.86%	75.02%	73.25%	76.68%	79.63%	84.84%	85.25%	97.45%

- Over the past couple of years, the quarterly percentage of external referrals accepted has risen markedly in Milton Keynes.
- Bedford Borough, Central Bedfordshire, and Luton have experienced a modest upward trend. Milton Keynes has consistently accepted a higher volume of external referrals compared to the other local authorities.
- 'External' is how BLMK receives referrals via a Place footprint, i.e. they are generally received via schools as well as health services as per normal referral pathways.

Data Source: BLMK Place Level Performance Dashboard – NHS England Published Data
Technical Guidance - Activity & Performance Guidance - NHS Planning - Futures

8.3 - CAMHS Referrals

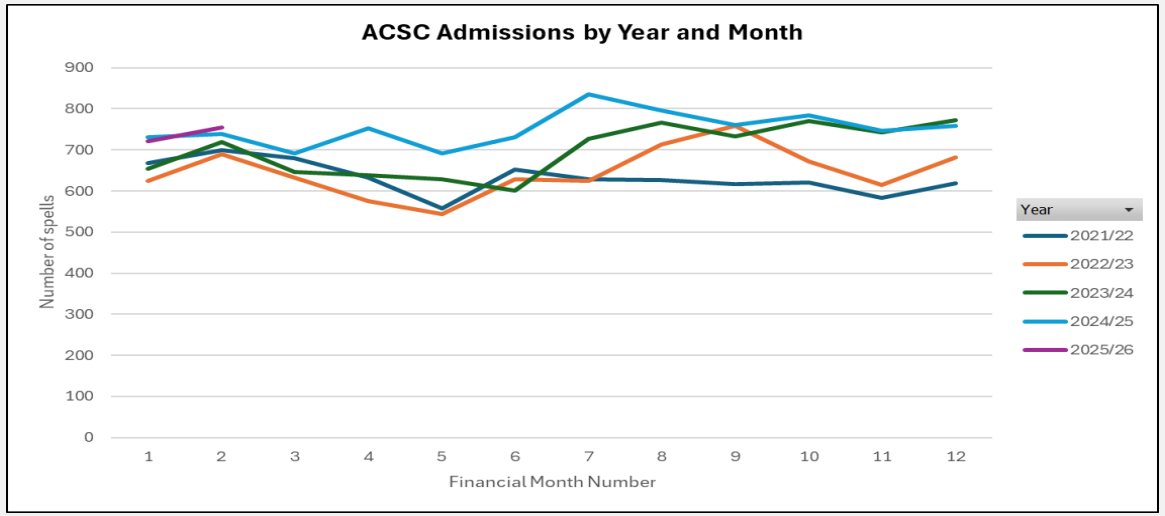


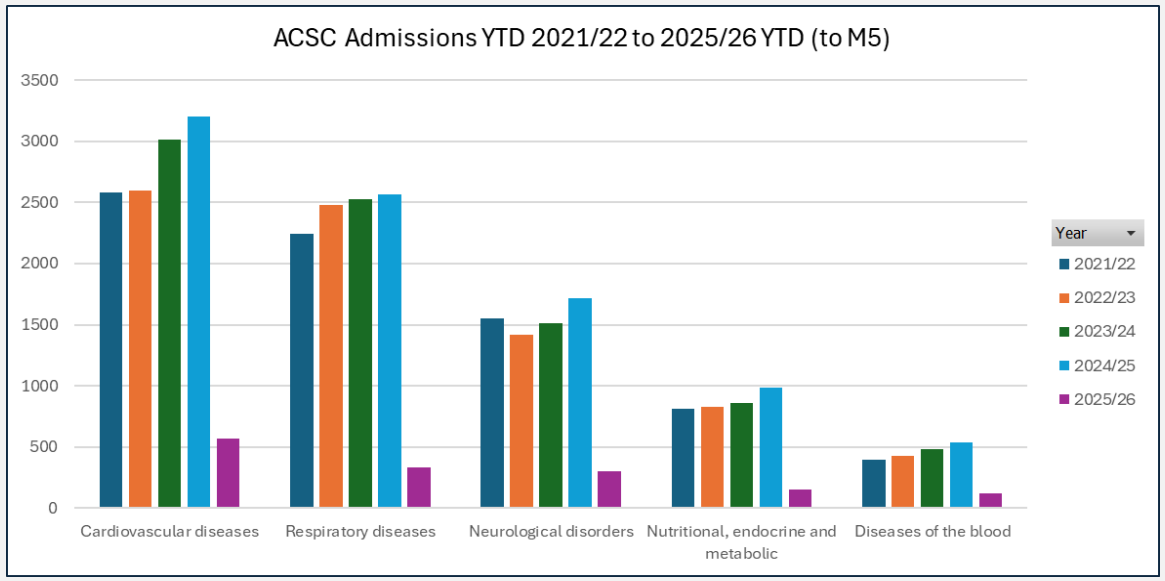
- Routine reporting by AGEM on referrals into CNWL's CAMHS service shows an approximate doubling in numbers of referrals in 2024/25 compared to pre-COVID-19 years.
- This data is only for CNWL's CAMHS service and does not cover the whole BLMK area.

Data source: yearly AGEM reports for CNWL and MK CCG / BLMK ICB

Technical Guidance - Activity & Performance Guidance - NHS Planning - Futures

8.4 - Ambulatory Care Sensitive Conditions – BLMK ICB



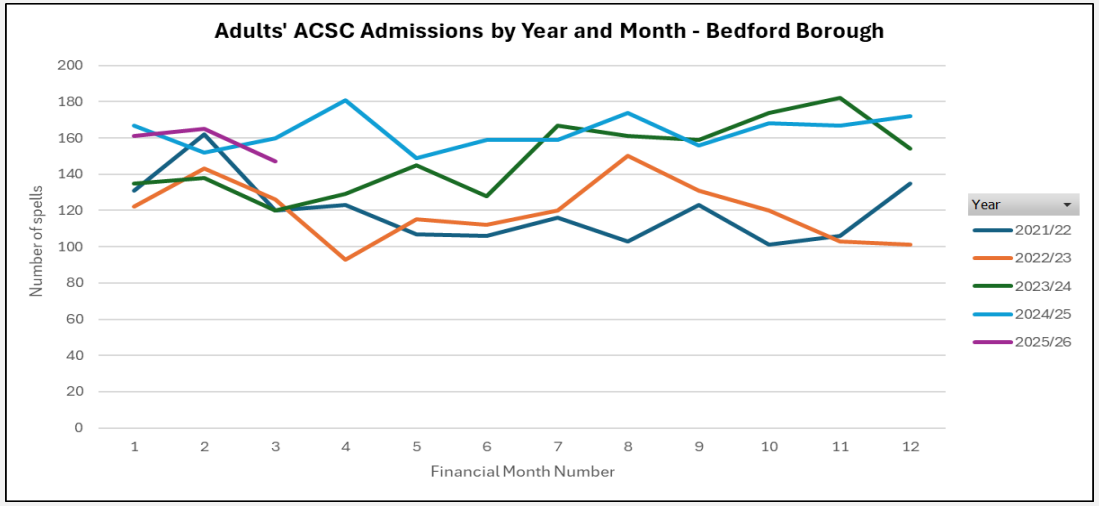


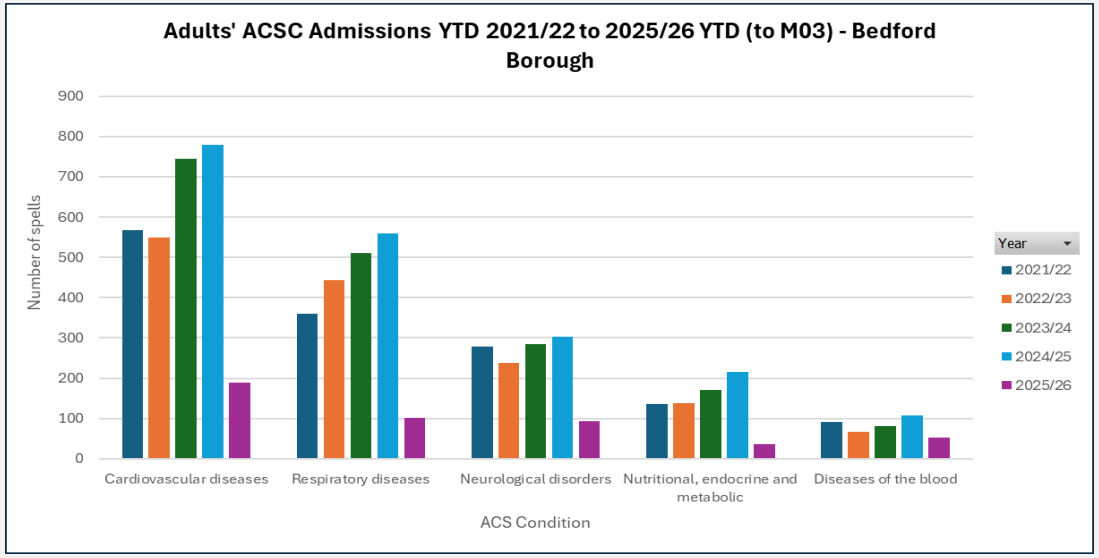
Ambulatory care sensitive (ACS) conditions are conditions where effective community care and person-centred care can help prevent the need for hospital admission.

- In BLMK during 2024/25, there were a total of 9014 admissions to hospital for ACS conditions which represents 9% of all hospital admissions.
- Ambulatory Care Sensitive Conditions increased by 7% from 2023/24 to 2024/25.
- Cardiovascular is the most frequent ACS Condition and within that, Heart Failure and Hypertension are the top diagnoses.
- The conditions that have seen the greatest % increases between 2023/24 and 2024/25 are Neurological (14%), Nutritional, endocrine and metabolic (15%), Diseases of the blood (12%).
- 61% of the ACSC Admissions had no procedure during their spell - Cardiovascular (52%), Respiratory (68%), Neurological (64%), Nutritional, endocrine and metabolic (70%), Diseases of the blood (63%).

Data Source: SUS Inpatients Dataset

8.5 - Adults' Ambulatory Care Sensitive Conditions – Bedford Borough

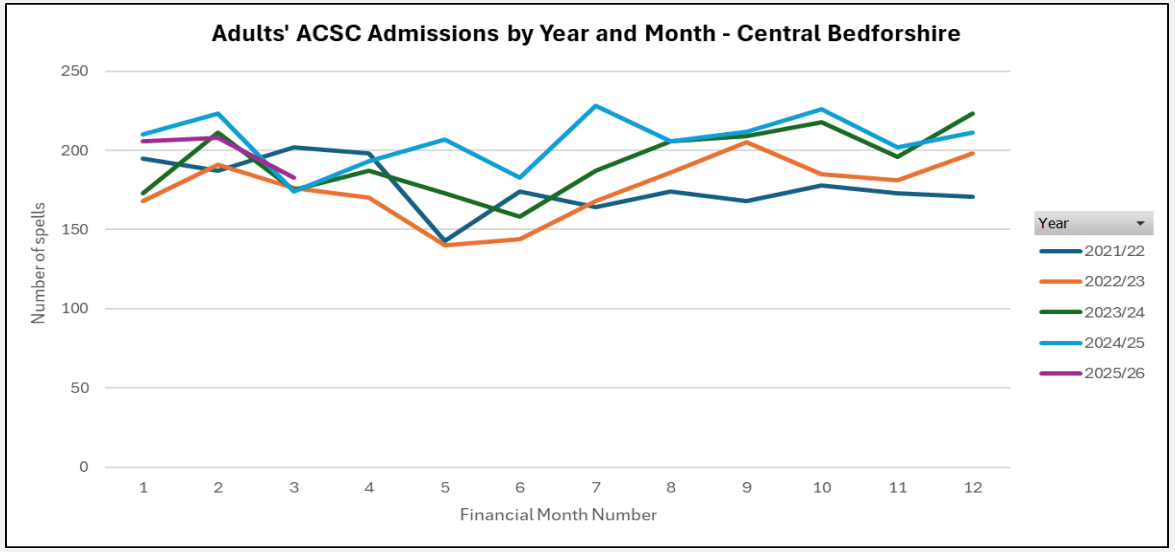


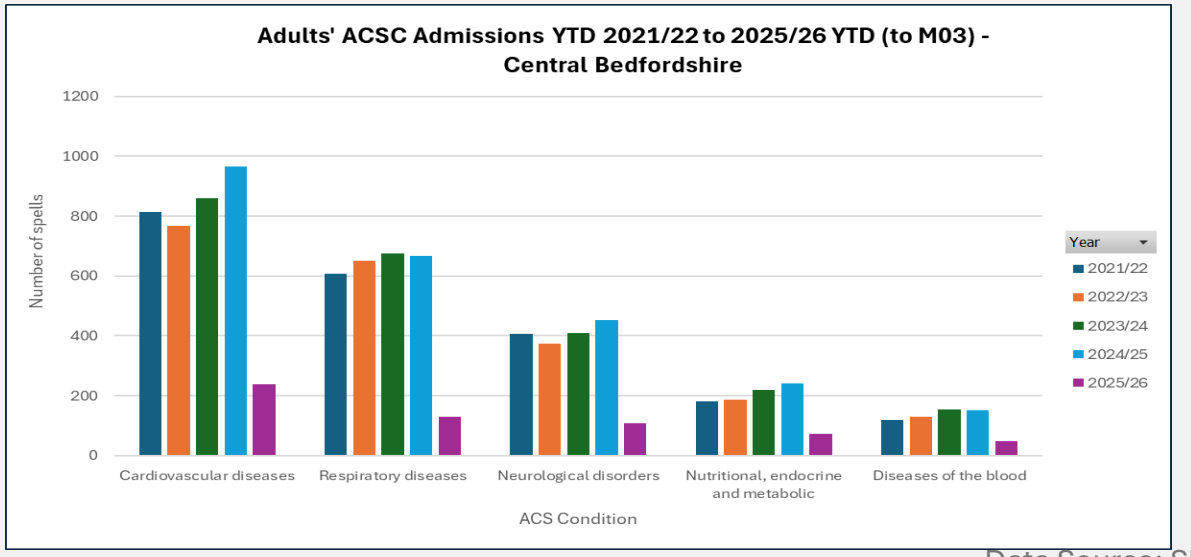


- In 2024/25, there were a total of 1964 admissions to hospital for ACS conditions by adults from Bedford Borough, which represents 11% of all hospital admissions for this cohort of residents.
- Ambulatory Care Sensitive Conditions for adults from Bedford Borough increased by 10% from 2023/24 to 2024/25.
- Cardiovascular is the most frequent ACS Condition for adults from Bedford Borough, followed by Respiratory Diseases.

Data Source: SUS Inpatients Dataset

8.6 - Adults' Ambulatory Care Sensitive Conditions – Central Bedfordshire

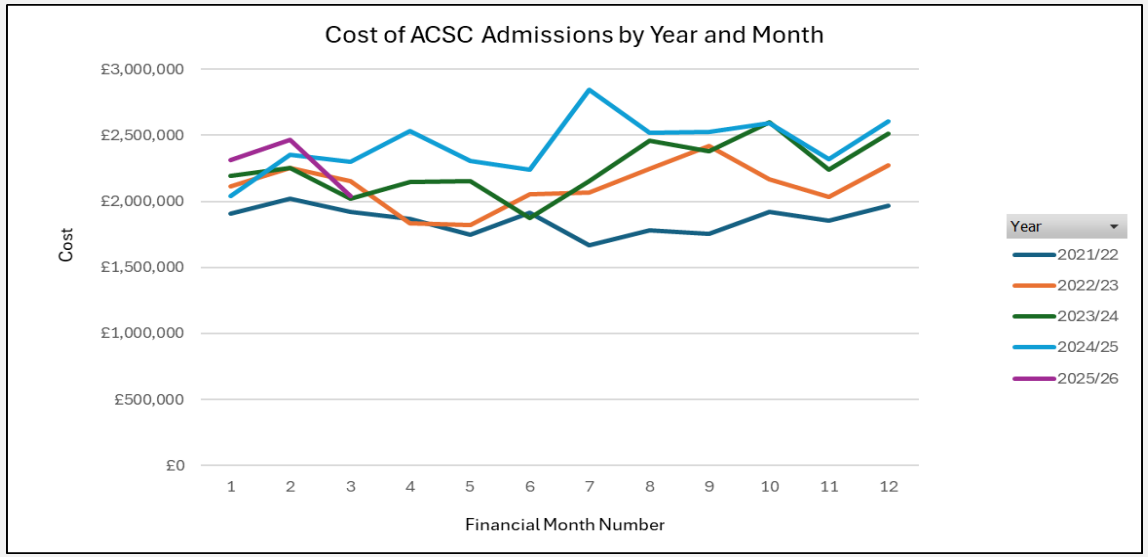


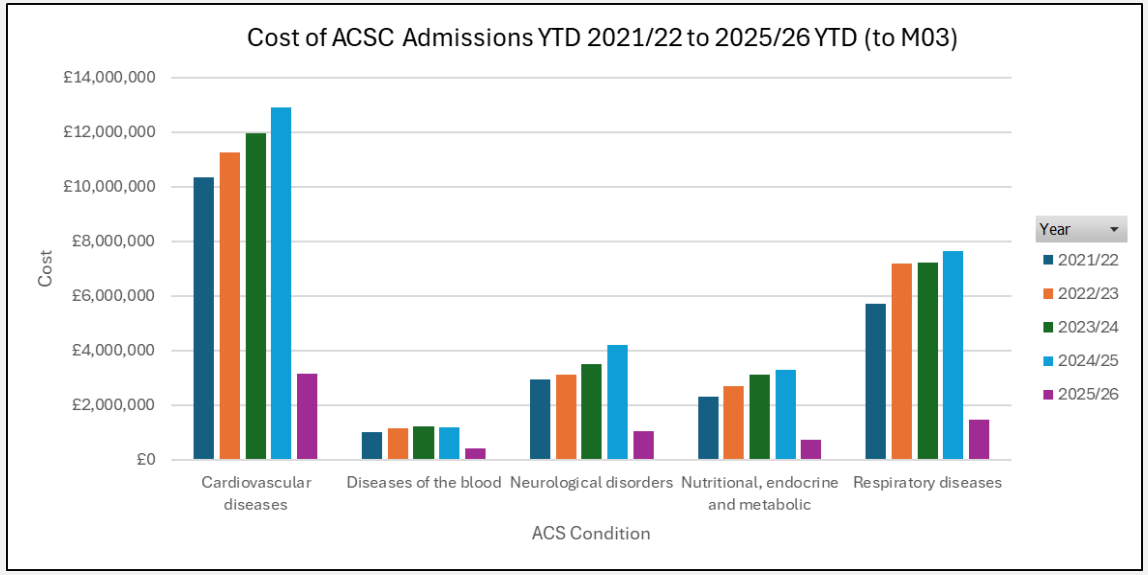


- In 2024/25, there were a total of 2475 admissions to hospital for ACS conditions by adults from Central Bedfordshire, which represents 10% of all hospital admissions for this cohort of residents.
- Ambulatory Care Sensitive Conditions for adults from Central Bedfordshire increased by 7% from 2023/24 to 2024/25.
- Cardiovascular is the most frequent ACS Condition for adults from Central Bedfordshire, followed by Respiratory Diseases.

Data Source: SUS Inpatients Dataset

8.7 - Cost of Ambulatory Care Sensitive Conditions – BLMK ICB

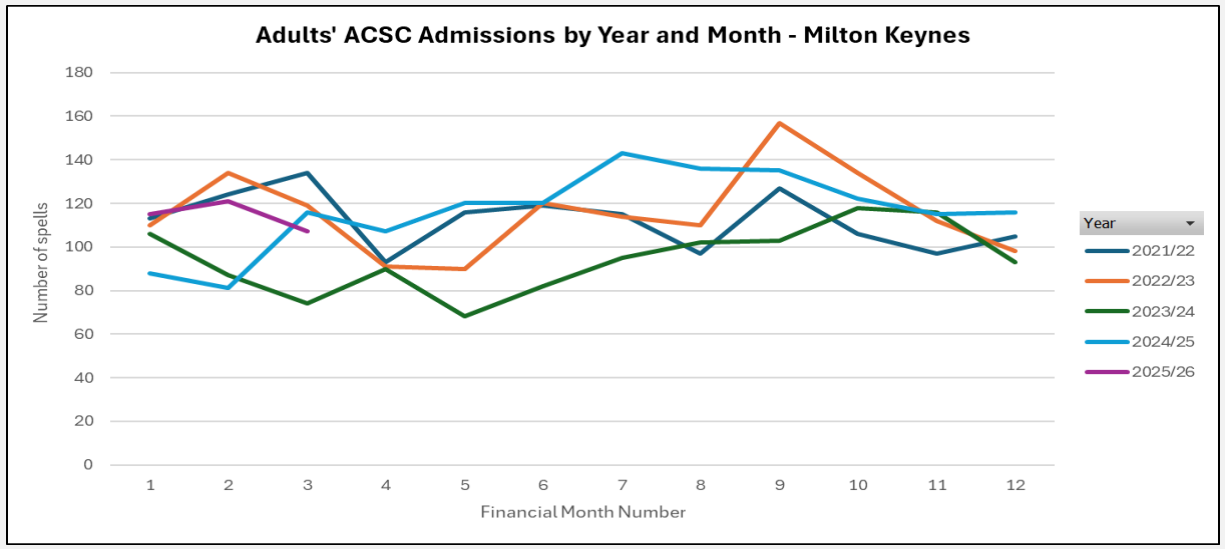


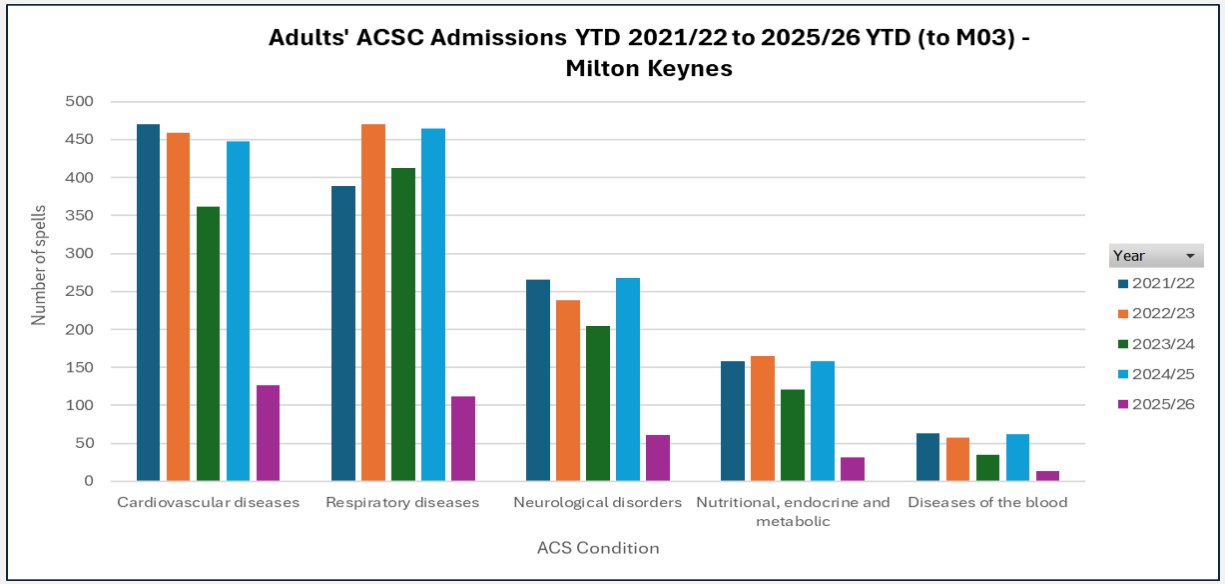


- Costs of Ambulatory Care Sensitive Conditions for adults increased by £2,188,653 from 2023/24 to 2024/25 and the total cost of these admissions in 2024/25 was £30,839,781.
- Cardiovascular diseases were the most costly of the ACS Conditions in 2024/25 and 2025/26 YTD, followed by Respiratory diseases, then Neurological disorders.
- The type of conditions that have seen the greatest percentage cost increases between 2023/24 and 2024/25 are Neurological disorders (21%), Cardiovascular diseases (8%) and Respiratory diseases (6%).

Data Source: SUS Inpatients Dataset

8.8 - Adults' Ambulatory Care Sensitive Conditions – Milton Keynes

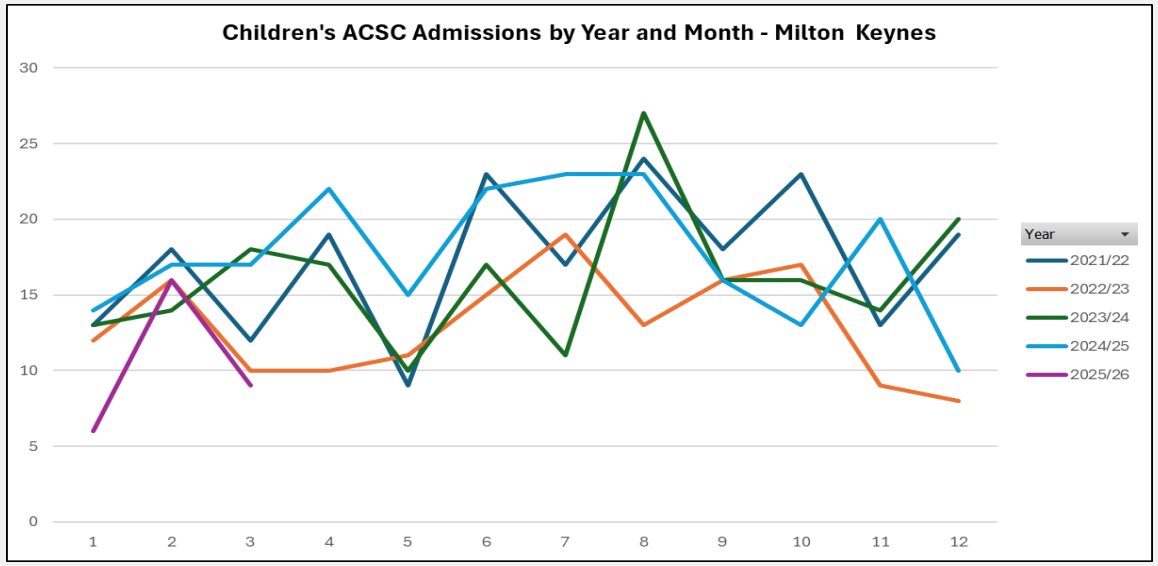


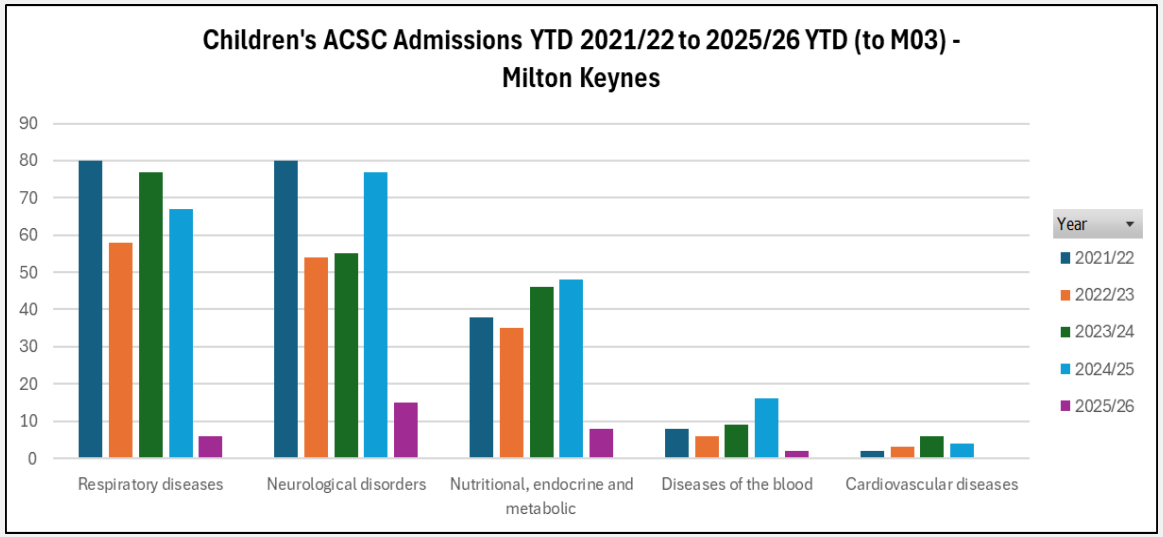


- In 2024/25, there were a total of 1399 admissions to hospital for ACS conditions by adults from Milton Keynes, which represents 9% of all hospital admissions for this cohort of residents.
- Ambulatory Care Sensitive Conditions for adults from Milton Keynes increased by 23% from 2023/24 to 2024/25.
- Respiratory Diseases is the most frequent type of ACS Condition for adults from Milton Keynes, followed by Cardiovascular Diseases.

Data Source: SUS Inpatients Dataset

8.9 - Children's Ambulatory Care Sensitive Conditions – Milton Keynes

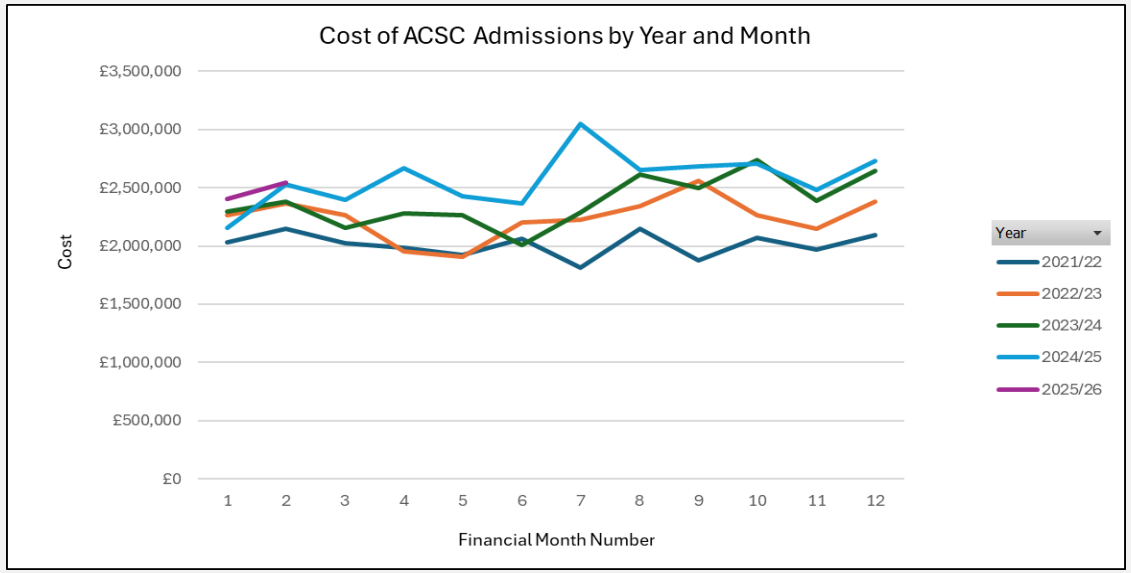


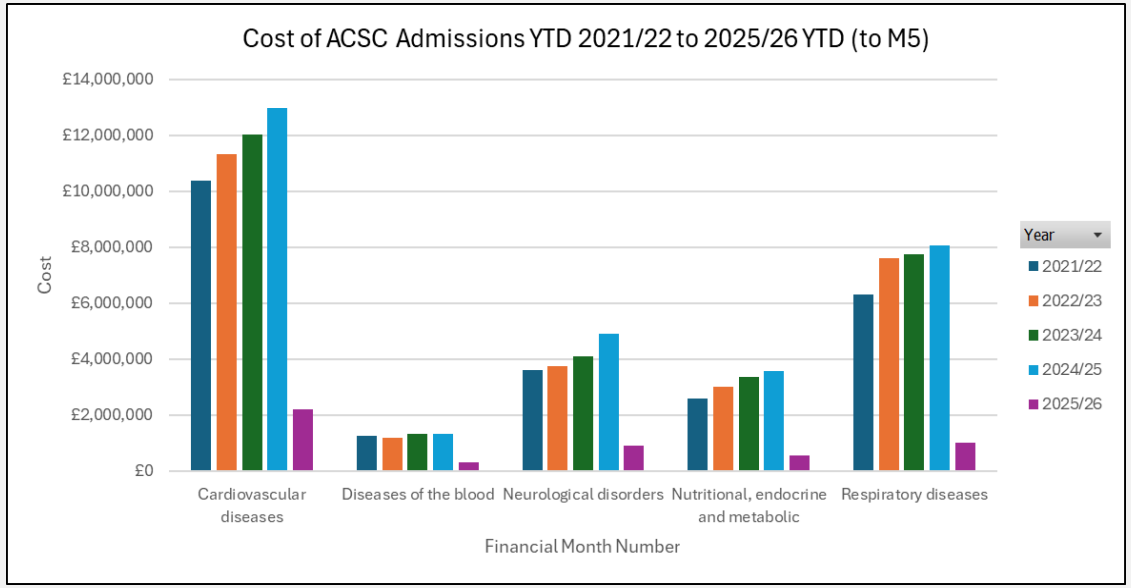


- In 2024/25, there were a total of 212 admissions to hospital for ACS conditions by children from Milton Keynes, which represents 4% of all hospital admissions for this cohort of residents.
- Ambulatory Care Sensitive Conditions for children from Luton increased by 10% from 2023/24 to 2024/25.
- Neurological disorders is the most frequent type of ACS Condition for children from Milton Keynes, followed by Respiratory diseases.

Data Source: SUS Inpatients Dataset

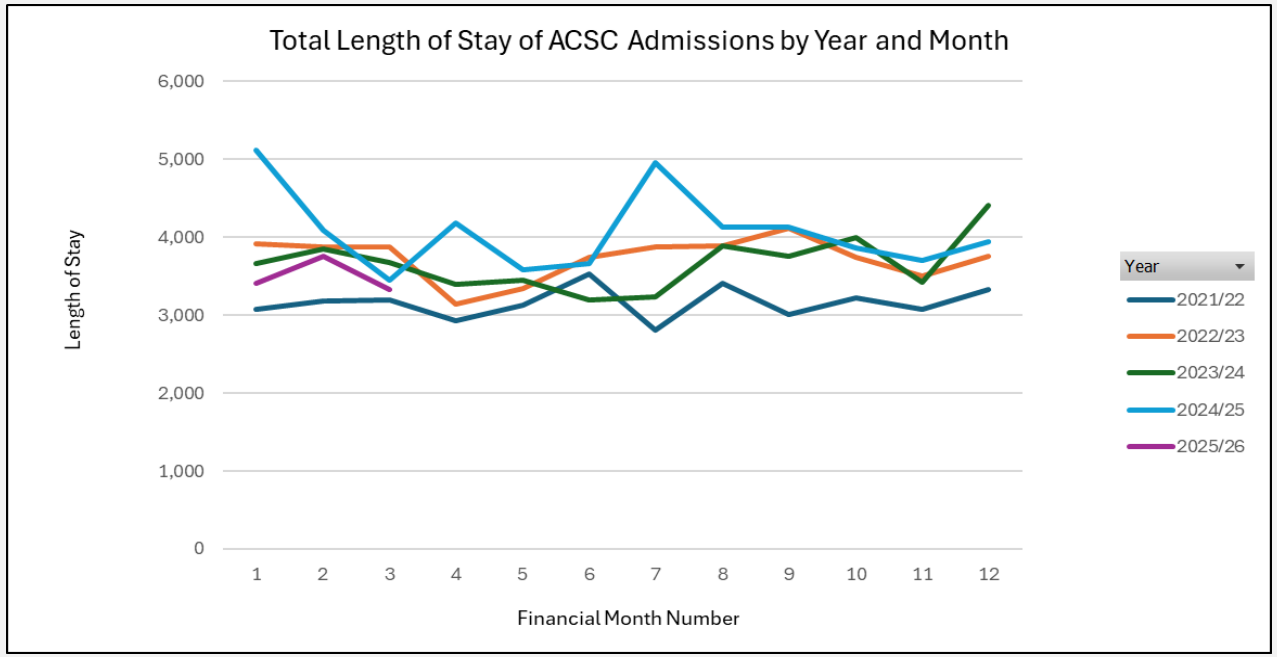
8.10 - Cost of Ambulatory Care Sensitive Conditions – BLMK ICB

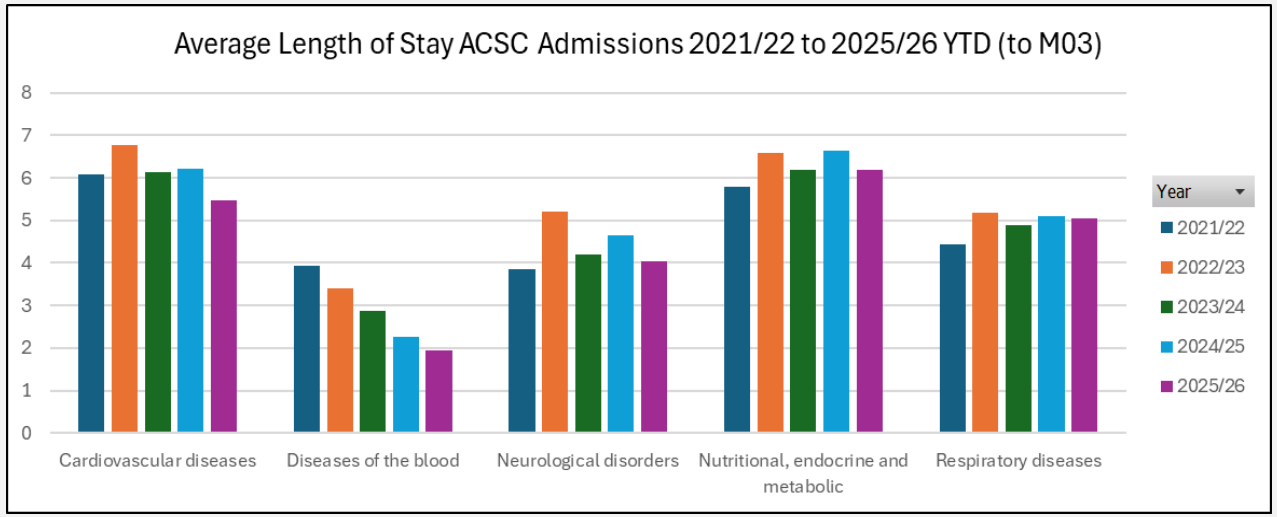




- Costs of Ambulatory Care Sensitive Conditions increased by £2,291,492 from 2023/24 to 2024/25 and the total cost of these admissions in 2024/25 was £30,839,781.
- Cardiovascular diseases were the most costly of the ACS Conditions in 2024/25 and 2025/26 YTD, followed by Respiratory diseases, then Neurological disorders.
- The type of conditions that have seen the greatest percentage cost increases between 2023/24 and 2024/25 are Neurological disorders (20%), Cardiovascular diseases (8%) and Nutritional, endocrine and metabolic (6%).

8.11 - Length of Stay of Ambulatory Care Sensitive Conditions – BLMK ICB

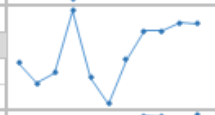
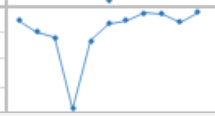




- The total length of stay of Ambulatory Care Sensitive Conditions increased by 4,870 from 2023/24 to 2024/25.
- Nutritional, endocrine and metabolic had the longest length of stay in 2024/25 and 2025/26 YTD.

8.12 - Primary Care Access

ICB Performance Dashboard

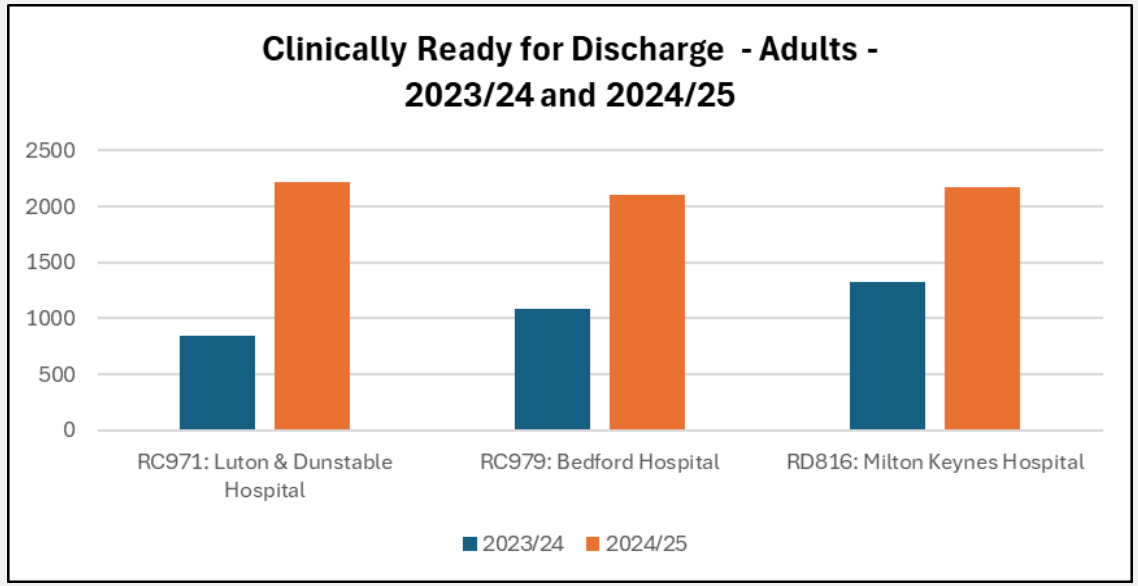
Performance Metric	Measure	Rolling 12 Months												Spark Line (Rolling 12 Months)	What does good look like	Trend Arrows (Current Month Against Previous 6 Points Average)	YTD	Regional Ranking (as at latest data)	National Ranking (as at latest data)
		202407	202408	202409	202410	202411	202412	202501	202502	202503	202504	202505	202506						
Number of appointments in General Practice	Achievement	519,405	453,181	495,944	638,177	535,619	496,361	574,012	523,082	563,132	526,225	534,833			High	⇧	●	5 / 6	27 / 42
	Threshold	456,175	459,373	509,561	566,496	523,051	428,673	519,098	496,689	507,893	486,218	493,322							
	Regional Performance	598,698	524,888	567,932	745,232	603,506	547,436	643,160	571,493	612,109	570,822	568,353							
	National Performance	742,821	655,112	711,221	915,824	748,704	673,083	785,376	705,460	746,307	695,138	693,192							
% Same Day Appointments in General Practice	Achievement	41.08%	41.46%	40.58%	36.19%	41.04%	44.26%	43.83%	43.94%	44.82%	44.79%	44.74%			High	⇧		3 / 6	19 / 42
	Threshold																		
	Regional Performance	43.08%	43.38%	42.20%	36.33%	41.24%	45.16%	43.84%	43.38%	43.73%	43.72%	43.79%							
	National Performance	43.60%	44.50%	43.24%	37.93%	42.52%	46.04%	44.83%	44.06%	44.18%	44.19%	44.23%							
% of Appointments With Health Professional Other Than GP	Achievement	53.00%	51.66%	52.36%	56.60%	52.00%	50.22%	53.25%	55.20%	55.17%	55.76%	55.71%			High	⇧		4 / 6	14 / 42
	Threshold																		
	Regional Performance	55.96%	55.94%	55.98%	59.27%	55.76%	54.39%	55.59%	56.06%	55.96%	56.51%	56.09%							
	National Performance	52.67%	52.66%	52.62%	56.42%	52.81%	51.42%	52.22%	52.76%	52.27%	52.96%	52.59%							
Appointments in GP Practice - % Seen Within 2 Weeks	Achievement	81.08%	80.23%	79.80%	74.51%	79.53%	80.83%	81.06%	81.64%	81.55%	80.93%	81.69%			High	⇧		3 / 6	19 / 42
	Threshold	85.31%	85.44%	84.93%	85.78%	85.81%	85.81%	86.51%	84.74%	85.65%									
	Regional Performance	80.92%	80.63%	79.87%	71.76%	78.45%	80.61%	80.56%	80.75%	80.58%	79.03%	79.74%							
	National Performance	82.49%	82.55%	81.93%	74.87%	80.71%	82.74%	82.70%	82.84%	82.12%	80.85%	81.78%							

- The number of General Practice appointments has consistently exceeded the threshold in recent months, except for August 2024 and September 2024, when it fell below.
- The percentage of Same Day Appointments in General Practice has seen a small and steady increase but plateaued in the last three months.
- The % of Appointments With Health Professional Other Than GP has stayed at a relatively similar level, whilst the Appointments in GP Practice - % Seen Within 2 Weeks has remained consistently below the threshold.
- Most practices in BLMK now use a modern triage-based access model, ensuring residents receive same day clarity on how their needs will be addressed (signposting, self-care, or an appointment with the most suitable clinician). In M2 the ICB held 534,833 appointments in practices across BLMK, equating to 26,742 per working day. This is 53,056 (11%) more appointments than in May 2024; England saw an increase of 6% across the same period. 44.5% of M2 appointments were with a GP, 64.8% were face to face with 44.8% of residents seen on the same day.
- There can be little doubt that the increase in identification and management of long-term conditions has led to an increased demand for diagnostics - much of which, e.g. ECGs will be carried out in primary care, whilst blood tests will place demand on pathology labs. The elective care recovery programme and the pressure on secondary care waiting lists is having a direct impact on primary care workloads as residents seek information and the ongoing management of their condition prior to treatment.

8.13 - Clinically Ready for Discharge

Clinically Ready for Discharge - Adults - 2023/24 and 2024/25

Provider Site Name	2023/24	2024/25	Change	% Change
RC971: Luton & Dunstable Hospital	840	2221	1381	164%
RC979: Bedford Hospital	1082	2106	1024	95%
RD816: Milton Keynes Hospital	1323	2173	850	64%



- Clinically ready for discharge adults increased noticeably at all three local trusts between 2023/24 and 2024/25, the greatest increase being at Luton and Dunstable Hospital, then Bedford Hospital, followed by Milton Keynes Hospital.
- Measured as time (in days) between date clinically ready for discharge and date of discharge.
- NB. There's an unusual number of nulls in the clinically ready data, which might cause a mismatch to local Trust data.

Data Source: SUS Data

8.14 - Rehabilitation and Intermediate Care

Acute Elective Length of Stay – 2023/24 and 2024/25

POD	Treatment Function	Provider site	2023/24	2024/25	Chg in LOS
Elective	100: General Surgery	BH	2.35	2.75	0.4
Elective	100: General Surgery	L&D	1.69	1.81	0.12
Elective	100: General Surgery	MK	1.32	1.48	0.16
Elective	101: Urology	BH	2.13	1.59	-0.54
Elective	101: Urology	L&D	1.69	1.52	-0.17
Elective	101: Urology	MK	1.56	1.72	0.16
Elective	104: Colorectal Surgery	BH	4.19	3.96	-0.23
Elective	104: Colorectal Surgery	L&D	2.41	2.04	-0.37
Elective	104: Colorectal Surgery	MK	4.67	4.32	-0.35
Elective	110: Trauma and Orthopaedic	BH	3.87	4.04	0.17
Elective	110: Trauma and Orthopaedic	L&D	2.05	2.02	-0.03
Elective	110: Trauma and Orthopaedic	MK	2.21	2.14	-0.07
Elective	300: General Internal Medicine	BH	4.11	4.41	0.3
Elective	300: General Internal Medicine	L&D	3.89	3.07	-0.82
Elective	300: General Internal Medicine	MK	10	21.5	11.5
Elective	301: Gastroenterology	BH	3.07	2.15	-0.92
Elective	301: Gastroenterology	L&D	1.15	0.59	-0.56
Elective	301: Gastroenterology	MK	5.17	8.77	3.6
Elective	420: Paediatric	BH	3.19	2.8	-0.39
Elective	420: Paediatric	L&D	1.87	0.63	-1.24
Elective	420: Paediatric	MK	5.92	1.34	-4.58
Elective	430: Elderly Medicine	L&D	6.45	5.38	-1.07
Elective	502: Gynaecology	BH	1.41	1.28	-0.13
Elective	502: Gynaecology	L&D	1.23	1.41	0.18
Elective	502: Gynaecology	MK	1.6	1.65	0.05
Elective	All activity	BH	2.81	2.68	-0.13
Elective	All activity	L&D	1.74	1.41	-0.33
Elective	All activity	MK	2.73	2.93	0.2

- The greatest increase in elective length of stay between 2023/24 and 2024/25 was in General Internal Medicine at Milton Keynes University Hospital Foundation Trust and the second greatest increase in Gastroenterology at the same trust.
- The biggest decrease in elective length of stay between 2023/24 and 2024/25 was in Paediatrics at Milton Keynes Hospital and the second biggest decrease was in Paediatrics at Luton and Dunstable Hospital.

Data Source: SUS Data

8.15 - Rehabilitation and Intermediate Care

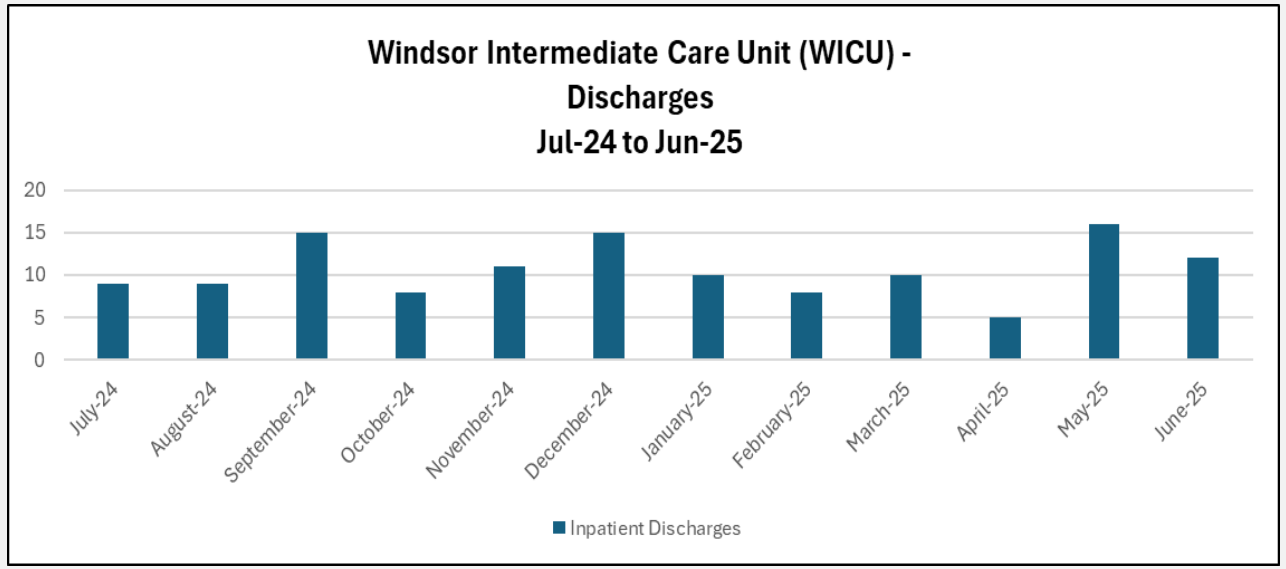
Acute Non-Elective Length of Stay – 2023/24 and 2024/25

POD	Treatment Function	Provider site	2023/24	2024/25	Chg in LOS
Non-Elective	100: General Surgery	BH	4.4	4.47	0.07
Non-Elective	100: General Surgery	L&D	4.02	4.33	0.31
Non-Elective	100: General Surgery	MK	4.68	5.17	0.49
Non-Elective	101: Urology	BH	4.06	4.3	0.24
Non-Elective	101: Urology	L&D	3.6	4.15	0.55
Non-Elective	101: Urology	MK	4.54	4	-0.54
Non-Elective	104: Colorectal Surgery	BH	4.88	3.23	-1.65
Non-Elective	104: Colorectal Surgery	L&D	11.99	11.96	-0.03
Non-Elective	104: Colorectal Surgery	MK	12.35	7.26	-5.09
Non-Elective	110: Trauma and Orthopaedic	BH	8.76	9.16	0.4
Non-Elective	110: Trauma and Orthopaedic	L&D	8.42	8.48	0.06
Non-Elective	110: Trauma and Orthopaedic	MK	9.51	10.51	1
Non-Elective	300: General Internal Medicine	BH	6.17	6.6	0.43
Non-Elective	300: General Internal Medicine	L&D	4.84	4.95	0.11
Non-Elective	300: General Internal Medicine	MK	10.07	8.87	-1.2
Non-Elective	301: Gastroenterology	BH	10.13	11.58	1.45
Non-Elective	301: Gastroenterology	L&D	11.4	11.1	-0.3
Non-Elective	301: Gastroenterology	MK	12.73	11.82	-0.91
Non-Elective	420: Paediatric	BH	2.28	2.66	0.38
Non-Elective	420: Paediatric	L&D	2.66	2.52	-0.14
Non-Elective	420: Paediatric	MK	2.66	2.65	-0.01
Non-Elective	430: Elderly Medicine	BH	12.95	12.14	-0.81
Non-Elective	430: Elderly Medicine	L&D	10.79	10.25	-0.54
Non-Elective	430: Elderly Medicine	MK	20.9	21.56	0.66
Non-Elective	502: Gynaecology	BH	2.64	3.26	0.62
Non-Elective	502: Gynaecology	L&D	2.97	2.9	-0.07
Non-Elective	502: Gynaecology	MK	2.57	2.51	-0.06
Non-Elective	All activity	BH	6.56	6.87	0.31
Non-Elective	All activity	L&D	6.03	6.18	0.15
Non-Elective	All activity	MK	7.42	7.35	-0.07

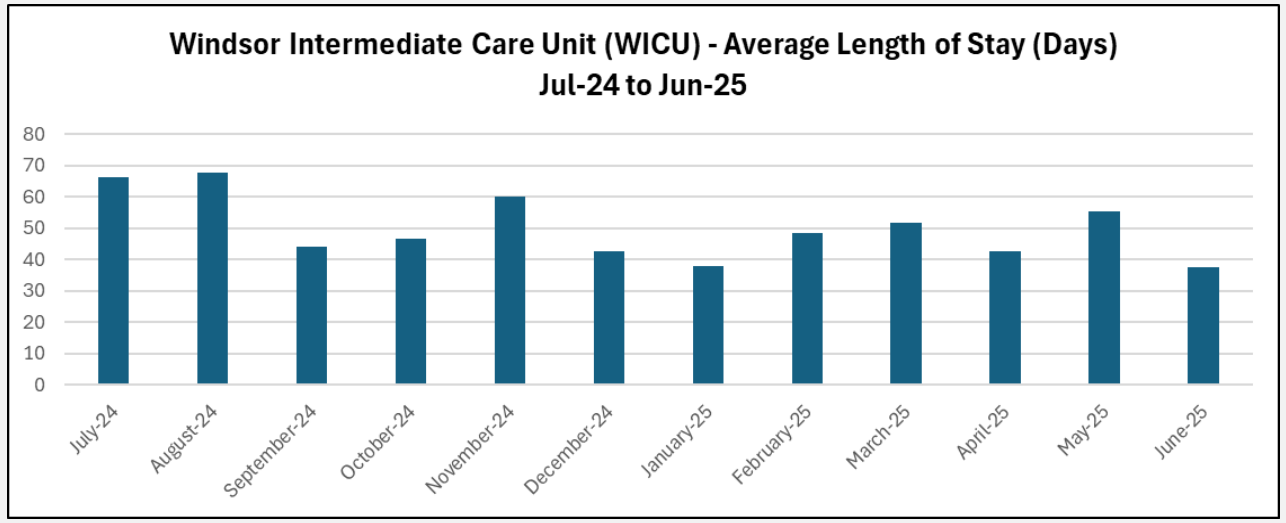
- The greatest increase in non-elective length of stay between 2023/24 and 2024/25 was in Gastroenterology at Milton Keynes Hospital and the second greatest in Trauma and Orthopaedics at the same trust.
- The biggest decrease in non-elective length of stay between 2023/24 and 2024/25 was in Colorectal Surgery at Milton Keynes Hospital and the second greatest decrease was in Colorectal Surgery at Bedford Hospital.

Data Source: SUS Data

8.16 - Rehabilitation Pathway 2



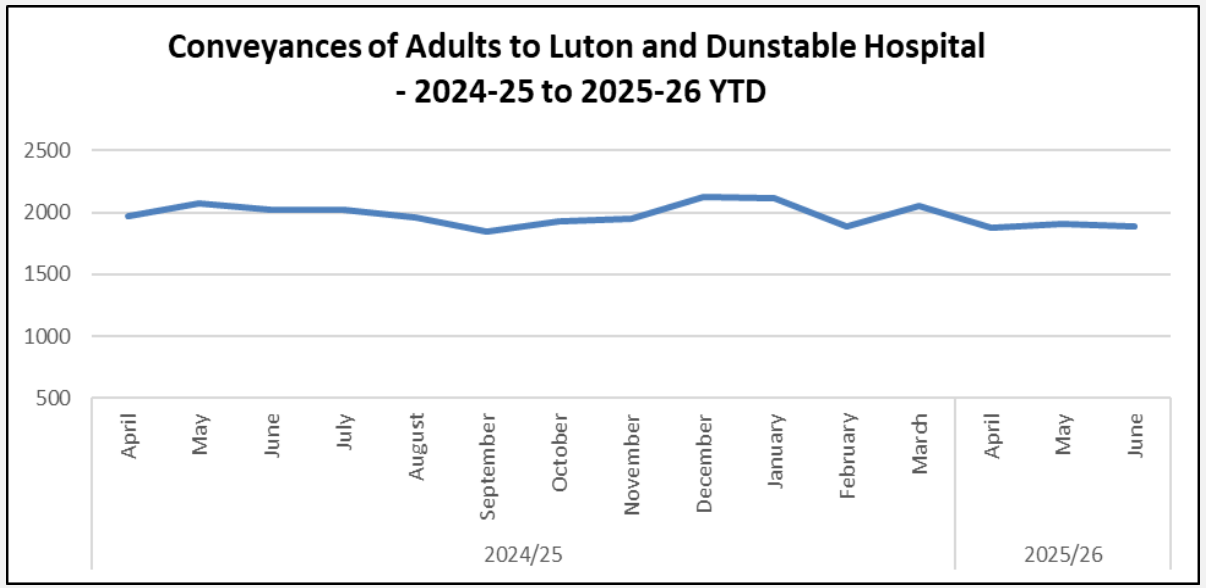
- WICU has a total of 19 beds. The number of discharges from WICU varied over the months of Jul-24 and Jun-25 and there were a 5 readmissions within 28 days during this period.

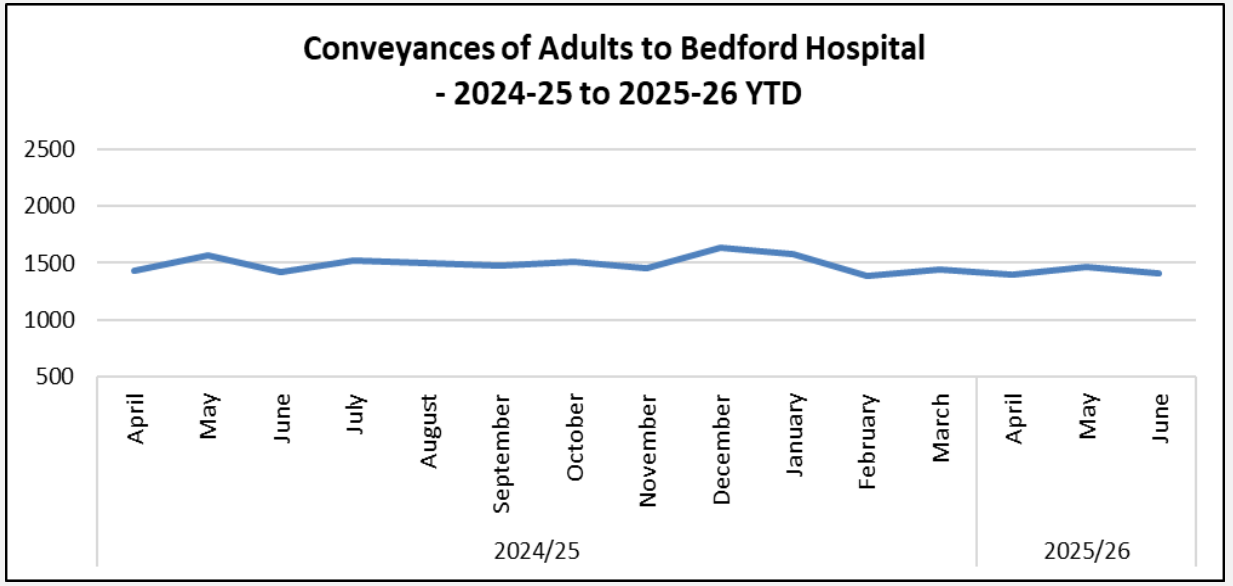


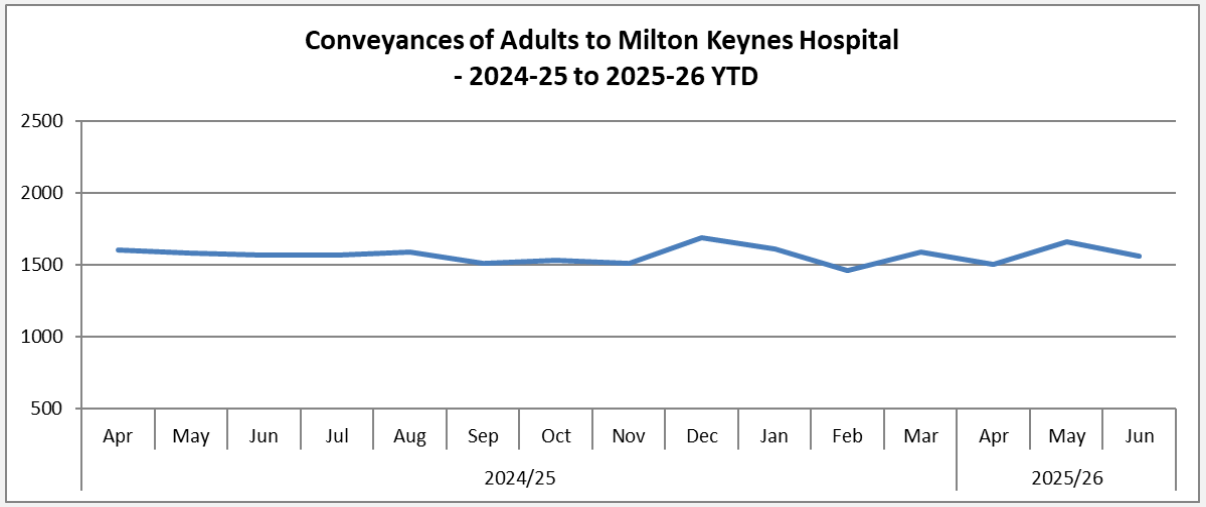
- The average length of stay was highest in Jul-24 and Aug-24 compared with other months in this period.

Data Source: CNWL Local Dataset

8.17 - Ambulance Conveyances







- The trends in ambulance conveyances to the three main local Trusts have remained fairly static over the months of 2024-25 and 2025-26 YTD, with a slight increase as expected during winter months.

Data Source: EEAST and SCAS Ambulance Data

Common National Challenges Across CSDS & MHSDS:

1. Data Quality & Completeness

- Inconsistent submissions across providers lead to gaps in national reporting.
- Missing or inaccurate coding of care activities, referrals, and outcomes undermines analysis – where activities etc are not coded they cannot be counted. Where there is a lot of missing data, service use / need will be underestimated.
- Some providers struggle with technical integration between clinical systems and national reporting tools.

2. System Fragmentation

- Multiple IT systems across trusts and community providers create variability in data capture.
- Lack of standardisation in data entry and extraction processes affects comparability.

3. Timeliness & Submission Models

- The Multiple Submission Window Model (MSWM) for MHSDS was introduced to improve flexibility, but it can lead to delays in consolidated reporting.

BLMK Local Challenges reported:

1. Specific Issues with CSDS

- Coding mapping and mapping options, doesn't map to local services (ie – CSDS has limited options for the types of services offered by community services and in some cases our services do not have an obvious code to use)
- Reasons for delays (not collected)
- Provider site under reported (> 85% missing where seen in hospital, which means comparison of providers is unlikely to be meaningful for those patients)
- Data refresh issue -ELFT monthly care contacts pre-Nov-24 are under-reported by about 50% as CSDS data not able to be resubmitted and refreshed on CSDS system. This inflexibility in CSDS means that historic trends cannot be accurately reported.
- Overseas visitors table: ELFT and CNWL aren't currently submitting, but CCS started to submit from Sept-24.
- Workforce data- variation in definition

2. Specific Issues with MHSDS

Captures detailed data on mental health pathways, but struggles with:

- Referral tracking and care contacts (considerable missing data likely to result in under-counting)
- Outcome measures and recovery data
- Integration with physical health datasets for holistic care planning

9.3 - Data Quality Opportunities

Establish Unified Data Standards

• Develop consistent definitions for services, outcomes, and metrics across all providers.

• support CSDS specification development with national priorities and integrated care models.

• Standardise reporting formats where possible to reduce variation and improve comparability.

Strengthen Data Quality and Completeness

• Launch targeted data quality improvement initiatives and support collaborative discussion to resolve issue

• Support providers to automate validation checks and support providers with CSDS national regional discussions

Support providers with low digital maturity to adopt interoperable systems.

• Promote use of electronic patient records and real-time data capture.

Integrate Data Through the Federated Data Platform

•Support seamless data sharing between CSDS, MHDS, FDP, and other NHS datasets.

Reduce Administrative Burden

• Streamline data collection processes to minimize duplication and manual entry.

• Align CSDS reporting with clinical workflows to improve efficiency.

• Use automation and AI to support coding, classification, and data extraction.

Foster Collaborative Data Governance

• Promote shared accountability for data quality, access, and use.

• Engage service users and clinicians in shaping data priorities and standards.

10.1 - Complaints (received by ICB) over the last year & Patient / Carer feedback

Contact Type	No
Complaint	7
Compliment	1
Concern	18
Enquiry	29
Info request	2

Complaint	7
CNWL	1
Newport Pagnell Medical Centre	1
Watling Street Practice	2
Watling Vale Surgery	2
Whaddon Medical Centre	1

Concern	18
CCS	1
CNWL	1
Community services	2
ELFT	5
Newport Pagnell Medical Centre	2
Psychiatry UK	1
Stony Medical Centre	1
Stony Stratford health Centre	1
Watling Street Practice	2
Watling Vale Surgery	1
Whaddon Medical Centre	1

Enquiry	29
CCS	1
Newport Pagnell Medical Centre	1
Psychiatry UK	26
Watling Street Practice	1

There was 1 x complement for Whaddon Vale surgery & 2 x Information Requests (CNWL & P-UK)

10.2 - CQC Provider Ratings

Provider	Rating	Publication of Report
ELFT CHS	Outstanding	January 2022
CNWL	Outstanding	August 2019
CCS	Good	July 2025
Turning Point	Good	November 2023
Psychiatry UK	Good	June 2025
HCRG	Outstanding	February 2022

10.3 – Contract Overview

Provider	Services	Contract Expiry	Contract Type	Place
ELFT MH	MHLDA services (including in-patient & community) for adults & Children and young people (CAMHS)	31.3.26	Block	BBC, CBC & LBC places (ELFT also provide Adult ASD in MK
ELFT CHS	Community Health Services for Adults	31.3.26	Block	BBC & CBC
CNWL	Community and Mental Health services for Adults (including in-patient & community) & Children and young people	31.3.26	Block	MKCC
CCS	Community Health Services for Adults	31.3.26	Block	LBC
Turning Point	Talking Therapies for Adults (Total Wellbeing Luton incorporating Healthy Lifestyles)	31.3.26	Block	LBC
HCRG	Intermediate Care for Adults	31.3.26	Block	LBC

Excluded from above is spend on ADHD Right To Choose; independent sector providers; joint contract with LAs e.g. Carers in Beds; Grant Agreements; Complex Placements.

11.0 - Finance

£ Finance Section

11.1 Financial Context: National Picture (1/2)

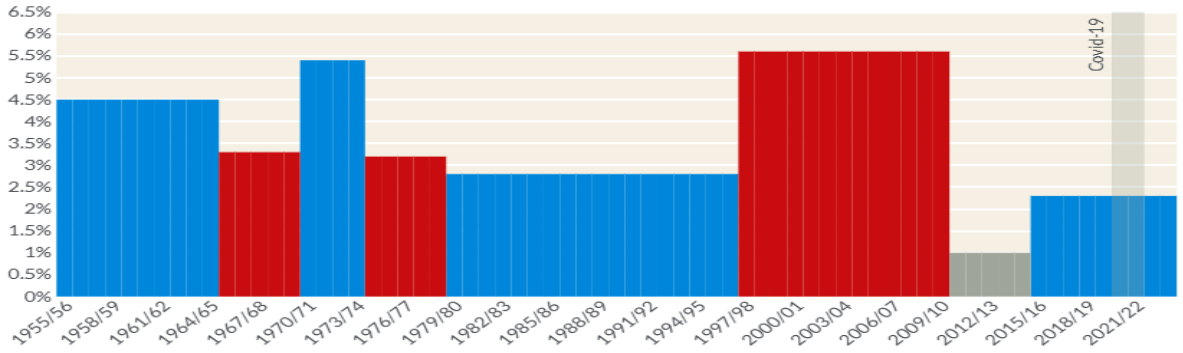
NHS Revenue Budgets (RDEL)

The NHS revenue budget for England for the current year 2025/26 is £195.6bn. The NHS Planning Guidance sets ambitious productivity and performance goals for the NHS. In 2025/26 to achieve its plans, the NHS must collectively deliver £11.0 billion in efficiencies – 7.1% of total allocation (compared to the £8.7 billion achieved in 2024/25).

The UK spends circa 10.9% of GDP on day-to-day healthcare (2023 ONS) and by international comparisons is funded broadly in line with the OECD average. Across Europe, in 2024, healthcare expenditure ranged from 5.6% to 12.6% of GDP with only Austria, France and Germany spending more than the UK.

Taxation and borrowing, the source of funding, is at an 80 year high, a level which has never been sustained over a prolonged period before, limiting scope for substantial uplifts to future Government spending.

Since 1955/56 healthcare funding has increased year on year by an average of 3.7% (in real terms). The graph below shows the annual increase in healthcare funding since 1955/56 – 2021/22 (Kings Fund). Between 2015/16 and 2023/24 this fell to 2.3% on average per annum (this masks more substantial annual increases and decreases caused by additional investment during the Covid-19 pandemic).



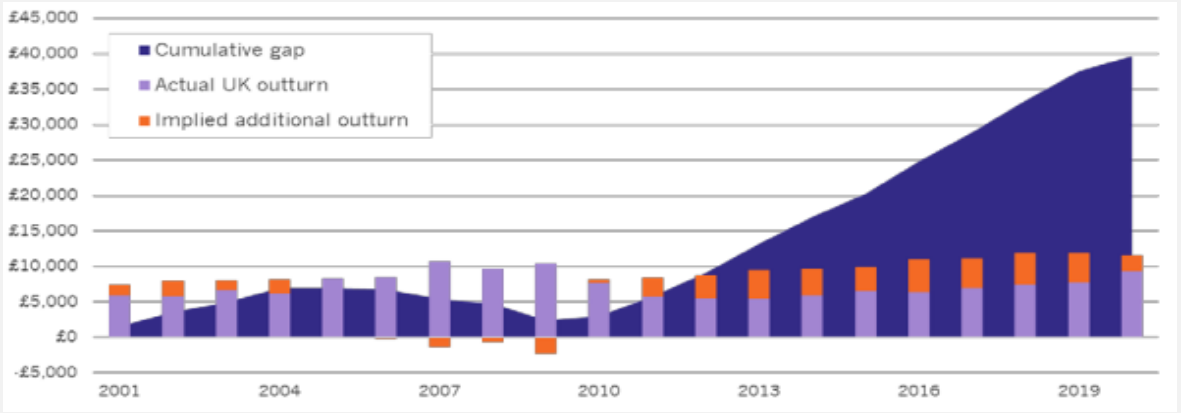
The Department of Health and Social Care total budget will increase by 2.8% per year in real terms between 2025/26 and 2028/29 – a rate below the long-term historical average of 3.7% and far below the major increases seen during the 2000s under the last Labour government.

The increase is allocated to the NHS in England, which will receive an additional £18.5bn in day-to-day spending by 2028/29 in real terms (3.0% real-terms growth). However, Non-NHS day-to-day spending will fall by 4.5% each year in real terms. This will put pressure on other elements of spend, particularly the Public Health Grant.

Capital Funding (CDEL)

Historically the NHS has under invested in capital. The impact of lower investment levels explains in part why, for example, the UK has fewer beds and medical equipment (MRI, CT and PET scanners) per head of population than similar countries and also explains the poor condition of much of the NHS estate (£13.8bn backlog maintenance, 2023/24 estimate).

The chart below from the Darzi Report (Sep 2024), shows the investments in health related capital expenditure in UK versus EU15 countries since 2001 and the relative cumulative under investment against this group in £millions (at constant 2020 prices)(DP-11.3). To quote Darzi *'Had we [the UK] matched the average of all peers, this would have amounted to an additional £37 billion [of capital investment].'*



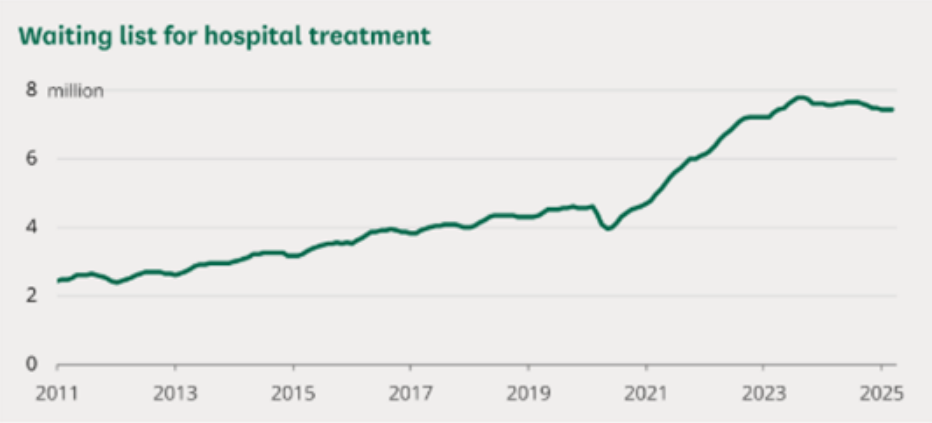
The capital budget that funds buildings and equipment (DHSC Capital Departmental Expenditure Limit (CDEL)) is flat in real terms between 2025/26 and 2029/30, albeit following a 14% increase in 2024/25. The government announced that £10bn would be spent on technology and transformation over 3 years from capital and revenue budgets.

11.1 Financial Context: National Picture (2/2)

Overall demand for health care is not being met

Demand for healthcare services is being driven by several interrelated factors. An ageing and growing population is placing increasing pressure on the system, as older individuals typically require more frequent and complex medical care. At the same time, advancements in medical science have expanded the range of treatments available and improved the effectiveness of care, allowing more conditions to be treated than ever before. These developments, while beneficial, have also contributed to rising demand.

The Covid pandemic had a profound impact on healthcare delivery, particularly in terms of waiting times for hospital treatment. Although waiting lists were already growing prior to the pandemic, the response to Covid triggered a sharp acceleration in delays across many areas. This surge has only recently begun to plateau. Over a span of just three years, the number of patients waiting for hospital treatment rose dramatically, from under five million to nearly eight million.



Clearing this backlog is expected to take many years, and the challenge is compounded by the ongoing demographic pressures of an ageing population, which will continue to push demand upward. During this period of rapid growth in waiting lists, the number of hospital beds available has remained essentially static, further straining NHS capacity to respond effectively.

Productivity

Productivity measures how well inputs (such as staff) translate into outputs (such as more appointments and procedures) and outcomes. NHS productivity suffered an unprecedented decline during the Covid pandemic and, for a range of reasons, has only partially recovered.

As part of the 10 Year Health Plan, the NHS has committed to delivering 2% annual productivity growth over the next 3 years. The productivity challenge will extend far beyond, with the fiscal outlook challenging across the whole life of the Plan. This is ambitious, given that average productivity growth over time has been just 0.6% per year and with capital growth, a critical enabler of productivity, set to remain flat in real terms.

10 Year Health Plan (10YHP)

The 10-year Health Plan for England is focused on the delivery of value. Delivering the changes described within the plan, within limited resource envelopes will be challenging, especially if there is no 'pump-priming' funding available. Difficult decisions will be needed, and allocation of funding will need to take account of outcomes and a drive towards value-based decision making. Much of the detail and implementation timeframes for the plan commitments are yet to be published, but some key financial / contractual issues include:

- Over the course of the plan, the pattern of health care spend is expected to shift so that the share of expenditure on hospital care will fall, with greater investment in neighbourhood care
- The NHSE will test the development of 'year of care' payments starting in the 2026 to 2027 financial year. This is aimed at driving the shift of activity and resource from hospital to community.
- Organisations must reserve at least 3% of their annual spend for one-off investments in service transformation.
- In the longer term, there is expected to be a move to a new NHS financial model where money will increasingly follow patients through their lifetime. Providers will be rewarded based on how well they improve outcomes for individuals, not solely on whether they provide episodic instances of care on demand.

11.2 Financial Context: BLMK Allocations / Funding (1/3)

Revenue Funding / Allocations from NHS England

The NHS has a fixed resource. National budgets are set across various funding streams, depending on historic spend, need and current priorities. ICB allocations are calculated for:

- Core services: hospitals, secondary care, community health services, mental health, ambulance services, costs of prescribed medicines, CHC etc…)
- Primary Medical Care: GP practices
- Community Pharmacy, Optometry and Dentistry (POD - delegated from NHSE)
- And more recently some Specialised Services (delegated from NHSE)

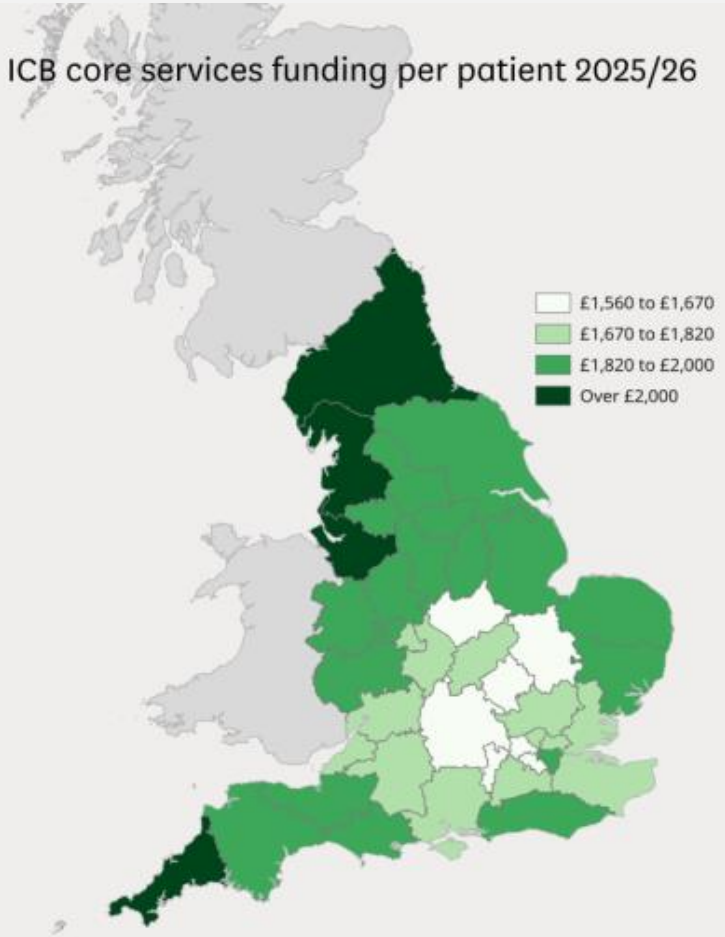
The allocation of funding to ICBs to support them in commissioning services for their local population is one of the key duties of NHS England. NHSE have a target formula, which produces a target allocation or 'fair share' for each ICB. Each formula within the model represents a national budget stream.

The starting point for determining the target allocation for each ICB is the population of the area the ICB covers. If all ICB populations had equal need, and costs didn't vary across the country, funding could simply be allocated on a per person basis. However, health needs vary according to the age, health status and deprivation levels of the local population. Cost also vary across different geographical areas: e.g. staff, land and building costs are higher in London.*

Funding allocations are weighted to take these factors into account. Each factor contributes to a weighted population or Needs Index, which reflects the relative demand for healthcare services in each area. These weighted figures are then used to determine how much funding of the national budget each ICB should receive. ICB allocations will therefore differ depending on the exact combinations of these factors in each area.

The effect of the weighting means that, in general, ICBs with a larger proportion of the population in older age groups, those in urban areas or those in more deprived areas will have higher target allocations than they would under a simple population-based formula.

The map shows the distribution of ICB core allocation per registered patient in 2025/26.* The tables beneath the map show the ICBs with the five highest and lowest allocations per registered patient in 2025/26.



Five highest allocations per patient	
Cheshire and Merseyside	£2,103
Lancashire and South Cumbria	£2,090
North East and North Cumbria	£2,055
Cornwall and The Isles of Scilly	£2,040
Norfolk and Waveney	£1,959

Five lowest allocations per patient	
Bucks, Oxfordshire & Berkshire West	£1,564
North West London	£1,594
Frimley	£1,606
Bedfordshire, Luton and Milton Keynes	£1,626
Cambridgeshire and Peterborough	£1,626

** NHS Integrated Care Board (ICB) funding in England, Research Briefing, 7 July 2025, Dr Sonja Stiebahl*

11.2 Financial Context: BLMK Allocations / Funding (2/3)

The Needs Index Based Formula

As the need for different types of health services varies across the country, there are separate formulae for each of ICB core responsibilities, specialised services and primary medical care.

Within each of these, there are separate components and adjustments – for example, the distribution of need for ICB Core responsibilities is different between general and acute, mental health and community. Each of these components are weighted in the formula based on the modelled share of total spending in 2025/26.

The NHS England weighted capitation formula is used to calculate ICB core allocations by assessing relative healthcare needs across service areas. This is expressed through a Needs Index, where the England average is set at 100. For BLMK the Needs Index indicates lower-than-average demand across several core services:

- General & Acute Services: BLMK has a relatively low need at 92 compared to the England average of 100
- **Community Health: BLMK has a low need at 79** compared to England average of 100
- **Mental Health: BLMK has a low need at 88** compared to England average of 100

These figures suggest that BLMK's population, relative to the national average, has **less demand for core services, including Community and Mental Health Services**, which results in lower than average funding for community and MH services in the ICB allocation under the NHSE capitation model.

BLMK Allocations / Funding from NHS England

Historically, BLMK has received less funding than the fair share model. In 2025/26:

- The overall system allocation (including Specialist Commissioning) is 3.9% below target, equating to a shortfall of approximately £93 million.
- The ICB Core allocation - used for commissioning secondary care, mental health, and community services - is 1.7% below target, or around £31 million (DP-11.6) . Although this sits within NHS England's acceptable range (+2.5%/-2.5%), it still presents a greater financial challenge than the national average.

Distance from Target

ICBs move towards their target allocation over time. The pace at which ICBs move towards their target is set by ministers at the start of each funding round by something known as the 'pace of change'. The pace of change helps to ensure a steady move towards a target year on year.

Each year all ICBs receive an increase in funding, however, the percentage increase varies depending on their Distance from Target (DFT). ICBs that are above target generally receive less than the national average funding increase while those below target will receive more - the intention being to move towards the target allocation. While this protects stability, it delays equitable funding, particularly for high growth areas like BLMK.

The Government's 10 Year Health Plan sets out that in future, allocations will be redistributed more tangibly based on local health needs. ACRA have been tasked with reviewing funding distribution to better reflect socio-economic and demographic factors - their findings will inform allocations for 2027/2028 and beyond. It is unclear what this will mean for allocations in BLMK or the proposed new Central East ICB footprint

11.2 Financial Context: Historical BLMK Allocations / Funding & Financial Performance (3/3)

The table below sets out the historical allocation, distance from target and financial performance of BLMK ICB and its predecessor organisations.

Allocation and Distance from Target (DfT): Funding of the BLMK CCGs/ICB had been consistently below target since, at least 2013/14 where there was a collective 8.08% or £75m funding gap across the three predecessor CCGs. This gap narrowed until 2019/20 when Bedfordshire CCG was at target, but collectively the three CCGs remained 1.58% below target (or £17m). Under the Covid funding regime the funding turned positive between 2021/22 (+£18.6m) and 2023/24 (+£7.6m) before returning to a -1.69% gap in 2025/26.

Allocation Per Head
Allocation per head has grown significantly since 2013/14 from a combined BLMK CCG £944 per head to £1,626 for BLMK ICB, 72% increase. During the same period, cumulative inflation (RPI) was 58% (ONS).

Historic Financial Performance: For 2013/14 the three predecessor CCGs reported a £2.9m deficit. By 2015/16 the cumulative deficit had risen to £84.5m. A step change increase in funding in 2016/17, was accompanied by collective surpluses totalling £52m between 2017/18 and 2020/21.

Commissioner	2013/14 £000s	2014/15 £000s	2015/16** £000s	2016/17^ £000s	2017/18 £000s	2018/19 £000s	2019/20 £000s	2020/21 £000s	2021/22 £000s	2022/23 £000s	2023/24 £000s	2024/25 £000s	2025/26 £000s
Core Allocation													
Combined CCGs	**887,656**	**923,318**	**1,006,288**	**1,088,109**	**1,121,317**	**1,165,654**	**1,237,249**	**1,296,318**	**0**	**0**	**0**	**0**	**0**
BLMK ICB									**1,433,092**	**1,487,664**	**1,642,311**	**1,705,768**	**1,856,561**
£ Allocation per Head	**944**	**968**	**1,040**	**1,105**	**1,120**	**1,156**	**1,213**	**1,258**	**1,345**	**1,380**	**1,518**	**1,572**	**1,626**
Distance from Target													
Bedfordshire		-8.55%	-8.15%	-3.37%	-2.24%	-0.13%	0.02%	0.11%					
Luton		-7.34%	-6.77%	-3.88%	-2.96%	-2.92%	-2.52%	-2.00%					
Milton Keynes		-7.93%	-5.36%	-3.93%	-2.93%	-3.44%	-3.55%	-3.30%					
Combined CCG estimate		**-8.08%**	**-7.04%**	**-3.65%**	**-2.60%**	**-1.72%**	**-1.58%**	**-1.35%**					
BLMK ICB									**1.30%**	**0.90%**	**0.46%**	**-2.15%**	**-1.69%**
Financial impact of DfT													
Bedfordshire		(37,953)	(39,398)	(17,863)	(12,225)	(727)	126	667					
Luton		(16,458)	(16,519)	(10,182)	(7,947)	(8,132)	(7,444)	(6,169)					
Milton Keynes		(20,237)	(14,948)	(11,619)	(8,997)	(10,946)	(11,973)	(11,680)					
Combined CCG / ICB		**(74,648)**	**(70,864)**	**(39,663)**	**(29,169)**	**(19,804)**	**(19,291)**	**(17,183)**					
BLMK ICB									**18,630**	**13,411**	**7,555**	**(36,674)**	**(31,376)**
In Year surplus / (Deficit)													
Bedfordshire		1,414	(44,642)	(19,921)	14,424	(3,897)	10,128	11,110					
Luton		(5,275)	(13,370)	(5,561)	2,628	5,024	4,809	3,009					
Milton Keynes		1,010	3	1,878	3,134	1,861	6	2					
BLMK CCG / ICB									11,597	268	145	165	
Totals		**(2,851)**	**(58,009)**	**(23,604)**	**20,186**	**2,988**	**14,943**	**14,121**	**11,597**	**268**	**145**	**165**	**0**

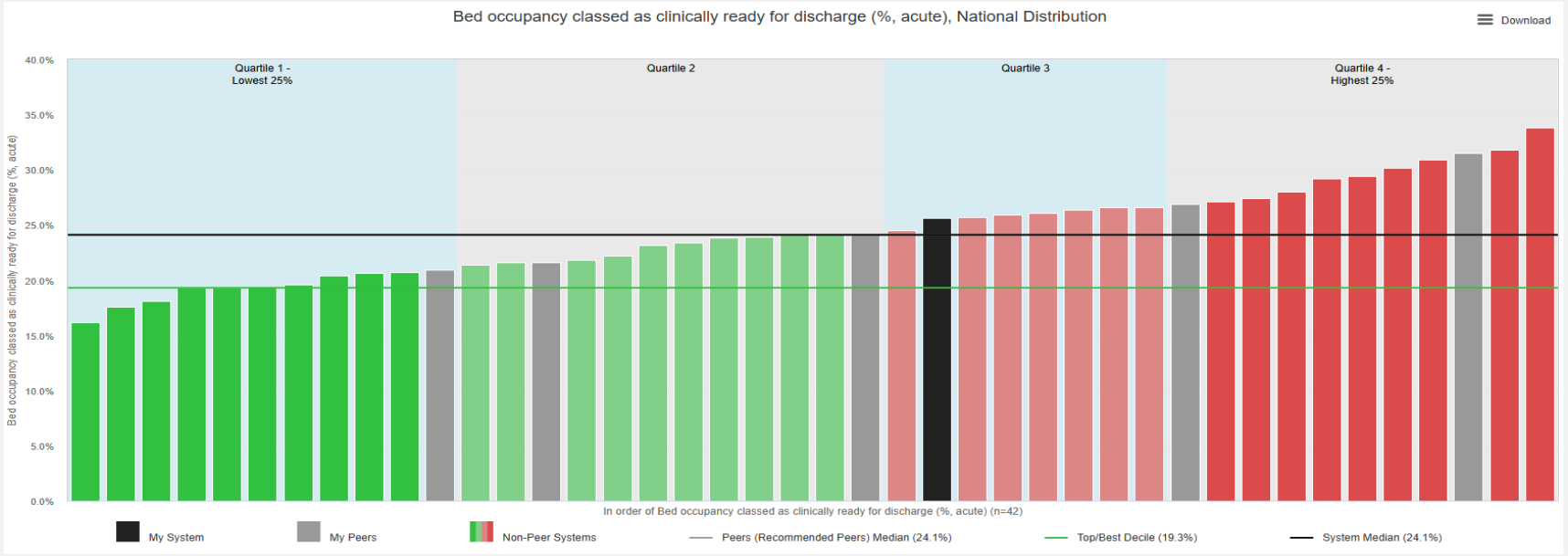
11.3 Clinically Ready to Discharge Metrics - Acute Hospitals in BLMK: *Source - Model Health System*

This metric allows the tracking of the proportion of patients who are clinically ready for discharge but are inhibited by other contributing factors, both external and internal.

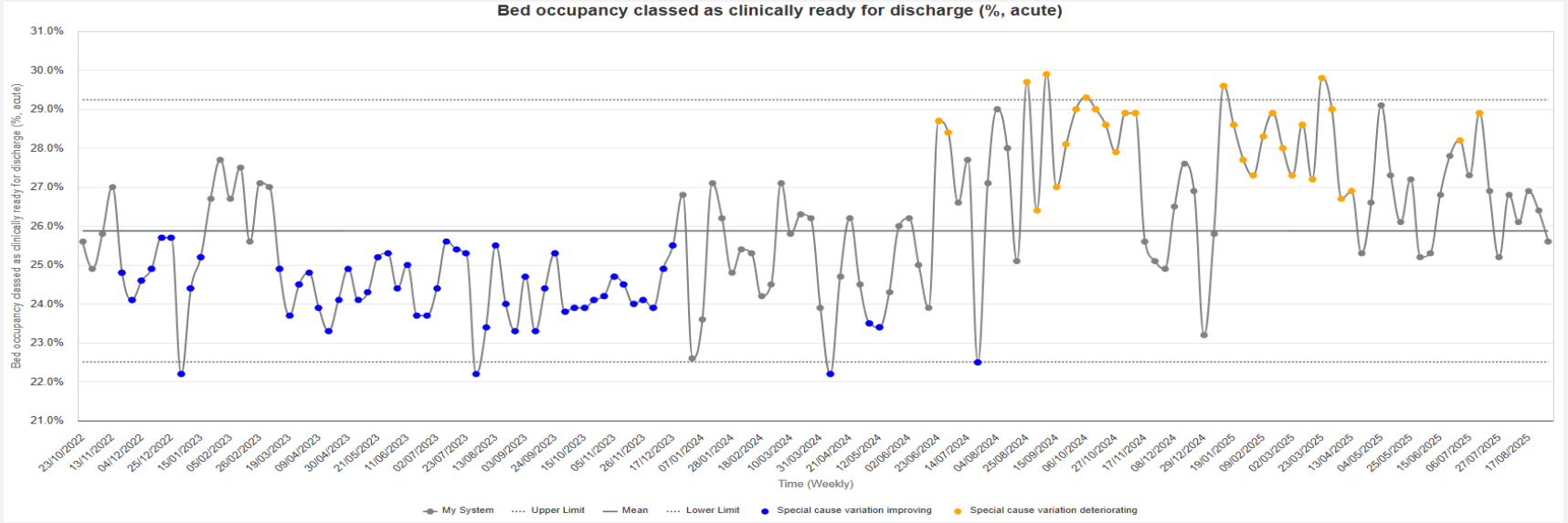
A decrease in this proportion can be seen to release much-needed capacity in acute hospital settings.

In this chart - BLMK is represented by the black bar. BLMK Peers are represented by the grey bars.

As of August 2025, the BLMK position was 25.6%, compared to the Peer Trust Median of 24.1%.



This chart shows the change in the clinically ready for discharge percentage in BLMK by month since 2022.



12.1 - Workforce Pressures & Opportunities

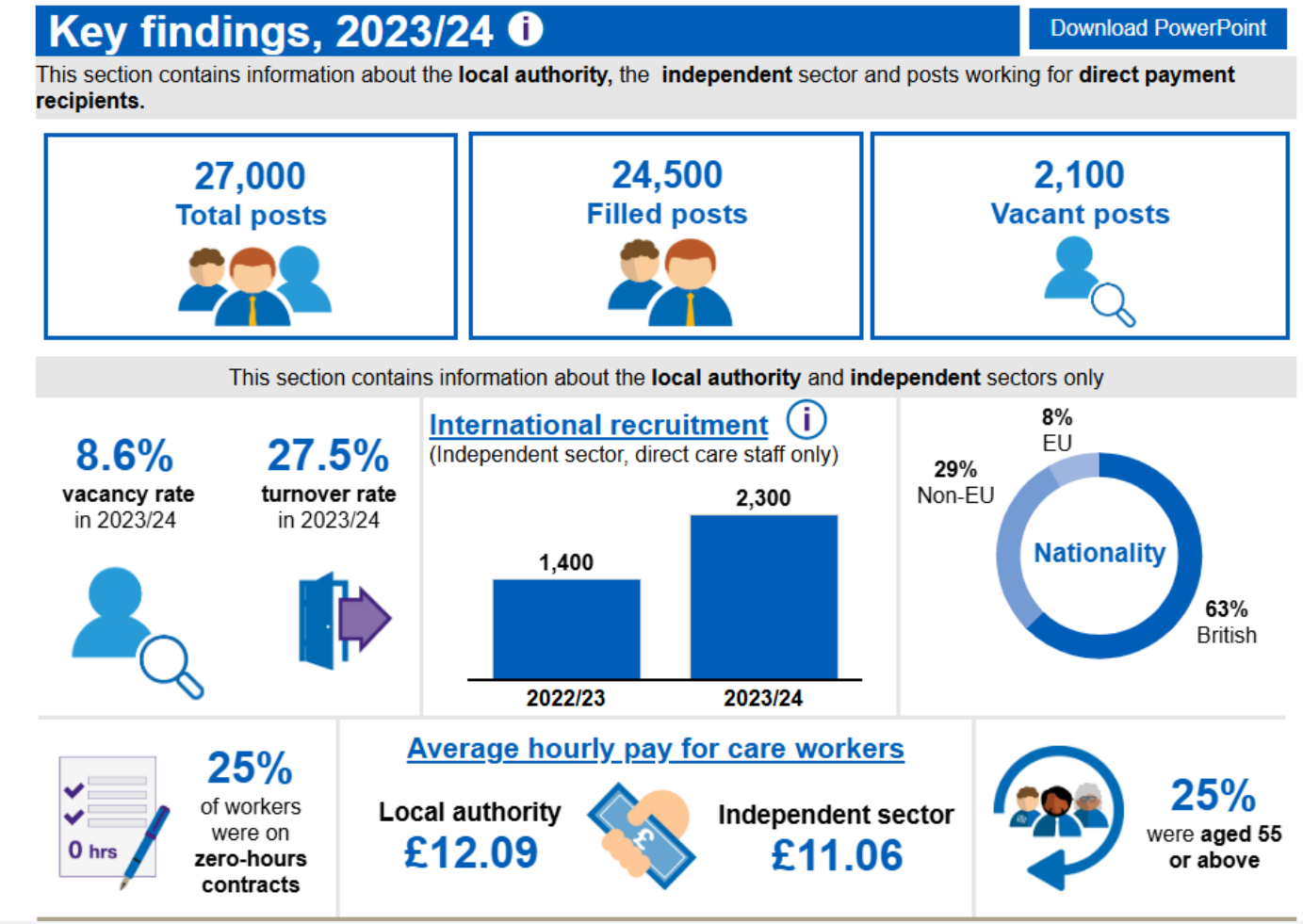
32% of nurses are over 55—succession planning needed.

Workforce is more ethnically diverse than population.

Neighbourhood teams offer potential but risk variation.

Expected population shifts (aging population and decrease in working age group) suggest that more people will need care, but fewer people will be around to provide it.

12.2 - Demographic changes mean that it is likely that the adult social care workforce will need to grow



The number of vacant posts in social care presents a real problem in terms of delivery of integrated teams.

Skills for care have projected an increase in the number of posts by 27% by 2040 based on the number of population aged 65 and over, 2024/45 to 2040

There is untapped potential in BLMK's wider workforce, particularly in the voluntary sector, which could support people with long-term conditions and improve overall wellbeing.

12.3 - We also know there is a similar picture for health…

Key findings, 2025/26

This section contains information about the Community and Mental Health workforce taken from the 2025/26 NHSE operational plan submission

4,701
Total posts

14%
% of total BLMK workforce

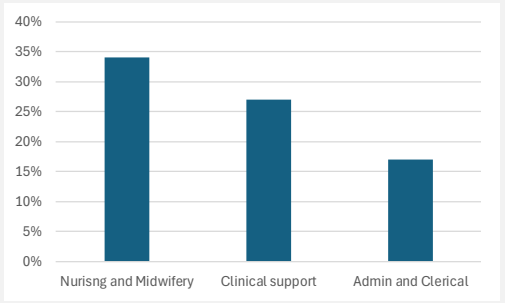
308
Vacant posts

This section contains further breakdown of staff groups and demographics

7.29%
vacancy rate
in 2024/25

11.99%
Turnover rate
Total CMH workforce

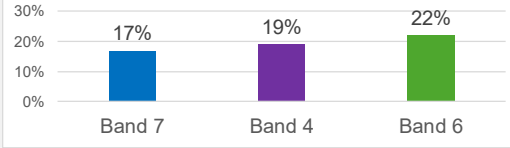
Top 3 staff groups



Nationality

2%
predicted reduction in Mental Health workforce over the next year

Top 3 AfC Pay Bands



85%
of staff are female

This takes a BLMK view of Community and Mental Health workforce.

We do not always have comparable data across our providers.

Commissioners do not have consistent workforce data, impacting our ability to fully understand workforce gaps and make informed decisions for future planning.

Addressing this gap is crucial, improving the regularity and completeness of workforce reporting across all organisations is imperative if we are to respond effectively to workforce challenges and ensure the sustainability of our services.

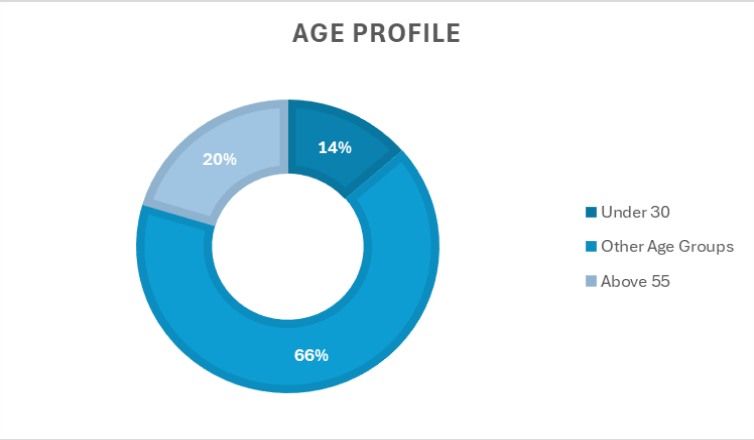
12.4 - Staffing by provider

Organisation	Number of Employees
Central & North-West London NHS Foundation Trust	1317
333 L3 [Mgt] Management - Diggory	38
333 L3 [Milton Keynes CH] Community Health - Milton Keynes	663
333 L3 [Milton Keynes MH] Mental Health - Milton Keynes	616
East London NHS Foundation Trust	2323
363 BED Level 3	845
363 CHB - Adult Services Level 3	518
363 LUT Level 3	356
363 SS CAMHS Outer London Level 3	406
363 SS Specialist Addiction Level 3	93
363 SS Specialist Services Level 3	105
Cambridgeshire Community Services NHS Trust	1061
448 Bedfordshire Adult Services	45
448 Dental Services	2
448 Healthy Child Programme, Beds	257
448 Healthy Child Programme, Luton	120
448 iCaSH	70
448 Luton Adult Services	257
448 Specialist Children Services, Beds	205
448 Specialist Children Services, Luton	105
Grand Total	4701

The table shows that staffing levels vary across service areas. We cannot directly compare breakdown of staffing across community and mental health teams across BLMK, making it difficult to distinguish between these roles. This demonstrates that standardised workforce data collection and clearer definitions are crucial for effective workforce planning and reporting across NHS organisations.

nb. Children's services included in this data

12.5 - Age profile of workforce



A closer look at the age profile within the BLMK mental health and community workforce, the data suggests a notable proportion of staff are nearing retirement, with a significant cluster aged over 55.

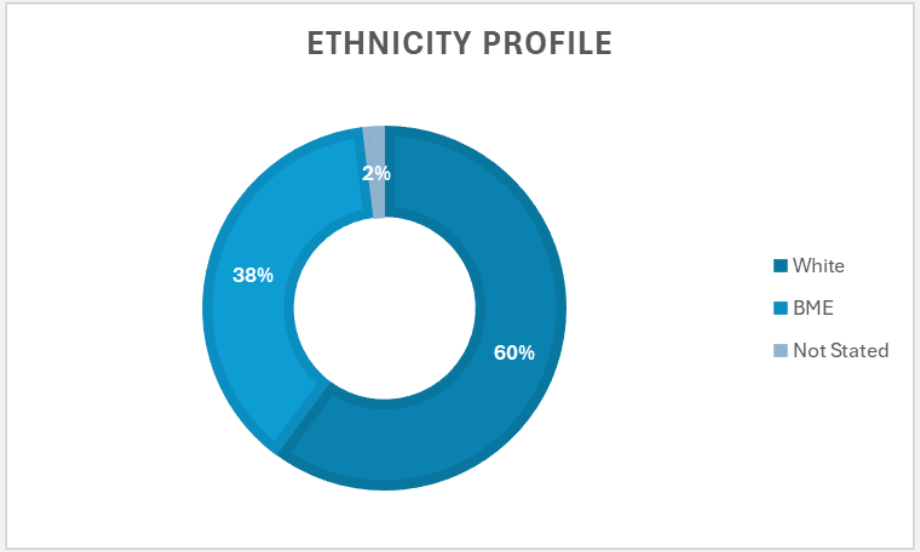
Staff Group	Above 55 - Staff Allocation
Nursing and Midwifery Registered	31.80%
Administrative and Clerical	26.36%
Additional Clinical Services	23.64%
Add Prof Scientific and Technic	8.26%
Allied Health Professionals	4.71%
Medical and Dental	4.29%
Estates and Ancillary	0.73%
Students	0.10%
Healthcare Scientists	0.10%
Grand Total	100.00%

Staff Group	Under 30 - Staff Allocation
Additional Clinical Services	39.63%
Nursing and Midwifery Registered	17.94%
Administrative and Clerical	15.13%
Allied Health Professionals	13.73%
Add Prof Scientific and Technic	8.74%
Medical and Dental	2.96%
Students	1.56%
Healthcare Scientists	0.16%
Estates and Ancillary	0.16%
Grand Total	100.00%

The largest proportion of staff over age 55 is found in the Nursing and Midwifery Registered group. This is followed by Administrative and Clerical and Additional Clinical Services. Other groups contribute smaller shares.

This suggests that a substantial portion of clinical and administrative expertise is concentrated in the older workforce, highlighting potential future workforce planning needs around succession and knowledge transfer.

12.6 - Ethnicity profile

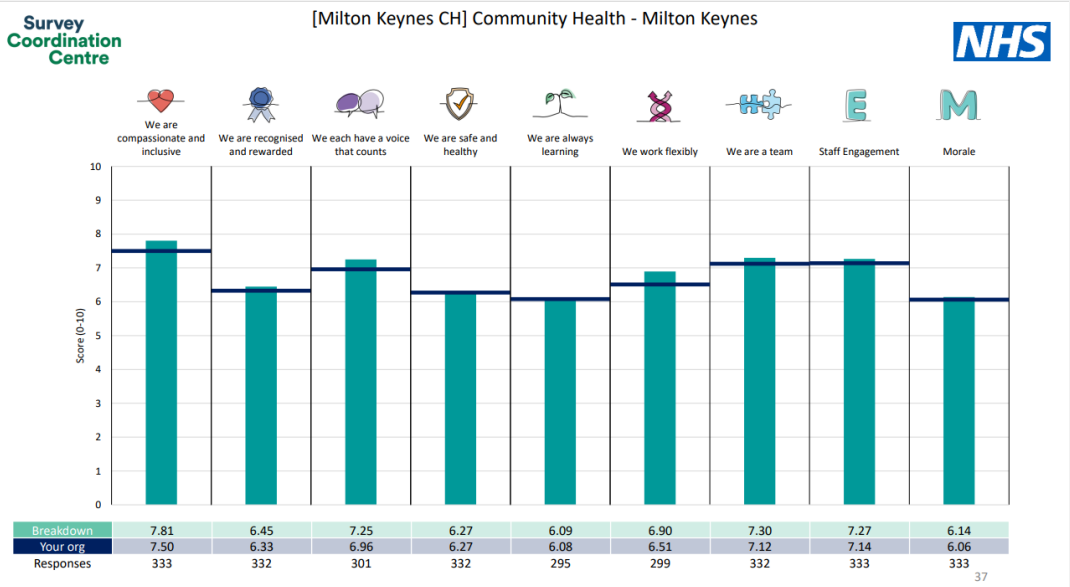


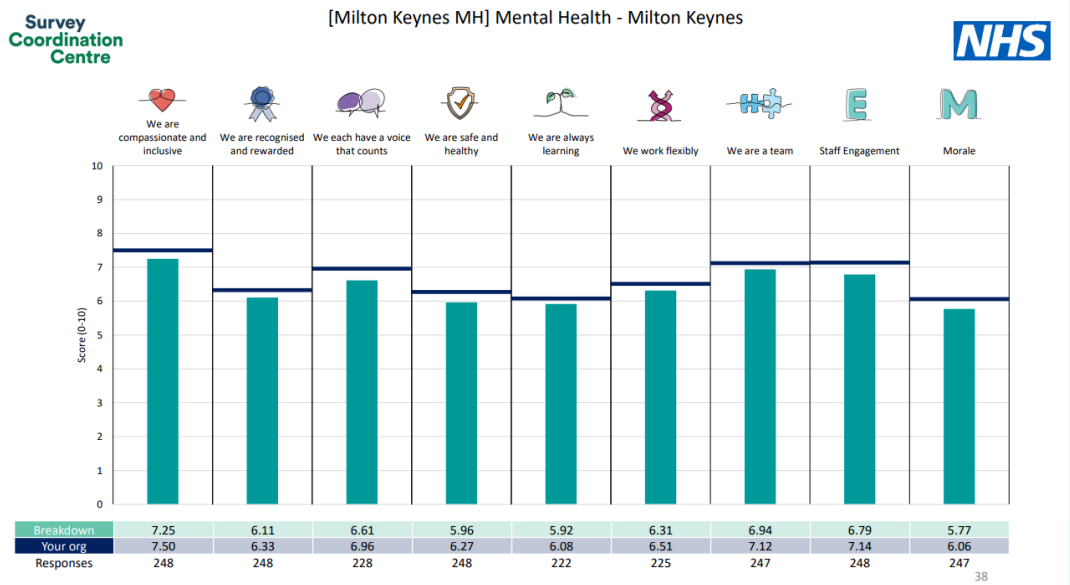
Based on 2021 ONS Census data, the BLMK mental health and community workforce appears significantly more diverse than the general population. While 60% of the workforce identifies as White, this is notably lower than the 70.7% White British population reported nationally.

Meanwhile, 38% of the workforce identifies as Black and Minority Ethnic (BME), which is well above the national average when combining all non-White ethnic groups. This diversity is particularly striking when set against the average BME population across the four boroughs of the ICB (27.3%) with local variation ranging from 8.9% in Central Bedfordshire to 51.4% in Luton.

The workforce profile suggests that BLMK is broadly reflective of, and in some areas exceeds, the ethnic diversity of its local population, which is a positive indicator for culturally responsive care and inclusive representation. This may reflect the recent reliance of overseas educated health professional recruitment.

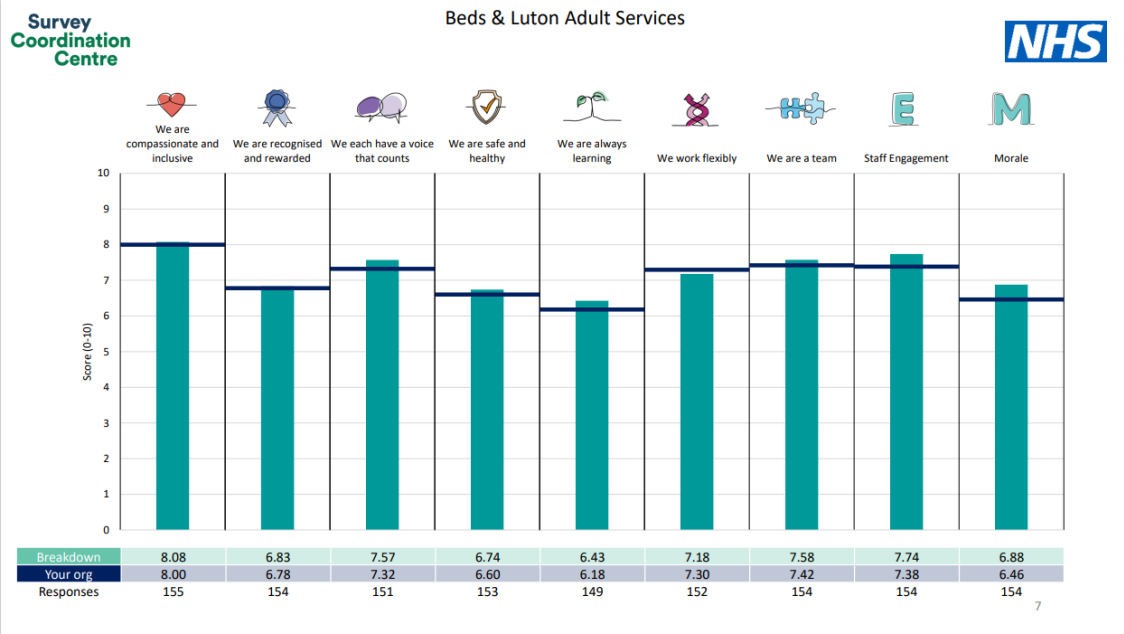
12.7 - Staff survey results - CNWL





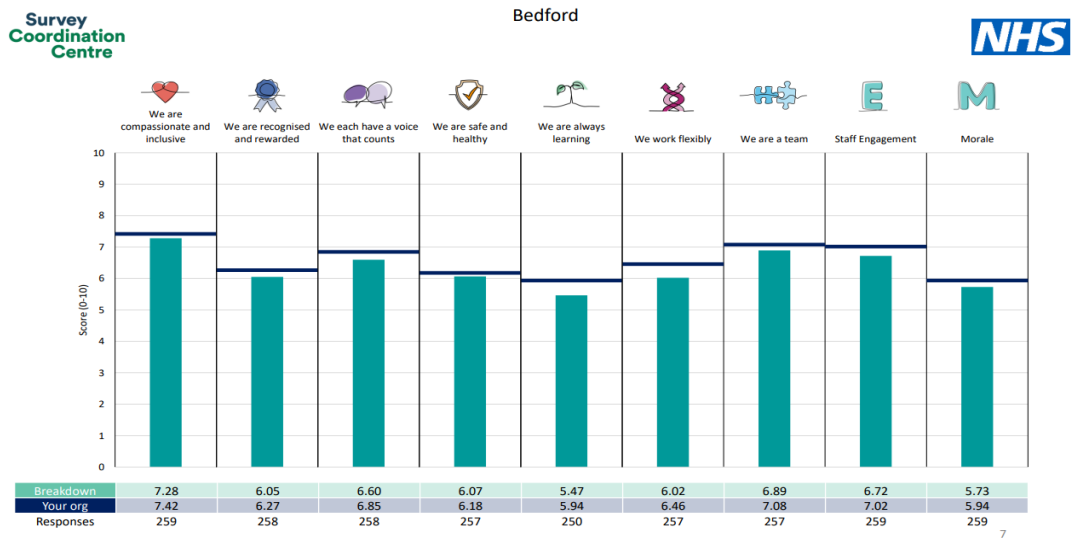
- In relation to the Community Health workforce, higher scores were observed in areas such as compassion, teamwork, and staff engagement. However, across the broader People Promise themes, the results for Community Health appear to be either comparable to or lower than those of the wider organisation.
- For the Mental Health workforce, staff appear to be more satisfied compared to the wider organisation, with consistently higher scores across all People Promise elements. The strongest areas include compassion, teamwork, and staff engagement.

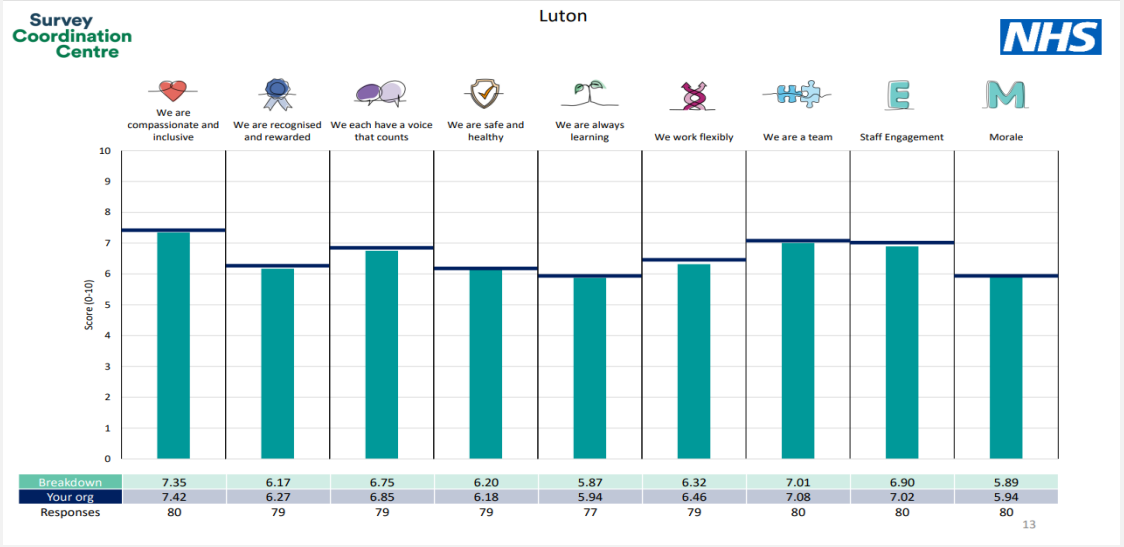
12.8 - Staff survey results - CCS

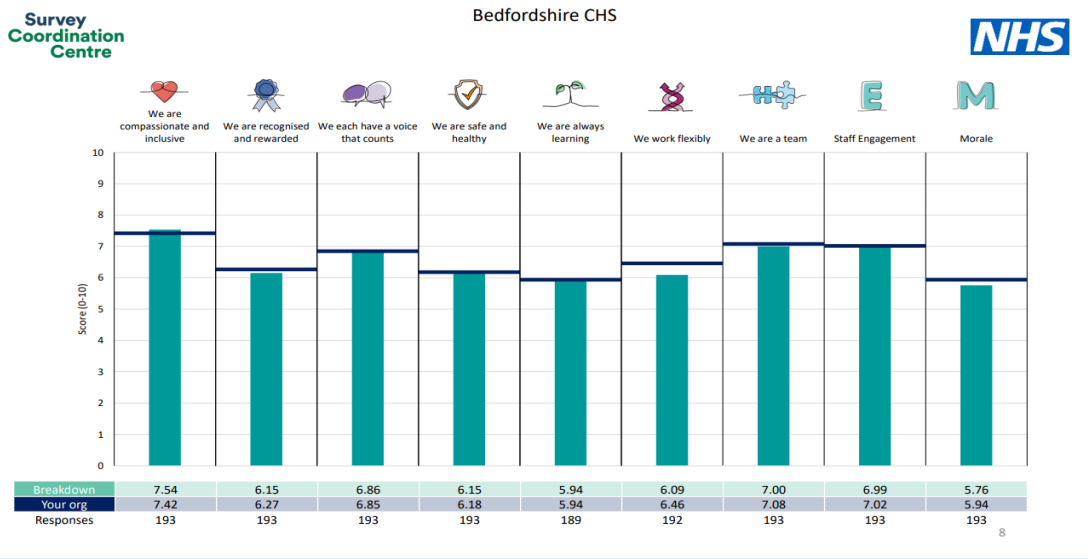


- Within CCS, the Community workforce appears to be somewhat less satisfied across the People Promise elements compared to the wider organisation. One notable exception is flexible working, where Community staff reported higher satisfaction levels.
- Areas showing particularly lower scores include opportunities for learning and overall morale.

12.9 - Staff survey results - ELFT







- At ELFT, Bedfordshire Community Services appear to have satisfaction levels that are broadly in line with those of the wider workforce. Notably, staff in this area reported higher scores in recognition, flexible working, and morale.
- At Bedford, staff satisfaction is notably higher than the organisational average, with elevated scores across all People Promise elements. In contrast, Luton's results appear broadly in line with the rest of the organisation, with a slight upward trend in some areas.

12.10 - Primary care workforce

Little workforce data is available at place level, however below, the two tables show variations at place level, of access into mental health practitioners at practices and the number of GPs and other health professionals per 1000 patients at place.