



Integrated leadership delivering integrated care

EoE PH Conference October 2023 craig.lister4@nhs.net

Integrated leadership



We have wide ICS representation with non-voting participants on the ICB Board, e.g.,

- Vicky Head DPH Bedford, Central Bedfordshire and Milton Keynes
- Sally Cartwright DPH Luton
- Maxine Taffetani Healthwatch Milton Keynes (representing Healthwatch across BLMK)
- Lorraine Mattis 20 years experience in the NHS and VCSE

BLMK has strong Place working – Council Chief Executives are part of ICB leadership

There has already been significant and ongoing collaborative leadership on inequalities and prevention*

We have a dedicated role within the ICB structure supporting collaborative work with VCSE

ICS Delivery Plan for Prevention in Primary Care







develops

Maximise use of GP. Plan and deliver a twopharmacy, optometry, year campaign to increase dentistry + PH, leisure physical activity and services and other reduce inactivity based NHS/LA touch points with around the Better Health coordinated narrative brand, include smoking cessation and other target behaviours as campaign



Increasing physical activity and reducing inactivity is an easier sell to our population and has wider positive benefits within a realistic timeframe than targeting obesity alone



Make much greater use of the VCSE, especially social prescribing, together with personalised care in a robust, equitable partnership



Using the Better Health brand, Healthier Together, VCSE colleagues. Healthwatch and others. support the population (back) into greater responsibility for their own health, with a constant awareness of not introducing blame

This has been a collaborative approach with Public Health colleagues: Marimba Carr (MK) Elizabeth Elliott (Luton) Megan Gingell (Bedford and Central Bedfordshire)

Chance favours the prepared mind



A chance to bid into a pilot programme presented itself with very short turnaround

We convened a small group for initial assessment and decided to proceed

Initiated a small ICB working group with PC/PH to consider sites based on data*

Working with core ICB and Place through JLT we were able to construct and submit bid

The ICB already had already agreed delegation of obesity to Place for Milton Keynes

The Joint Leadership Team (JLT) can make rapid decisions across the breadth of the NHS/LA (PH)/VCSE, best suiting the needs of the local population either at Place or Neighbourhood level

Initial processes took less than two weeks with bid development within four weeks

Selecting a PCN





Data driven process to select a PCN/PCNs for our pilot proposal



Used local **obesity data set** (practice level)

- Deprivation decile
- % of registered population non-White ethnicity
- QOF obesity prevalence



Method 1) Ranked practices by above domains

Method 2) as per method 1 + calculated a cumulative 'score'

Looked at which PCN the practices ranking highest were in→ selected one PCN to approach



- Pragmatic decision considering
 - Facilities
 - 'Wrap around' care for pilot
 - Capacity
 - Interest



 Used connections at place and JLT to support rapid discussions and decision making



Next steps: use PHM techniques to understand the number of people who would be eligible and then plan how to actively engage these people