

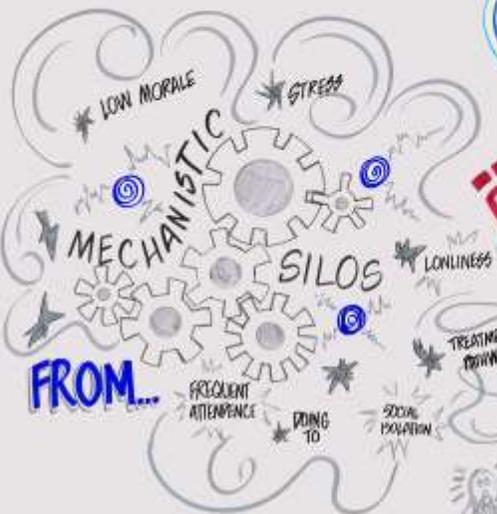
# Maximising Your Impact with Primary Care Networks

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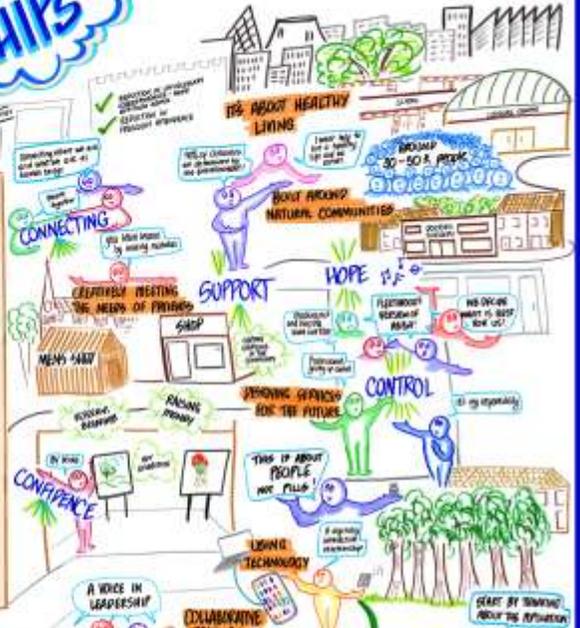
NHS England and NHS Improvement



# PRIMARY CARE NETWORKS REIMAGINING RELATIONSHIPS



**POWER SHIFT**

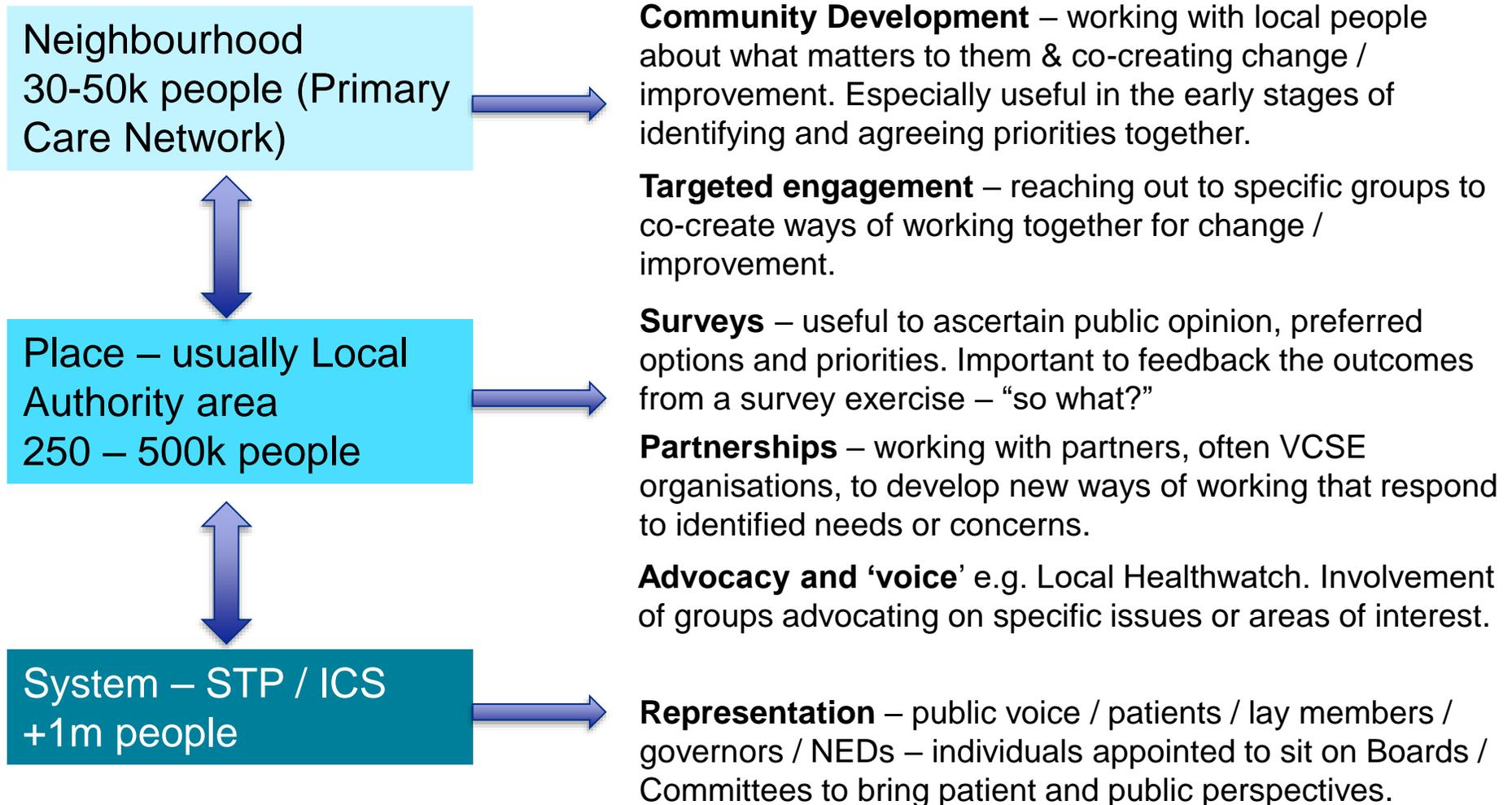


- WHAT NEEDS TO BE PRESENT?**
- JOINT PROGRAMME GOALS
  - VALUING PARTNERS
  - FOCUS ON PREVENTION
  - ENGAGING IN AN EQUAL WAY
  - CHALLENGING THE SYSTEM
  - PARTNERSHIPS EG LGAs
  - DATA - UNDERSTANDING & RESPONDING TO
  - PUBLIC ENGAGEMENT
  - TRUST

**collaboration**

PHARMACEUTICAL INDUSTRY  
PHYSIANS  
G.P. NURSE  
PRACTICE MANAGERS  
SOCIAL PRESCRIBER

# The form and method of involvement will look different at each level of the system

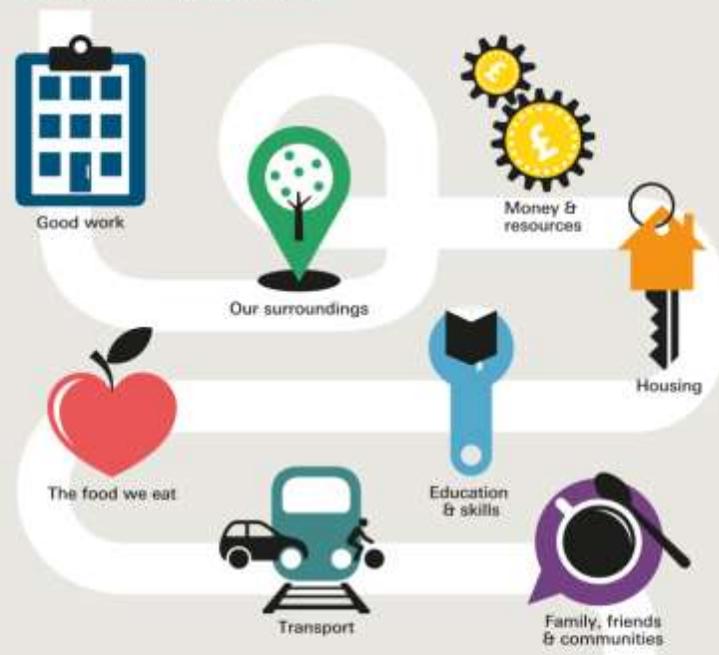


# Tackling broader health and well-being needs

## What makes us healthy?

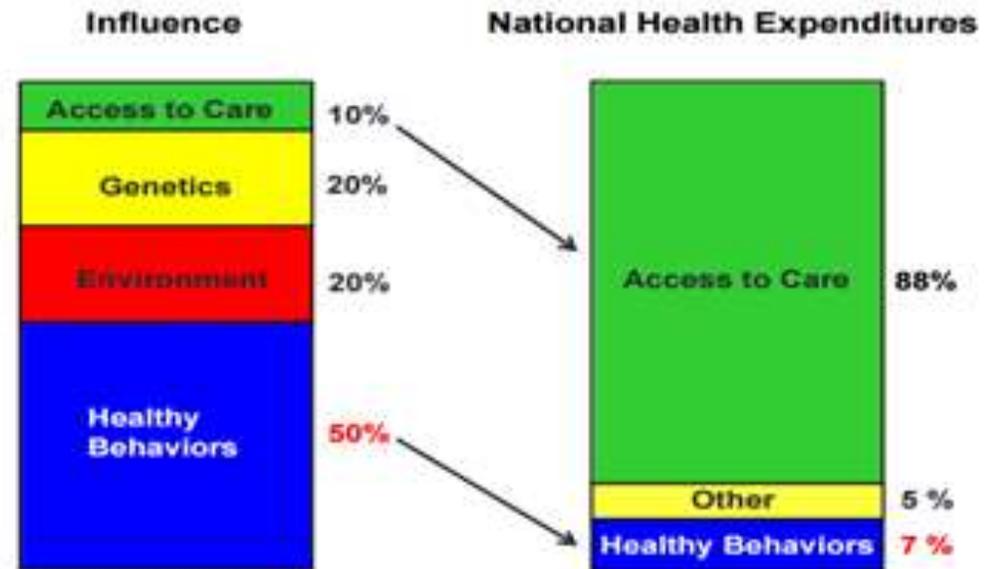
AS LITTLE AS  
**10%** of a population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:



But the picture isn't the same for everyone.

The healthy life expectancy gap between the most and least deprived areas in the UK is: **19** YEARS



## Foundation

## Step 1

## Step 2

## Step 3

### Working in partnership with people and communities

#### Prospectus Domain:

Asset based community development & social prescribing

For PCNs:

- Approach agreed to engaging with local communities.
- Local people and communities are informed and there are routes for them contribute to the development of the PCN.

For Systems:

- Systems are providing PCNs with expertise to support local involvement of people and communities.

For PCNs:

- The PCN is engaging directly with their population and are beginning to develop trusted relationships with wider community assets.
- The PCN has undertaken an assessment of the available community assets that can support improvements in population health and greater integration of care.
- The PCN has established relationships with local voluntary organisations and their local Healthwatch.

For Systems:

- Systems have put in place arrangements to support PCNs to develop local asset maps in partnership with their local community to enable models of social prescribing for personalised care.

For PCNs:

- The PCN is routinely connecting with and working in partnership with wider community assets in meeting their population's needs.
- Insight from local people and communities, voluntary sector is used to inform decision-making.
- Community networks are understood and connected to the PCN.

For Systems:

- Systems are facilitating effective partnerships with local community assets within PCN footprints.
- The system is developing a strategy to support communities to develop and build particularly in those areas that face the greatest inequalities.

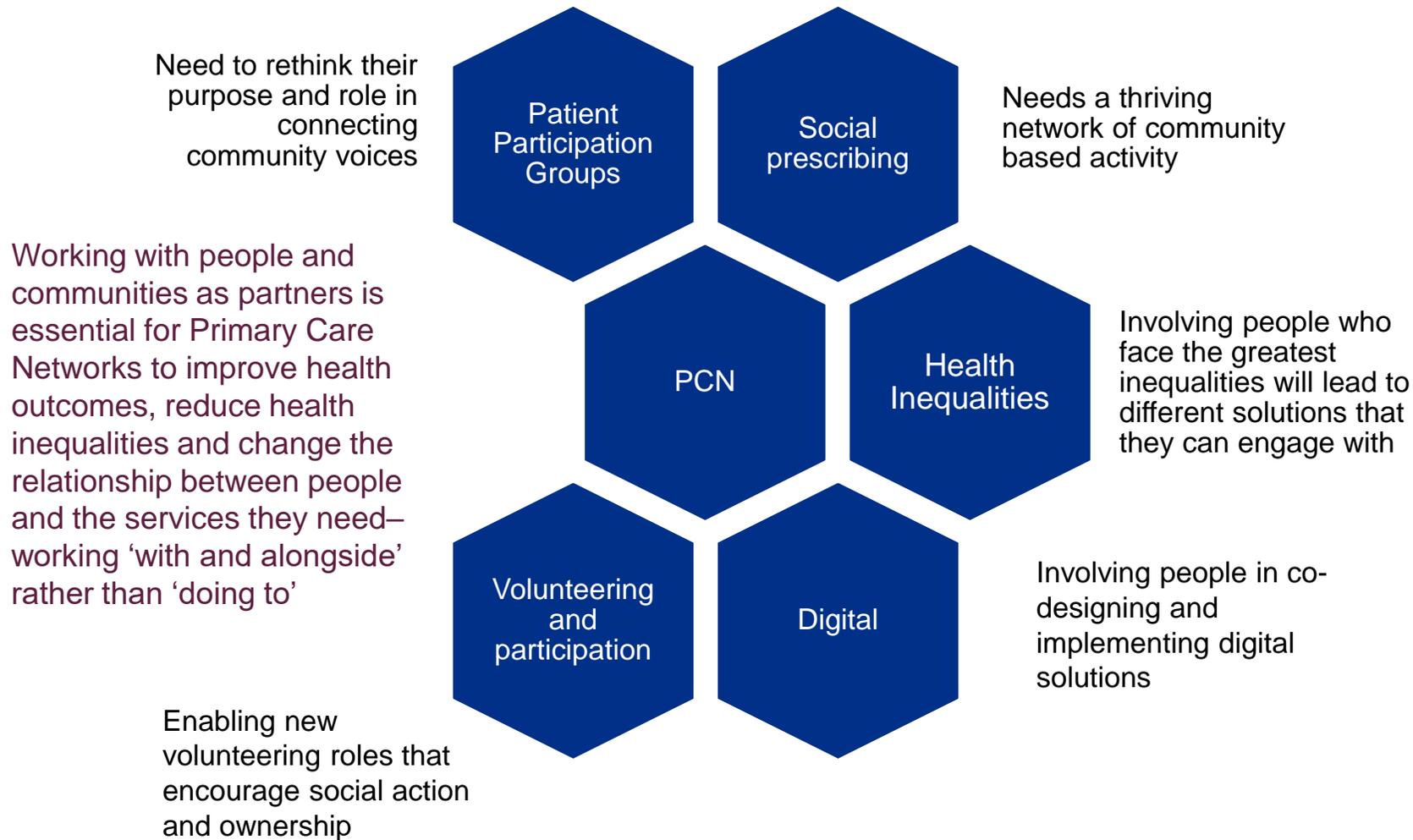
For PCNs:

- The PCN has fully incorporated integrated working with local Voluntary, Community and Social Enterprise (VCSE) organisations as part of the wider network.
- Community representatives, and community voice, are embedded into the PCN's working practices, and are an integral part of PCN planning and decision-making.
- The PCN has built on existing community assets to connect with the whole community and codesign local services and support.

For Systems:

- The community assets and partnerships developed by PCNs are being connected in to strategic planning at place and system level.

# Primary Care Networks – involving people and communities as partners



# **Example from a local Healthwatch – system challenges and relationships**

# Asset Mapping across PCNs in relation to Healthwatch

# Assets and Approaches that Healthwatch bring to the map

# Influence Points and connectors

What will you do after today?  
How can NHS England and  
Improvement Support you

# Thank you! Any questions?

You can contact the Public Participation team at [england.engagement@nhs.net](mailto:england.engagement@nhs.net) or visit our 'Involvement Hub' at [www.england.nhs.uk/participation](http://www.england.nhs.uk/participation)

