Primary Care Networks:

working in partnership with people and communities

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NHS England and NHS Improvement

Why?

- Health and care services and the investment in them is about improving peoples health and wellbeing

- By 2023/24 a typical network of 50,000 people will receive £1.47million via network contract

- PCNs and GP Practices are the custodians of that funding on behalf of the communities they serve

- Involving people is health creating

What are primary care networks?

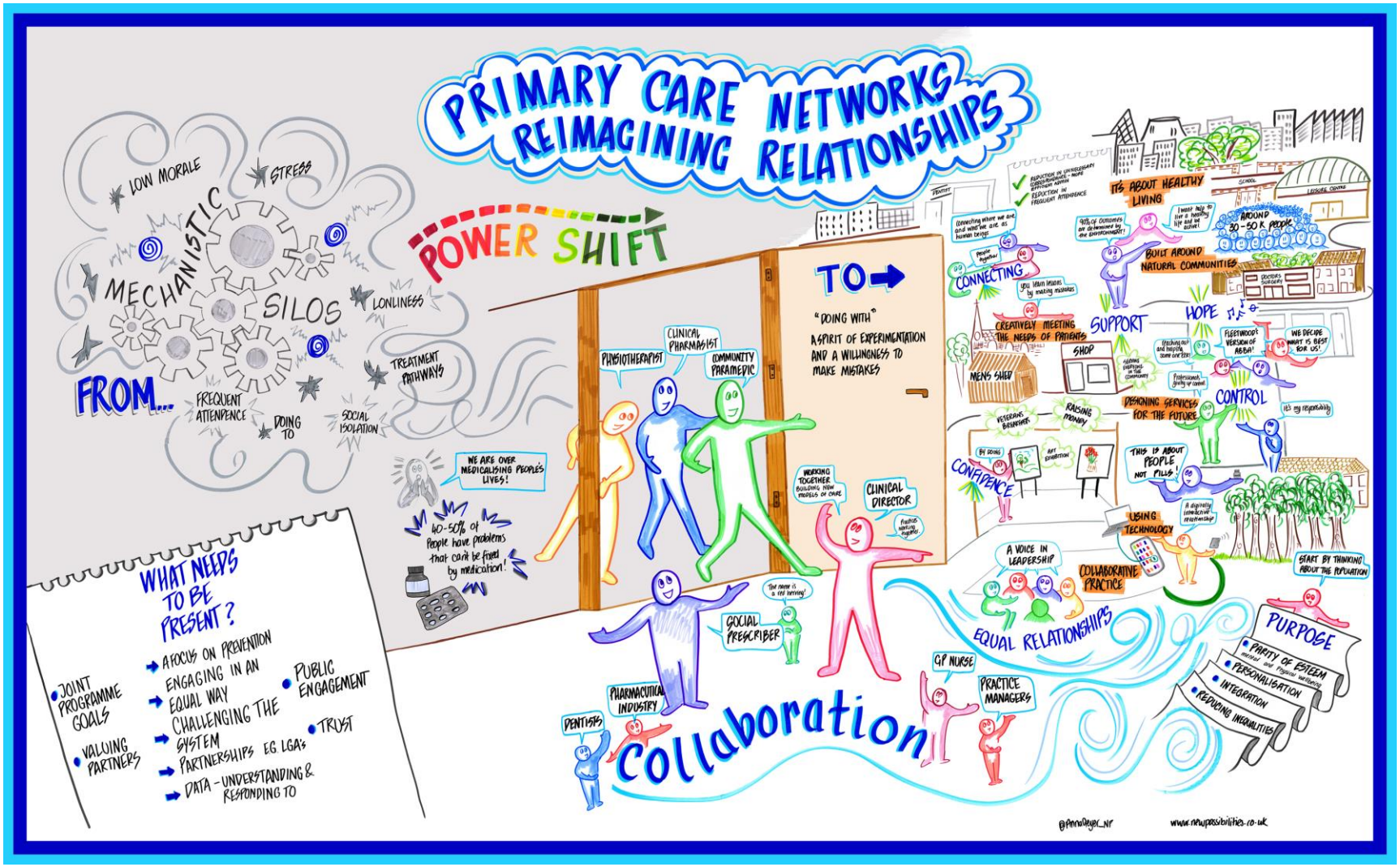
- Local networks of primary and community health and care services
- Ambition to improve connectivity of services enabling smoother referrals
- Commitment to personalisation and social models of care including social prescribing
- There isn't a blue print so they will all look different
- Suggested population size of 30 – 50,000 people
- Some PCNs are developing faster – some are still working things out
- Collaboration and integration should be the core characteristic

PCN development support

- Additional funding has been allocated to each STP / ICS for PCN development support.
- Published in August the PCN development support 'guidance and prospectus' sets out the six development support domains for PCNs – one of which is 'social prescribing and **community development**'.
- The 'maturity matrix' for PCNs was published alongside the prospectus – one of the domains is '**working in partnership with people and communities**'
- By now, most PCNs should have worked with their STP / ICS to assess themselves against this matrix and start to identify their development support needs.

PCN Maturity Matrix

	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.

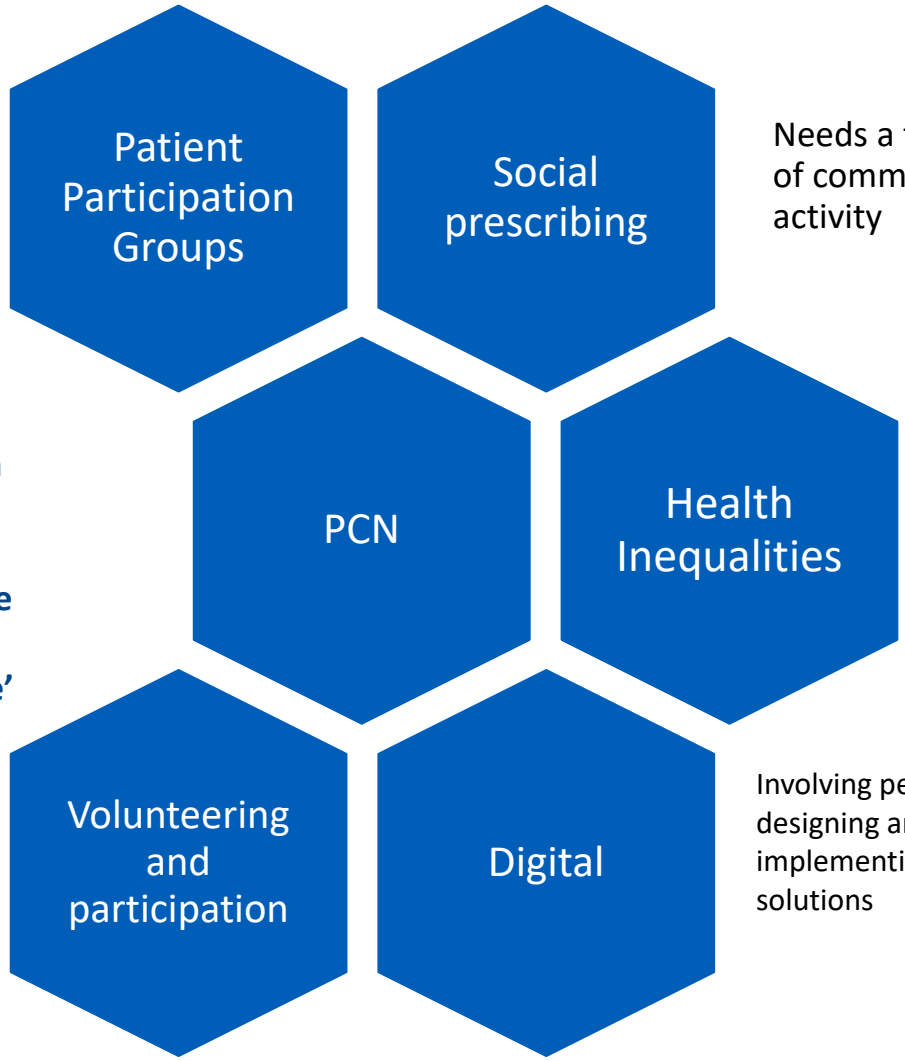

PRIMARY CARE NETWORKS
REIMAGINING RELATIONSHIPS
POWER SHIFT
FROM...
MECHANISTIC
SILOS
LOW MORALE
STRESS
LONLINESS
TREATMENT PATHWAYS
SOCIAL ISOLATION
DOING TO
FREQUENT ATTENPENCE
TO
"DOING WITH"
A SPIRIT OF EXPERIMENTATION AND A WILLINGNESS TO MAKE MISTAKES
PHYSIOTHERAPIST
CLINICAL PHARMASIST
COMMUNITY PARAMEDIC
CLINICAL DIRECTOR
SOCIAL PRESCRIBER
PHARMACEUTICAL INDUSTRY
DENTISTS
GP NURSE
PRACTICE MANAGERS
WE ARE OVER MEDICALISING PEOPLES LIVES!
60-50% of People have problems that can't be fixed by medication!
WHAT NEEDS TO BE PRESENT?
JOINT PROGRAMME GOALS
VALUING PARTNERS
A FOCUS ON PREVENTION
ENGAGING IN AN EQUAL WAY
CHALLENGING THE SYSTEM
PARTNERSHIPS EG LGA's
DATA - UNDERSTANDING & RESPONDING TO
PUBLIC ENGAGEMENT
TRUST
Collaboration
EQUAL RELATIONSHIPS
ITS ABOUT HEALTHY LIVING
BUILT AROUND NATURAL COMMUNITIES
AROUND 30-50 K PEOPLE
CONNECTING
SUPPORT
HOPE
CONTROL
CONFIDENCE
CREATIVELY MEETING THE NEEDS OF PATIENTS
DESIGNING SERVICES FOR THE FUTURE
THIS IS ABOUT PEOPLE NOT PILLS!
USING TECHNOLOGY
A VOICE IN LEADERSHIP
COLLABORATIVE PRACTICE
START BY THINKING ABOUT THE POPULATION
PURPOSE
PARITY OF ESTEEM
PERSONALISATION
INTEGRATION
REDUCING INEQUALITIES
@AnnaDyer_NP
www.newpossibilities.co.uk

Primary Care Networks – involving people and communities as partners

Need to rethink their purpose and role in connecting community voices

Working with people and communities as partners is essential for Primary Care Networks to improve health outcomes, reduce health inequalities and change the relationship between people and the services they need– working 'with and alongside' rather than 'doing to'.

Enabling new volunteering roles that encourage social action and ownership

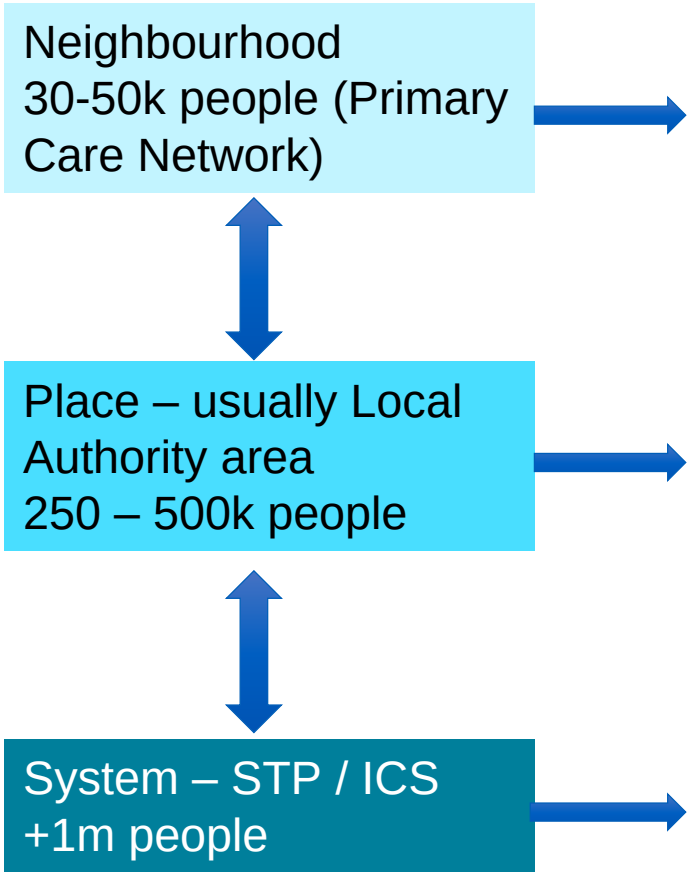


Needs a thriving network of community based activity

Involving people who face the greatest inequalities will lead to different solutions that they can engage with

Involving people in co-designing and implementing digital solutions

How does this fit with involvement at CCG and STP / ICS level?



Community Development – working with local people about what matters to them & co-creating change / improvement. Especially useful in the early stages of identifying and agreeing priorities together.

Targeted engagement – reaching out to specific groups to co-create ways of working together for change / improvement.

Surveys – useful to ascertain public opinion, preferred options and priorities. Important to feedback the outcomes from a survey exercise – "so what?"

Partnerships – working with partners, often VCSE organisations, to develop new ways of working that respond to identified needs or concerns.

Advocacy and 'voice' e.g. Local Healthwatch. Involvement of groups advocating on specific issues or areas of interest.

Representation – public voice / patients / lay members / governors / NEDs – individuals appointed to sit on Boards / Committees to bring patient and public perspectives.

Discussion

1. How do PCNs fit with other networks / partnerships operating at neighbourhood and place levels?
2. How can TLAP Partners support?
3. What do you need to support you to connect?
4. Anything else?

Resources and support

- Lots of (free) resources on the NHS England Involvement Hub (www.england.nhs.uk/participation), including good practice examples and case studies, resources, such as ‘bite-sized guides’, NHS England policies and templates.
- Training, including free-to-access online courses on topics such as using social media to engage and developing excellent relationships with patient / public partners.
- To connect with others working in emerging PCNs, sign up to the ‘Future NHS’ online collaboration platform – contact england.PCN@nhs.net
- Upcoming guidance for VCSE organisations and for PCNs will be published on this platform.
- Email england.nhs.participation@nhs.net with queries about working with people and communities.

Thank you!

Any questions?