



Report Summary

Social prescribing and NHS facilities

How could the NHS better use its facilities to support social prescribing, holistic care and community resilience?

The report

The report was written by health think tank, The King's Fund who conducted research into the topic area. This is a piece of thought leadership, proposing ideas for rethinking how we bring together community and patients in our estate.

The report uses case studies, interviews and research to explore how the NHS could better use its facilities to support social prescribing, holistic care and community resilience. Amidst COVID-19, there has never been a stronger case for this approach to supporting health and wellbeing and with more online services than ever before.

A comparison of two health centres

The report references these two health centres as the epitome of good and bad examples

Bromley by Bow in East London is a beautiful, open, community centre with a courtyard and garden to create a sense of calm, artwork and furniture made by local people to create a sense of shared ownership and a hub and spoke design with meeting places to encourage connectivity, designed for people to linger rather than pass through.

A few miles away, another health and community centre is modern with a huge, empty atrium, PVC chairs and touchscreens to check-in creating an unwelcoming feeling. The lack of decoration and prohibition of blu-tac create no sense of shared ownership. Community groups were rejected to using atrium space and local volunteering organisations could never afford the rent for empty spaces.

Removing barriers to using shared space

Community members and voluntary sector organisations often struggle to use NHS facilities for social prescribing activities.

What needs to change?

The King's Fund propose reviewing:



Question who really owns these spaces. If they were purchased and developed with taxpayers money to serve the interests of the health and wellbeing communities, should we shift thinking that NHS facilities are community spaces for health rather than institutional assets? In that case, access should be granted except for when there's a genuine problem that cannot be overcome as opposed to granting access on an exceptional basis.



NHS managers and clinicians should form trusting relationships with the local communities they serve and there should be dedicated roles to help facilitate this.



Make spaces easy and simple to use such as introducing a booking system, creating an open kitchen, allowing access in evenings, adding parking and trying to remove bureaucratic obstacles that make it hard for groups to use facilities ie. laborious risk assessments.



Consider allowing some community groups to access facilities for free, or at least at a marginal price that reflects the costs of heating, maintenance and utilities, for not-for-profit activities that support health, wellbeing and community resilience.

Combining social and primary care services in one place

With one million people visiting primary care facilities each day, there's an opportunity to adapt existing NHS facilities to host social, support and community services on the same site as it becomes easier to connect people with the support they need. Co-locating these activities also encourages health professionals from different fields to form collaborative relationships and help change perceptions of their work and approach to care.

Some people with mental health problems have strong reasons for wishing to avoid support in places that feel like traditional medical services as these problems are most significant in environments that feel sterile and unwelcoming. The conclusion is not that we should try to cram as many social services as possible into primary care facilities, only that these can offer a useful site for some services, for some people, in some localities.

Creating community networks and partnerships

Improving health and wellbeing within a community can be achieved even without the resources or spaces by forming relationships and partnerships between different public services, community organisations and local people who can use their resources and insight to spot opportunities.



- Working with the local housing association to help people who run into financial difficulties
- Sending health staff into local schools
- Forming partnerships between health services and arts organisations to use the arts to promote wellbeing
- Developing open spaces for outdoor activities





Connecting with the local community to build relationships

Whenever there is effective collaboration between public services and communities, on use of facilities and other things, there is a person or a group of people who play the role of catalysts and connectors. This person/group encourages the community to get involved in using NHS facilities and spots opportunities to bring different community, voluntary sector and public resources together. Without such proactive engagement, spaces lie empty or there's an incongruous mix of services.

Ideas include:

- Chatting to people in the waiting room about their needs and experiences of visiting the practice
- Talking to local community groups to form those relationships and find ways to work together
- Partnering with local cafes to host community activities and support groups (the café will generate revenue too)

A small amount of funding needs to be dedicated to the activity. Without tens of thousands per year to support their operation, the many millions invested in these centres risk being wasted.

Spotting opportunities for small but impactful change

Opportunities to take underused outdoor and indoor space and make them useful for local communities can have mutual benefits of tackling health and wellbeing for users while also saving groups' money from paying for other facilities.

Ideas include:

- Turning a small amount of outdoor space into an allotment
- Allowing a groups to turn a hospital outbuilding into a repair shop
- Giving a charity access to a spare room to run a food bank
- Turning a corner of a GP surgery into a 'living room' where volunteers can chat with people struggling with poor health or isolation

However, this does rely on people taking time away from other responsibilities to enable these projects.

Creating welcoming environments

NHS facilities would need a change in aesthetic if they're to be better used by local communities to make people feel welcome, valued and encourage conversation.

Ideas include:

- Working with local artists or hanging letters from local children to create a shared sense of ownership and community feeling
- Creating beautiful environments using stained glass or locally made furniture to remind people that they are valued
- Developing a layout that encourages conversation, such as creating a tea and cake station

These changes can signal a change in philosophy that encourages healthcare staff to engage more humanely with service users.

Collaborating with communities to create needs-based spaces

NHS officials should build relationships with the local community and understand their needs and priorities early on in the process rather than starting with a preconceived blueprint based on ideas that seemingly worked well elsewhere. By learning what sort of person is likely to visit the centre and what they need and involving the community in making key decisions, people are more likely to visit the centre.

Ideas include:

- Appointing a community development worker
- Talking to people in the street
- Running street parties to get everyone involved in the process
- Setting up design action groups to oversee different aspects of design and construction

