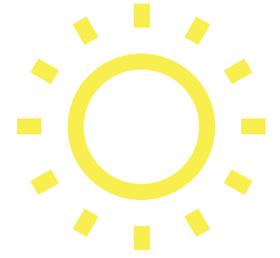


National  
Academy  
for Social  
Prescribing

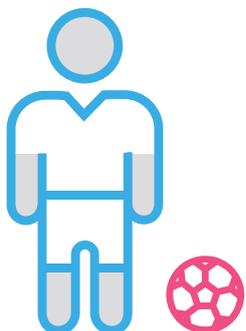


# A social revolution in wellbeing

Strategic Plan  
2020-23



**WE WANT  
PEOPLE TO BE  
ABLE TO LIVE  
THE BEST LIFE  
THEY CAN**



The National Academy for Social Prescribing has a simple ambition:

## We want people to be able to live the best life they can.

A life that is defined by them. Not one that is limited by the place in which they live, who they are, or the resources available to them.

Social prescribing helps build relationships, unlock individual strengths, increase choice and control, and support connections within the communities where people live.

It is about starting with individual strengths, rather than focusing on deficits – building confidence, skills and de-medicalising the solutions available.

It is about discovering or rediscovering the joy in life, trying something new, or building on a hidden or long forgotten talent. Finding help with the things that, are difficult and creating sustainable supportive networks and relationships.

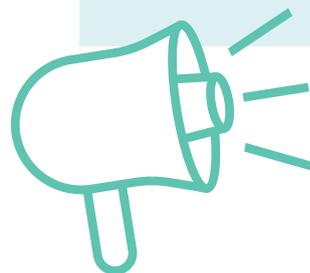
Most of us know that there are things in our lives we enjoy doing which also help us stay well – social prescribing simply enables us to maximise the benefits of these things.

We want social prescribing to thrive across the whole country – a vibrant, innovative and ambitious movement, connecting communities, and mobilising hundreds of thousands of people and organisations with a shared commitment to transforming lives.

We will achieve this by promoting social prescribing widely - providing a powerful voice for the many thousands of people, communities and organisations working so hard across the country to deliver daily support to people. We will work in partnership at a national, regional and local level across sectors: to build relationships and improve opportunities for resources to reach the frontline. We will build the evidence base of what works and use this to inform training and development for those involved in social prescribing, whilst also building the case for those not yet persuaded by the opportunity.

### Put simply our plan will:

1. Make some noise
2. Find resources
3. Build relationships
4. Improve the evidence
5. Spread what works



## So, what are we going to do to help social prescribing thrive?

The momentum for social prescribing is continuing to build. Significant hurdles have been overcome to get it to its position today. The infrastructure for delivering a universal model is currently being developed by the NHS, with social prescribing link workers being employed across all Primary Care Networks in England and an ambition of social prescribing reaching over 900,000 people by March 2024.

We will support this ambition by developing the context within which social prescribing will operate – effectively enhancing the environment around it.

During the summer of 2019, NHS England and Improvement and the Department of Health and Social Care brought together key partners from across government and the voluntary sector, alongside experts in social prescribing with both lived and professional experience, to form an advisory board to consider the role that the

National Academy for Social Prescribing should play. We are very grateful to this group for their advice and insight and will continue to work closely with them on the delivery of this plan.

We have also been listening extensively to people from across the various organisations involved in delivering social prescribing since our launch on 24 October 2019. We have been keen to discover the specific support that social prescribing needs to succeed.

We've heard from over 650 people about their social prescribing priorities. We are grateful to all those who contributed through social media and in person, including the 111 link workers via the National Association of Link Workers, regional social prescribing networks, local social prescribing schemes, experts by experience, the Coalition for Collaborative Care and national partner agencies. The key challenges and opportunities identified through this process now form the basis of our work programme.

We are proud to be launching our first plan – an ambitious plan, shaped by hundreds of conversations.



The ambitious programme of work we have identified is intended to guide the organisation's offer over the next three years.

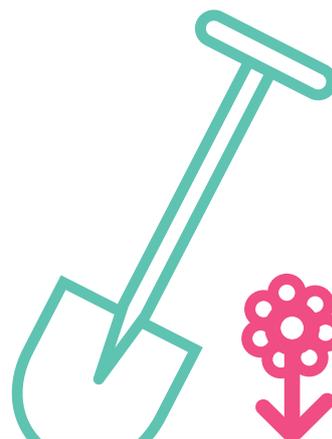
Alongside these bold actions, we also have considerable work to undertake during the next year to establish the National Academy for Social Prescribing as a fully functioning organisation. We will soon be recruiting staff and trustees, developing our website, finding a home from which to operate, and establishing the infrastructure required for us to deliver as an independent organisation. We want to create a modern, outward looking, dynamic and agile organisation built on our strong values:

- **Collaborative not competitive - seeking to build partnerships and find common goals**
- **Inclusive and championing of diversity - recognising and valuing the benefits of difference**
- **Ethical in our approach, kind and responsible to the world around us**
- **Passionate, energetic, creative and innovative**
- **Non-hierarchical and not self-serving.**



We are proud to be launching our first plan – an ambitious plan, shaped by hundreds of conversations.

In addition to setting out our goals, this plan is also a call for action. We have been overwhelmed since our launch with generous offers of support and collaboration from a diverse and exciting range of partners. Now is the time for us to maximise the benefits of 'strength in numbers'. We are ready to do some great things together!



<p><b>1.0 Make some noise . Raising the profile of social prescribing.</b> In order to expand social prescribing, we need to get the message out there – that connecting people for wellbeing is vital for people and communities.</p>	<p><b>1.1 We will create a dynamic national network of ‘social prescribing partners’.</b> There are already thousands of people and organisations working hard to deliver social prescribing. We will give them a collective voice and unify the vibrant movement around common goals.</p>	<p><b>1.2 We will deliver an innovative multi-channel campaign</b> to communicate with the public and health care professionals about the power and value of social prescribing.</p>	<p><b>1.3 We will support a programme of regional showcase events,</b> to demonstrate the power of the arts, culture, sports, leisure and the natural environment in connecting people and communities for wellbeing and build local momentum.</p>
<p><b>2.0 Find resources. Develop innovative funding partnerships.</b> We recognise the challenges faced by social prescribing link workers, the local voluntary, community, social enterprise and arts sector and will seek to improve resources to realise their social prescribing goals.</p>	<p><b>2.1 We will work with national, regional and local leaders across sectors to develop new partnerships and systems,</b> which unlock resources and enable us to support local community groups and voluntary community and social enterprise organisations.</p>	<p><b>2.2 We will invest directly in the development of innovative approaches to social prescribing</b> by launching a £1m development fund to support the scale up of community-based programmes and increase their sustainability.</p>	<p><b>2.3 We will explore the establishment of regional funds to facilitate greater flexibility for local organisations engaged in social prescribing.</b> We will do this with a range of cross-sector partnerships and local system leaders.</p>
<p><b>3.0 Build relationships. Broker and build relationships across all sectors.</b> Social prescribing relies on strong, mature relationships at national and local levels across multiple sectors.</p>	<p><b>3.1 As an independent broker, we will seek to influence key partners at a national and local level, including Government and arm’s-length bodies</b> to build support for social prescribing across multiple initiatives.</p>	<p><b>3.2 We will develop a network of high-profile ambassadors</b> who can advocate for social prescribing and expand the voice for social prescribing in different sectors.</p>	<p><b>3.3 We will support local areas to develop their social prescribing networks</b> by developing a regional presence, creating connections and supporting the mapping of community assets.</p>
<p><b>4.0 Improve the evidence. Shape and share the evidence base.</b> There is already an evidence base for social prescribing, but it is not comprehensive. We need to build a consensus about what we know and don’t know, improve accessibility and visibility of evidence.</p>	<p><b>4.1 We will develop an academic partners collaborative</b> to bring together the existing evidence base into a compelling and accessible resource.</p>	<p><b>4.2 We will work with partners to create easy-to-use, credible evidence summaries,</b> sharing existing evidence more effectively and focussing on outcomes for people, local systems and communities.</p>	<p><b>4.3 We will work with partners to identify evidence gaps and seek to develop new research opportunities,</b> to build a future resource.</p>
<p><b>5.0 Spread what works. Promote learning on social prescribing.</b> We will share what is good, what has been learnt and draw from multiple sources to ensure continued development of social prescribing.</p>	<p><b>5.1 We will promote success stories, and build a strong narrative,</b> sharing the opportunities for social prescribing learning across multiple channels.</p>	<p><b>5.2 We will develop our website as a library of open access resources</b> to support social prescribing learning, including promoting information about accredited learning providers, and sharing best practice on effective referrals and pathways.</p>	<p><b>5.3 We will support the development of a national and international collaborative</b> to ensure the largest possible network is available to share learning and further build the momentum for social prescribing.</p>



## We all need a good definition – what do we mean by social prescribing?

We define social prescribing as:

**Supporting people, via social prescribing link workers, to make community connections and discover new opportunities, building on individual strengths and preferences, to improve health and wellbeing.**

NHS England has also provided the following technical definition of how social prescribing works:

**Social prescribing and community-based support:** Enables all local agencies to refer people to a 'link worker' to connect them into community-based support, building on what matters to the person as identified through shared decision making / personalised care and support planning, and making the most of community and informal support.

**NHS England Universal Personalised Care, p.21**

NHS England has also co-produced clear guidance on how a quality model of social prescribing should operate, as part of its [Comprehensive Model for Personalised Care](#).

We will act to support the implementation of this model, and will seek wider opportunities for social prescribing to develop.

“This academy is much more important than any one individual. It’s about all of us in health, arts, culture, sport, communities coming together around one simple principle: that prevention is better than cure.

Social prescribing is a huge part of this. There are thousands of people up and down the country right now who are already benefiting from activities like reading circles, choir groups and walking football.

The National Academy for Social Prescribing will act as a catalyst to bring together the excellent work already being done across the NHS and beyond, building on our NHS Long Term Plan’s ambition to get over 2.5 million more people benefitting from personalised care within the next 5 years.”

**Rt Hon Matt Hancock, MP, Secretary of State for Health and Social Care,  
National Academy for Social Prescribing launch, 23.10.2019**

## Why do we need social prescribing anyway?



Good health and well-being are universal aspirations – but what makes us well?

Modern medicine is one of humanity's greatest achievements. We are now able to survive or prevent many diseases that might have killed us a generation ago. Advancements in technology and medical procedures are prolonging life for millions of people each year.

We also know, however, that modern medicine alone is not enough to maximise health and wellbeing. Many of the health challenges that people now face are not fixed by a drug or medical procedure and social determinants of health are hugely influential. Increasingly, we are also seeing the adverse consequences of over-medicalisation. For many people living with multiple long-term conditions, the burden of treatment can outweigh the burden of living with the conditions themselves. For people living with mental health conditions or chronic pain, many medications are barely more helpful than peer support, and can lead to dependence or interactions which trigger other complications.

The result is that many people can become trapped in a perpetual cycle of ill health.

Health inequality can also result in people experiencing reduced life expectancy, not based on the choices they actively make, but on the social factors determining their health, including place, ethnicity, affluence and education. People who are socially isolated are also more likely to die prematurely than those who benefit from strong social connection.

GPs report that at least one in five people they see present them with a problem that is fundamentally 'non-medical', for example, loneliness, debt, housing. Up to another one in five people live with a condition or symptoms where medicine doesn't have an evident role, so-called 'medically unexplained' problems. Social prescribing has a role to play in supporting all these people.

The [World Health Organisation](#) defines health as **“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”** The health and well-being impact of being socially isolated, and/or physically inactive is also extensively evidenced.

The original [Marmot report](#), which celebrated its 10th anniversary this year, said **“key to addressing health inequalities is to create the conditions for people to take control of their own lives. This requires action across the social determinants of health and beyond the reach of the NHS”**.

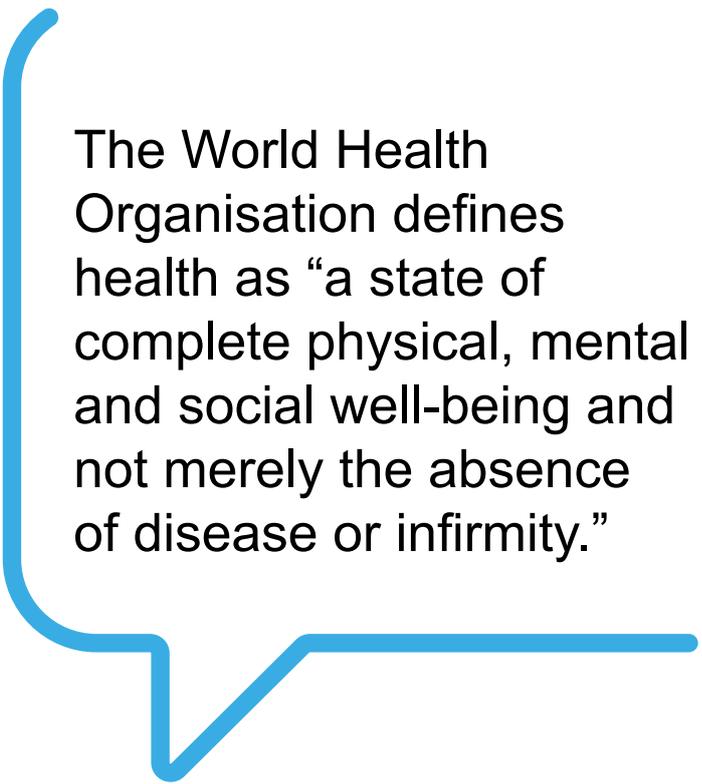
Many people in society can support themselves to live active fulfilling and healthy lives. For others, the challenges they face can reduce individual and collective agency. Some people lose the ability to connect with their communities, regardless of how active and vibrant their communities are. Others might have the connections but can lack the confidence and the skills to be able to work out how to make the changes they seek in their lives.

Imagine how much better things could be for individuals and society if we could significantly alter these factors?

This is where social prescribing link workers come in. Importantly, they give people time to focus on 'what matters to them' and help introduce them to community support: enabling them to make friends, build skills and confidence, and overcome some of the practical issues limiting their lives. Social prescribing is not simply a signposting or referral scheme – it is individually tailored comprehensive support.

We believe that social prescribing provides some answers to some of the major challenges our society is facing, with wide benefits beyond those relating to health.

Social prescribing is creating new opportunities for community development and giving rise to the emergence of local initiatives that bring people together to grow existing capabilities, enabling them to take control of their own lives. It can work positively alongside existing community approaches and multiple health and social care initiatives. It is breaking down traditional silos between statutory services and the voluntary community and social enterprise sectors. It is creating a common language and energy that partners pursuing mutual aims can use to develop new and innovative social solutions, that provide an answer to some of the calls to action within the Health Foundation and NESTA 2016 [Realising the Value](#) report.



The World Health Organisation defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

It is also opening-up the arts, culture, music, and creative sectors to new audiences, enabling people to take up new sports and leisure activities, increase access to green and open spaces, and enabling new learning and volunteering opportunities. Social prescribing therefore provides a unifying bridge between diverse sectors – re-wiring the way in which sectors interrelate.

That is what makes this movement and the role of the National Academy for Social Prescribing so exciting – diverse partners working across boundaries, harnessing the existing power of individuals and communities to deliver real change, and seeking innovative and creative solutions for society. A social revolution in wellbeing.

**SOCIAL  
PRESCRIBING  
HAS NOW  
EMERGED AS  
A POWERFUL  
SOCIAL  
MOVEMENT**

## Where did social prescribing come from?

For decades people who have had insight into the challenges faced by others have recognised and embraced elements of what we now call social prescribing. Social prescribing has now emerged as a powerful social movement. Its real strength is in the fact that it is not a top-down initiative. It is not owned by one institution, but co-owned by the people who have contributed to its development, the people currently engaged in the delivery of it, and importantly those who benefit from it.

Social prescribing has been building steadily, from the ground up, championed by communities and local people and spurred on by the efforts of individuals such as Sir Sam Everington and the team at Bromley By Bow Centre, who have inspired others to follow their ground-breaking work. Local areas such as Rotherham, Frome, Tower Hamlets, Leeds, Gloucestershire and Dudley are trailblazers who have used local funding to enable every GP practice and others to refer people to social prescribing link workers, often co-commissioned between local authorities and Clinical Commissioning Groups.

In 2016 Dr Michael Dixon and Dr Marie Polley brought social prescribing partners together for the first time to create a powerful social prescribing network. This quickly developed a large following of like-minded people and organisations, keen to be part of a dynamic social movement for health and wellbeing.

The NHS has played a major role in accelerating progress of social prescribing over the past few years through significant investment as part of the NHS Long Term Plan, high profile championing, and systematic development as part of a wider and much needed shift towards personalised care. It now forms part of the [NHS Comprehensive Model for Personalised Care](#), containing six key system enablers that are collectively cited as one of the key shifts as part of the [NHS Long Term Plan](#).

It has also received significant support from government, featuring as an enabler in [the Loneliness Strategy](#) and [25 Year Environmental Plan](#). The Secretary of State for Health and Social Care, Matt Hancock, recognised the power and opportunity of social prescribing and took the decisive action to launch the National Academy for Social Prescribing in October 2019.

Social prescribing is no longer a niche activity, it is coming of age; the social revolution in wellbeing is underway. We need your support to keep building it together.





National  
Academy  
for Social  
Prescribing

### Get in touch

[socialprescribingacademy.org.uk](https://socialprescribingacademy.org.uk)



@NASPTweets



@NASP\_insta

